

Control of Infections



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CHAIR OF TRUSTEES:	
CEO:	

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1. Statement of Intent

The Health and Safety at Work Act imposes a duty on employers to ensure, as far as reasonably practicable, the health safety and welfare of employees and others (this includes visitors and pupils.) There are several Regulations which relate to the Trust legal obligations to control, manage and report infections which include:-

- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)
- The Public Health (Control of Diseases)
- The Public Health (Infectious Diseases) Regulations
- The Management of Health and Safety at Work (Amendment) Regulations
- Control of Substances Hazardous to Health (COSHH)
- The Food Safety and Hygiene (England) Regulations
- Food Safety Act
- The Health Protection (Notification) Regulations

The EPA Trust are committed to safeguarding the health, safety and welfare of staff, pupils and visitors so far as is reasonably practicable. The EPA and Governing Body have a duty of care to volunteers and agency staff/consultants who are not employees and who may be affected by their work activities.

The policy applies to all relevant School activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives (Trade Union and/or Health and Safety Representatives).

Communicable disease can constitute a health and safety hazard to anyone entering our Schools and this policy aims to ensure that such risks are reduced wherever possible.

This policy provides a clear framework for ensuring that the School management, all employees and visitors have clear procedures for the prevention and control of infections in the School.

This control of infections policy covers and applies to all work and teaching activities undertaken by our Schools and sets out clear procedures, arrangements and any provisions made by each School to ensure that the control of infections are effectively managed. The policy set out the responsibilities of headteachers, governors, managers, all staff, contractors and students. This Policy also provides links to the necessary guidance to enable the Schools to manage infections effectively.

Staff must be aware of this policy, of statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease.

Staff should also be particularly aware of the practical procedures to control the spread of communicable diseases.

Staff should also be aware of the School First Aid and Administration of Medicines Policy which may also be relevant.

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Governing Body for acceptance.

Document / revision no.	Date	Status / Amendment	Approved by

Distribution of copies

Copies of the policy and any amendments will be distributed to: All staff, Governor and Trustees.

2. Roles and Responsibilities

2.1 Headteacher

To ensure:

- 2.1.1. Task-based risk assessments are undertaken and appropriate controls are in place to manage infection hazards at source in line with the hierarchy of risk control and these are reviewed regularly (e.g. annually) or when there is a significant change.
- 2.1.2. All staff are made aware of their role(s) and responsibilities in the prevention and control of infection.
- 2.1.3. Staff are instructed, informed, monitored and updated in correct infection control procedures and this policy. All staff are to be provided with suitable training commensurate to their roles and responsibilities.
- 2.1.4. Staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others.
- 2.1.5. Incidents and sharp injuries are reported in line with the School reporting procedure and that staff follow the correct procedures and these are investigated to prevent infections and support staff that may be infected.
- 2.1.6. Appropriate quantities of Personal Protective Equipment (PPE) – suitable protective gloves, aprons, face masks and resuscitation face masks are available at all times.
- 2.1.7. Cleaning procedures are in place to maintain a clean environment and resources are available to staff.
- 2.1.8. Records are maintained of staff' Hepatitis B vaccination history in areas where a risk of the disease has been identified.
- 2.1.9. Immunisation of pupils and staff is promoted.
- 2.1.10. Good hygiene practices are promoted such as hand washing (20 seconds) and any other guidelines provided by official bodies.
- 2.1.11. The school follows the advice given by Government advice and professional bodies.
- 2.1.12. Further professional advice is sought when necessary.

2.2 All teaching staff

To ensure:

- 2.2.1. Compliance with the requirements set on this policy.
- 2.2.2. Control of infection issues are brought to the attention of the Headteacher.
- 2.2.3. Relevant training is completed as required.
- 2.2.4. A high standard of infection control and hygiene is maintained as a matter of good practice.

