



SOUTH DOWNS
— LEARNING TRUST —

COMMUNICABLE DISEASES POLICY

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OUR VISION

A community of Primary and Secondary academies that are the first choice for students and families in Sussex, with an outstanding reputation for high aspiration and high achievement.

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Communicable Diseases Policy

Key Points:

- This Policy applies to all employees and contractors working on behalf of South Downs Learning Trust
- This Policy aims to ensure that staff know the required standards needed to reduce the risk from communicable diseases at work
- Managers and staff must ensure that the appropriate personal hygiene precautions are observed, particularly in the provision of direct personal care
- Responsibilities fall on Headteachers, Leadership Teams and employees
- Some diseases are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Detailed information and guidance on specific communicable diseases is given in Appendix 1
- Managers and staff must ensure that the appropriate action is taken following any incident involving the risk of blood-borne infection e.g., sharps injury – Appendix 2
- Reference must be made to the “Don’t Spread Infection” guidance, available on the intranet and Webshop, which contains more detailed guidance for employees who may be exposed to certain infectious and contagious disease due to their work activities.

Introduction

The South Downs Learning Trust recognises its duty under the Health and Safety at Work etc, Act 1974, to as far as is reasonably practicable, safeguard employees against risks to their health, including those risks posed by infectious diseases.

In addition, there are specific regulations relevant to the control of infection including the Management of Health and Safety at Work Regulations 1999, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (see Appendix 2) and the Control of Substances Hazardous to Health Regulations 2002 (as amended). These regulations require employers to assess and manage the risks, record any significant findings, and provide employees with adequate information, instruction and training on any risks to their health which they may face at work.

Therefore, services will undertake risk assessments to identify employees who may be exposed to risk and will develop management procedures to control this risk.

Responsibilities

Headteachers and SLT must ensure that:

- this policy is implemented in their departments and arrange for the production, issue and application of specific departmental procedures, code of practice, leaflets, etc. appropriate to implement this policy.

Curriculum Leaders / Year Leaders must ensure that:

- **their staff, including agency staff, volunteers, etc. and the** infectious/communicable diseases to which they may be exposed specifically as a result of their work, are identified in order to:
 - confirm who may be harmed and how
 - determine the level of risk
 - implement the appropriate control measures, including safe methods of work, and informing and instructing all their staff (potentially) affected, and
 - emphasise that on a generic risk assessment approach, effective hand washing/disinfecting is the most effective control measure to protect (care) staff against foreseeable communicable diseases.
- where relevant, employees adhere to the “Basic Standard Precautions” – see Appendix 5 and the more detailed guidance contained in the “Don’t Spread Infection” guidance available on the intranet and Webshop health and safety online pages.
- the handling of sharps is managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 – see Appendix 2.
- any incidents involving the risk of blood-borne infection are managed in accordance with the guidance contained in Appendix 2.
- ensure that the skin of staff who are at risk of skin problems e.g. dermatitis, due to their work e.g. high levels of handwashing and wearing disposable gloves, is regularly monitored. This should involve, at least, an annual enquiry as to the health/condition of their skin and if there are any concerns, a referral made to the Occupational Health Service.
- any employee who refuses immunisation recommended by the County Council, to be appropriately advised and encouraged, or otherwise their refusal recorded on their personal file.
- safe and appropriate waste disposal procedures must be implemented.
- appropriate and effective cleaning procedures must be implemented, including procedures for dealing with laundry.
- records are kept of those service users known to have MRSA, or any other communicable diseases. Specific risk assessments must be carried out sensitively and the necessary control measures recorded in their individual care plans – see Appendix 6.
- the Occupational Health Service are notified of any needlestick injury; note that additionally some diseases that could result from these injuries may be reportable under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- The Health and Safety Team is notified of any infection, contracted by a staff member, which could be attributable to their work.
- advice is sought from the UK Health Security Agency, Surrey and Sussex Health Protection Team (South East) concerning any specific safe working practices and /or potential diseases.

- any outbreaks of infection are managed effectively and where necessary, advice sought from ICC Surrey and Sussex
 - Email: ICC.SurreySussex@phe.gov.uk
 - Telephone: 0344 225 3861
 - Out of hours urgent enquiries: 0844 967 0069

The Occupational Health Service must ensure that:

- advice and support is available to managers and staff around issues concerning communicable diseases.
- they contribute to this policy and provide advice and guidance with future reviews and updates.

First Aiders and Appointed Persons must:

- adhere to guidance received during training when administering first aid treatment.