- 2.2.5. Incidents and accidents are reported and recorded immediately in line with the School reporting procedure
- 2.2.6. Report promptly if they are unwell with an infectious disease, follow their GP, Public Health England and/or NHS guidance and do not return to School until clear of symptoms for the time specified by their GP, NHS or government guidance.
- 2.2.7. Take due care of their own, their colleagues' and students' health and safety.
- 2.2.8. Use and maintain work equipment and personal protective equipment (PPE) according to training and manufacturers' instructions.
- 2.2.9. Inform the School if they are at higher risk of infections (e.g. pregnancy, underlying medical condition, etc.) or if they have any concerns with regards the school's procedures to control infections.
- 2.2.10. Become familiar with relevant risk assessments and follow control measures.
- 2.2.11. Incidents are reported immediately, following the School Accident / Incident reporting and investigation procedure. See Health and Safety Policy.

2.3 Support Staff

To ensure:

- 2.3.1. Their line manager is promptly informed if there is a reason you are or could be more susceptible to risks presented by infectious diseases.
- 2.3.2. Undertake any training required for the role and responsibilities.
- 2.3.3. Take due care of their own and their colleagues' health and safety at work.
- 2.3.4. Become familiar with relevant risk assessments and follow control measures.
- 2.3.5. A high standard of infection control and hygiene is maintained as a matter of good practice.
- 2.2.12. Report promptly if they are unwell with an infectious disease, follow their GP, Public Health England and/or NHS guidance and do not return to School until clear of symptoms for the time specified by their GP, NHS or government guidance.
- 2.2.13. Take due care of their own, their colleagues' and students' health and safety.
- 2.2.14. Use and maintain work equipment and personal protective equipment (PPE) according to training and manufacturers' instructions.
- 2.3.6. Incidents are reported immediately, following the School Accident / Incident reporting and investigation procedure. See Health and Safety Policy.

2.4 Delegated Staff Member.

To ensure:

- 2.4.1. Suitable and sufficient risk assessments are completed and these take into consideration infection risks.

- 2.4.2. All materials and equipment required to meet the arrangements of this policy are made available to staff.
- 2.4.3. All hirers of the School premises are made aware of the policy and comply with section 2.8 of this policy

2.5 First Aiders

To ensure:

- 2.5.1. They are familiar with this policy and fulfil their duties outlines in other sections (E.g. Teaching Staff or Support Staff)
- 2.5.2. Individuals may be exposed to infectious substances such as blood and other bodily fluids and should take the following precautions to reduce the risk of infection:
 - a. Cover any cuts or grazes on their skin with a waterproof dressing
 - b. Wear suitable disposable gloves when dealing with blood or any bodily fluids
 - c. Use suitable eye protection and a disposable plastic apron where splashing is possible
 - d. Use resuscitation face masks if you have to give mouth to mouth resuscitation
 - e. Wash your hands after each procedure.
 - f. Become familiar with relevant risk assessments.
 - g. Follow good hygiene practice

2.6 Facilities Team (Premises Team (where applicable)/ Contract Cleaning Team)

To ensure:

- 2.6.1. Compliance with the requirements set out in this policy.
- 2.6.2. Control of infection issues are brought to the attention of the Headteacher.
- 2.6.3. Relevant training is completed as required.
- 2.6.4. A high standard of infection control and hygiene is maintained as a matter of good practice.
- 2.6.5. Incidents and accidents are reported and recorded immediately in line with the School reporting procedure
- 2.6.6. Report promptly if they are unwell with an infectious disease, follow their GP, Public Health England and/or NHS guidance and do not return to School until clear of symptoms for the time specified by their GP, NHS or government guidance.
- 2.6.7. Take due care of their own, their colleagues' and students' health and safety.
- 2.6.8. Use and maintain work equipment and personal protective equipment (PPE) according to training and manufacturers' instructions.

- 2.6.9. Inform the School if they are at higher risk of infections (e.g. pregnancy, underlying medical condition, etc.) or if they have any concerns with regards the school's procedures to control infections.
- 2.6.10. Good standard of cleaning is maintained at all times.

2.7 Kitchen manager, catering staff and school meals contractor.

To ensure:

- 2.7.1. The catering function within the School must have a recognised Food Management System in place, including a HACCP system (hazard analysis critical control point) which incorporates prerequisites such as pest control, personal hygiene etc. This system should be fully traceable to maintain due diligence.
- 2.7.2. All those with the responsibility for food preparation should be aware of their duties under this legislation and have received training commensurate to their level of responsibility in the food preparation area. The minimum training requirement for all kitchen staff is Level 2 Food Safety, supervisors Level 3 Food Safety and Managers Level 4 Food Safety. If new staff do not hold this certificate when they join the School, arrangements should be made within a month for them to attend a course. New catering staff must be made aware of food hygiene arrangements.
- 2.7.3. Incidents are reported immediately, following the School Accident / Incident reporting and investigation procedure. Health and Safety Policy.
- 2.7.4. That in the event of an outbreak of infection, relevant areas to be deep cleaned.
- 2.7.5. The relevant risk assessments are completed and followed.
- 2.7.6. The correct PPE is worn when dealing with bodily fluids and cleaning of areas (disposable gloves, plastic aprons, face shields).
- 2.7.7. Good standard of cleaning is maintained at all times.
- 2.7.8. A high standard of infection control and hygiene is maintained as a matter of good practice.
- 2.7.9. Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom-free for 48 hours.
- 2.7.10. Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- 2.7.11. Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- 2.7.12. All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do.
- 2.7.13. Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

2.8 Contractors and visitors

To ensure:

- 2.8.1. The School reporting procedure is followed.
- 2.8.2. Their activities do not introduce infection risks to the School.
- 2.8.3. A high standard of infection control and hygiene is maintained whilst in school premises as a matter of good practice.
- 2.8.4. Any areas which may be contaminated are to be reported to the Facilities Team or their School host.

2.9 Pupils and parents/carers

To ensure:

- 2.9.1. They comply with any request from staff to leave the area if someone is unwell.
- 2.9.2. They should report any concerns they may have to a member of staff.
- 2.9.3. Any pupil who is unwell (Vomiting and diarrhoea) should stay away from the School until they have been symptom-free for at least 48 hours as set out in the current exclusion policy set out by Public Health England for schools. <https://www.publichealth.hscni.net> Parents are asked to ensure that this happens.
- 2.9.4. Good personal hygiene is practised.

3. Arrangements

3.1 Risk Assessment

- 3.1.1. All risk assessments where required should address the need for adequate control measures to prevent the spread of infectious diseases. Where there exists a student or employee with known or probable health problems, further analysis will have to be made within their individual risk assessment. i.e. New and Expectant Risk Assessment.
- 3.1.2. The individual care plans of vulnerable students and staff should indicate if they are suffering from an infectious disease or vulnerable to infectious diseases that require special precautions to be taken, especially if they require personal care. This would also apply to students who are unpredictable and violent. However, the confidentiality of the student's medical condition should be protected whenever possible.
- 3.1.3. A specialist risk assessment relating to infection control will be needed for specific outbreaks and special circumstances identified at the School. A Specialist risk assessment will need to:
 - a. Identify the hazards within the workplace, including those that potentially may be brought into the workplace.
 - b. Decide who might be harmed, and how, and include visitors, contractors, vulnerable persons, registered disabled persons, pregnant women, young persons, pupils and those persons with medical conditions.
 - c. Evaluate the risks and decide on precautions through ratings such as low, medium or high risk. The precautions and controls put in place must be proportionate to the risks. An example is if the risk is high then more robust controls may need to be put in place to reduce the risk to an acceptable level.
 - d. Record significant findings and communicate them to all relevant persons.
- 3.1.4. The law requires that the employer provide employees with adequate information, training and supervision necessary to ensure their health and safety at work. Ensuring staff understand the contents of the risk assessment and the role that they will take in managing any risk can be achieved through training and information.
- 3.1.5. The risk assessment will be reviewed and updated when changes are required. Changes may be required following the identification of new or imported infection control risks in the School.

3.3 Pregnant Staff

- 3.3.1. Managers need to consider the risks for new and expectant mothers when carrying out activity/task risk assessments.

- 3.3.2. Ensure a specific New and Expectant Risk Assessment is carried out as soon as notification of pregnancy or breastfeeding is given and ensure infection control is considered on the assessment; any pre-existing medical condition or disability may also be relevant. The risk assessment should be reviewed as the pregnancy progresses and as circumstances dictate, and also on return back to work after maternity leave.
- 3.3.3. If a pregnant member of staff develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by their GP.
- 3.3.4. Chickenpox can affect a pregnant woman if she has not already had this infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- 3.3.5. German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- 3.3.6. Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- 3.3.7. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.
- 3.3.8. All-female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

3.6 Basic Hygiene Measures

- 3.6.1. In all areas of the School, it is important to observe good basic hygiene procedures. Standard Infection Control Precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection. Therefore, with any fluids, it is necessary to employ infection control measures.