Employees must:

- report all sharps incidents to their manager and attend their nearest Accident and Emergency Department for appropriate treatment and advice as soon as possible, taking the completed Exposure Incident Form with them.
- attend their nearest Accident and Emergency Department for appropriate treatment and advice, whenever they suspect they may have contracted an infectious disease at work, e.g. from biting, spitting or scratching by a third party.
- ensure that online incident reports are completed in relation to the above incident types. Please refer to the Incident Reporting Policy for guidance on the incident reporting procedure.
- safely dispose of discovered/discarded sharps, e.g. needles and syringes, in a proprietary sharps container, which should then be dealt with as clinical waste.
- use any personal protective clothing provided.
- report any problems with their skin to their line manager.
- adhere to the basic standard personal hygiene precautions detailed in Appendix 5.
- thoroughly decontaminate their hands with an approved hand disinfectant after visiting any service user in their own home.
- adopt the agreed safe methods of work for dealing with biological agents e.g. contaminated waste, human and animal body fluids as well as sharps.
- refer to Appendix 1 containing information specific to Tuberculosis, Hepatitis B, MRSA, Clostridium Difficile and Norovirus.
- report to their manager if they are suffering from any communicable diseases they may need to refrain from work until they have recovered.

Infectious Diseases

Infections are caused by a person being exposed to either bacteria or viruses.

- Bacteria - exist everywhere and many are harmless or even useful. Some bacteria though can cause disease, either by invading the body, or by ending up in an area of the body where they should not be. Bacteria are made up of only one cell, too tiny to be seen. They are able to divide themselves and can spread very quickly.

- Viruses - are also too small to be seen. They are not able to multiply on their own and rely on latching onto cells or getting inside them. They can then take over the cells 'machinery' and make more virus particles. The cells making up our respiratory system are particularly open to viruses, as they are not covered by protective skin.

There are four main sources of exposure in the workplace:

- Blood and other body fluids e.g. saliva and sources of blood/body fluids such as human bodies, animal carcasses and raw meat;
- Human or animal waste products such as faeces, urine and vomit;
- Respiratory discharges such as coughs and sneezes;
- Skin - as a result of direct contact.

Occupational diseases

Under RIDDOR, all diseases must be reported when they are attributable to an occupational exposure to a biological agent. The term biological agent is defined in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and means a micro-organism, cell culture, or human endoparasite which may cause infection, allergy, toxicity or other hazard to human health. Work with hazardous biological agents is subject to specific provisions under COSHH.

Occupational exposures to biological agents may take place as a result of:

- an identifiable event, such as the accidental breakage of a laboratory flask, accidental injury with a contaminated syringe needle or an animal bite
- unidentified events, where workers are exposed to the agent without their knowledge (eg where a worker is exposed to legionella bacteria while conducting routine maintenance on a hot water service system)

A report should be made whenever there is reasonable evidence suggesting that an occupational exposure was the likely cause of the disease. The doctor may indicate the significance of any occupational factors when communicating their diagnosis.

Any incident of this nature must be reported on the online accident reporting system as soon as possible and within 3 working days of exposure.

General Information

Good personal hygiene precautions are crucial to prevent the spread of infections and hand washing is the single most important intervention in the control of cross-infection. Therefore, staff who do not provide personal care to service users e.g. Visiting Officers and Social Workers, must ensure that effective hand washing protocols are followed to minimise the risk of cross infection - see Appendix 5.

Further Information and Guidance

The following documents should be used to cross reference as applicable:-

- **Risk Assessment Policy**
- **Incident Reporting Policy**
- **First Aid Policy**
- **Control of Substances Hazardous to Health Policy**
- **Legionella Policy**
- **Personal Protective Equipment Policy**
- Covid-19 vaccination policy

Appendix 1: Specific Infections

Blood Borne Viruses

Blood Borne Viruses (BBV) can cause diseases such as Hepatitis B Virus, Human Immunodeficiency Virus (HIV), Hepatitis C Virus. As a result it is necessary for all healthcare workers to take precautions to protect themselves from contact with blood and other contaminants.

There is post-exposure treatment for Hepatitis B with specific immunoglobulin and vaccination for non-immune staff exposed to Hepatitis B infection.

Hepatitis C has no vaccine or post-exposure treatment but post-exposure screening for Hepatitis C antibody is carried out where indicated by risk assessment.

HIV post exposure prophylaxis is available for those who have been exposed to HIV, or where there is a high risk of the source patient being HIV positive.

Clostridium Difficile (C.Difficile)

C. Difficile is a bacterium that lives in the large bowel. It most commonly affects elderly people with other underlying diseases. It is a major cause of antibiotic associated diarrhoea.

The spread of infection is a greater risk in hospitals and care homes where there are many people in close contact with each other and touching equipment or surfaces that are contaminated with the bacteria. The elderly and the ill are particularly vulnerable in particular if they are taking broad spectrum antibiotics for one or more conditions.