3.9 Disposal of Sharps

- 3.9.1. Where staff and students are required to administer medicine via needles or syringes, appropriate sharp boxes are provided.
- 3.9.2. Sharps are sometimes found discarded on School premises. Sharps include needles or syringes, scalpel blades, and razor blades etc. Used sharps will inevitably have

traces of blood on them. Therefore, they mustn't be allowed to cut or penetrate the skin of another person after they have been used.

- 3.9.3. Appropriate PPE will be made available to dispose of sharps such as litter pickers and/or sharps gloves.
- 3.9.4. Sharps must never be disposed of into waste bags or receptacles and must be disposed of in sharp boxes.
- 3.9.5. Sharps disposal procedure dictates that all sharps be disposed of using safe, colour coded pharmaceutical waste bins, using the following format:
 - a. Purple lid: for sharps that may be contaminated with cytotoxic or cytostatic substances
 - b. Orange lid: for sharps that haven't been contaminated with medication
 - c. Yellow lid: for any other sharps, including those contaminated with medicine
- 3.9.6. Sharps' boxes are available and should be used to dispose of used needles, razor blades etc. Only fill the box to where it says "Do not fill above this line". A sharps' box will need to be available in all areas where there is a chance of discarded needles being discovered.
- 3.9.7. Sharp boxes should be kept in a safe place so it's not a risk to other people and is out of sight and reach of students. Sharp boxes should be located in a safe position, i.e. bracketed to a wall and in with the lid closed when not in use.
- 3.9.8. The contents of sharp boxes should be treated as clinical/hazardous waste and as such, should be disposed of appropriately. The School has appointed an independent contractor as their clinical/hazardous waste disposal service.

3.10 Cleaning-up body fluid spills

- 3.10.1. Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross-infection. To minimize the risk of transmission of infection, staff should practice good personal hygiene and be aware of the procedure for dealing with body spillages.
 - a. Appropriate PPE should be worn such as disposable gloves. Gloves should be vinyl and not latex which is known to cause allergic reactions in some people. Plastic aprons must also be available and used where necessary. If there is a risk of splashes, eye and nose protection should also be worn, e.g. visors or face shields.
 - b. Any cuts on the hands or arms should be covered with waterproof plasters.
 - c. Clean the pupil (or staff member) and remove them from the immediate area.
 - d. Isolate the area with signs, chairs, cones etc.
 - e. The spillage can be cleaned up using a product that combines detergent and disinfectant or a spill kit where needed (spill kits must be made available for blood spills).

- f. Leave for 10 minutes or follow the instructions enclosed.
- g. Clean up the spillage.
- h. This can be disposed of by flushing down the toilet where possible and where not possible, the waste should be placed in biohazard or clinical waste bags and a waste disposal contractor should be contacted to request a clinical waste collection.
- i. The area should then be cleaned thoroughly with a product that combines disinfectant and detergent and hot water using disposable cloths following and following the manufacturer's instructions for the product.
- j. Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly.

3.11 Accidental contamination with bodily fluids

- 3.11.1. Bloodborne viruses do not invade the body through intact skin; they can, however, penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds.
- 3.11.2. In the event of an accident with body fluids that results in possible contamination **IMMEDIATE ACTION** should be taken by the person involved and first aider and if necessary, escalated to the employee's line manager. The steps are:
 - a. make the wound bleed for a few seconds, but do not suck the wound.
 - b. wash the wound with soap and warm running water, do not scrub
 - c. cover the wound
 - d. conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
 - e. Report the incident to the Headteacher and ask them to complete, with your help, an accident form as soon as possible. The accident form should note: whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

As soon as possible (within the hour)

- f. Report the matter to your GP or the local A&E department.
- g. Take the accident form with you to the GP. Report available on Safesmart.
- h. If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
- i. However, if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- j. Blood should be taken and tested for blood-borne viruses (Hepatitis B, Hepatitis C and HIV).

- k. The Health Protection Team should be informed of the incident by the Headteacher. If the person whose bodily fluids are involved is known, their details should be given to HPT (Refer to section 4.7)
- l. The EPA Facilities Manager should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

3.12 The Local Health Protection team (HPT)

- 3.12.1. The local health protection team is responsible for dealing with outbreaks. Most outbreaks are managed at a local level without needing to form an Outbreak control team (OCT.)
- 3.12.2. The HPT should be contacted (by phone initially) by the School when there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease.
- 3.12.3. The HPT will advise on all management aspects of the situation. This will include information to parents, students and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press.
- 3.12.4. For the list of reportable diseases see Appendix 1

3.13 Training

- 3.12.1. Suitable training should be delivered to staff where there is an identified risk.
- 3.12.2. Appropriate training will need to be identified for the different categories of infection risk that staff encounter in their particular jobs.
- 3.12.3. The School requires that the minimum training for all food handlers must be the Basic Food Hygiene Certificate. If new staff do not hold this certificate when they join the School, arrangements should be made within a month for them to attend a course. Course available on Safesmart.

3.14 First Aid

- 3.14.1. First Aid is an area that might expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider, there is an element of infection control based on Universal Infection Control Precautions.

- 3.14.2. Staff responsible for purchasing first aid materials should supply first aiders with suitable disposable gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box.

3.17 Hygiene in kitchens and eating areas

- 3.17.1. Safe food preparation is key to the prevention of food-related illnesses. The day-to-day responsibility for managing food safety has been delegated to either the school meals contractor or the school kitchen staff.
- 3.17.2. The cleanliness of all food equipment, including plates and cutlery for the Dining hall, is the responsibility of the Catering/ Lunchtime/ Breakfast/ After School Club staff. Lunchtime supervisors take responsibility for setting out and clearing away break time snacks in the classrooms/ practical areas.
- 3.17.3. The Kitchen Manager ensures that food allergies are considered and controls are in place and the Kitchen log book is completed in full daily.
- 3.17.4. The Kitchen Manager will ensure that all recommendations from visiting enforcement officers are acted upon within the recommended guidelines.
- 3.17.5. Any person working in a food area that knows or suspects that they are suffering from or are a carrier of any disease that is likely to be transmitted through food or has an infected wound, skin infection, skin condition, sore or diarrhoea, must inform their immediate line manager and discontinue food handling duties
- 3.17.6. Any person suffering from food poisoning must not be allowed to engage in food handling activities until they have been free from any symptoms for 48 hours, once any treatment has ceased and have received medical clearance.

4. Conclusions

- 4.1. Basic good hygiene practice is the key to infection control throughout our School.
- 4.2. The inclusion of infection control issues in risk assessments, as well as training staff on induction and at suitable intervals thereafter, will reduce the likelihood of infections being spread unnecessarily. Wider infection control measures will be needed if there is an outbreak, such as enhanced cleaning programmes and more comprehensive control measures to reduce exposure following guidance from the local HPT.

Appendix 1 – List of Notifiable Diseases

<https://www.publichealth.hscni.net>

The patient's physician would report the above diseases to the local Health protection team. The HPT will advise the School of any action necessary.

If you require advice on any communicable disease, please contact the Local Health Protection team.

The headteacher is required to contact the local health protection team if they suspect an outbreak, any serious or unusual illness or if any advice is needed.

Further Guidance

1. Health and Safety Executive
2. Local Health Protection Teams – HPT teams provide support to prevent and reduce the effect of diseases, chemical and radiation hazards.
3. Health and Safety Executive - Infections at work.
4. Public Health England - Health protection in schools and other childcare facilities
5. Public Health England - Health protection in schools and other childcare facilities- Chapter 9: managing specific infectious diseases
6. Public Health England - COVID-19: personal protective equipment use for non-aerosol generating procedures

Further Resources

1. e-bug.eu
2. LEAF Education LEAF (Linking Environment and Farming)
3. Public Health England – The Spotty Book. Notes on infectious diseases in Schools and Nurseries