The bacterium is spread by touch therefore if you work or visit in a care home or hospital it is very important that you take care to minimise the risk and spread of possible infection by:

- washing your hands with soap and water after any contact with a patient/service user
- maintaining good hygiene practices through thorough cleaning of the environment
- wearing disposable gloves and aprons when giving care to patients who have C Difficile or when cleaning equipment that could be contaminated, e.g., commodes.

Contamination Injury

Blood or body fluid splashed into a mucous membrane of the eye, nose, mouth, or onto the skin surface, which has an open cut or abrasion.

Incidents involving risk of blood borne infection may involve:

- Inoculation of blood by a needle, or other sharp
- Contamination of broken skin with blood/body fluids
- Blood/body fluid splashes to mucous membranes e.g. eyes or mouth
- Human bites or scratches where the skin is broken

The risks from a percutaneous exposure are 1 in 3 for Hepatitis B positive patient, 1 in 30 for Hepatitis C positive patient and 1 in 300 for an HIV positive patient.

If, following an incident involving a person known, or suspected, to have Hepatitis B or C, HIV or are a known IV drug user or of being a Hepatitis B carrier; staff suffer a needlestick injury, bite, spitting, etc. they must report to an Accident and Emergency Unit as soon as possible.

Coronavirus disease (COVID-19)

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention which can include intensive high care support and assistance with their breathing. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age.

- The County Council encourages all employees to take up the offer of a vaccine when they are offered it. See Covid-19 vaccination policy for further information.
- Keep physical distance of at least 1 metre from others, even if they don't appear to be sick. Avoid crowds and close contact.
- Wear a properly fitted mask when physical distancing is not possible and in poorly ventilated settings.
- Clean your hands frequently with alcohol-based hand rub or soap and water.
- Cover your mouth and nose with a bent elbow or tissue when you cough or sneeze. Dispose of used tissues immediately and clean hands regularly.
- If you develop symptoms or test positive for COVID-19, self-isolate until you recover.
- Individual risk assessments should be undertaken for staff classed as vulnerable.

Hepatitis B:

Decisions on immunisation for staff must be made following a risk assessment which takes into account their work activities and where they work. Staff of residential and other accommodation for those with learning difficulties are a greater risk from infection from Hepatitis B than

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). Some staff will be at a greater risk of infection from Hepatitis B due to their work activities and where they work e.g. working in residential and other accommodation for those with learning difficulties, including Special Schools. Also staff who have direct exposure to contaminated sharps, infected blood or other body fluids contaminated with infected blood will be at greater risk. The HSE publication INDG342 "Blood-borne Viruses in the Workplace" gives more guidance on Hepatitis B and associated risk assessments.

If, as a result of a specific risk assessment, Hepatitis B immunisation is considered appropriate, the relevant staff should approach their GP for advice in the first

instance. If the GP is unable to assist with such a service, either directly or through a third party, they should contact the Occupational Health Service for advice on alternative arrangements. GPs will not usually vaccinate for an occupational risk however some GPs carry out occupational health work so they will provide this service but will make a charge for it.

Any employee, who refuses immunisation recommended by the County Council, should be appropriately advised and encouraged or otherwise their refusal recorded on their personal file. A risk assessment must identify how the risks are to be managed if no immunisation is received. Guidance is available from the Occupational Health Service.

If, following an incident involving a person known, or suspected, of being a Hepatitis B carrier; staff suffer a needlestick injury, bite, spitting, etc. they must report to an Accident and Emergency Unit as soon as possible.

Methicillin Resistant Staphylococcus Aureus (MRSA)

Staphylococcus Aureus (SA) is a common bacterium. In recent years some strains have become resistant to many of the antibiotics used in the treatment of infections and these are called Methicillin Resistant Staphylococcus Aureus (MRSA).

There is a difference between numerous people in the general population who are asymptotically colonised with MRSA (e.g. carry it on their skin or in their nose) harmlessly without any associated problems and those who have a specific MRSA infection. Such infection can slow down recovery or result in serious disease such as blood poisoning or bronchopneumonia.

Some service users who have been discharged from hospital may have developed MRSA.

MRSA is passed on by human contact, commonly by the hands and it is therefore essential that staff who provide personal care to service users and come into direct physical contact with them, practice the highest standards of hygiene precautions to prevent contracting MRSA or spreading it (or any other organism) to other people.

Staff with skin problems on their hands, e.g. eczema, dermatitis and psoriasis, must seek occupational health advice before providing, or continuing to provide, personal care for service users with MRSA.

Where service users are known to have MRSA, a specific risk assessment must be sensitively carried out using the generic risk assessment which must be tailored by establishment managers, etc. to reflect the specific service provision.

For more information on MRSA please log onto the 'NHS Direct' or the 'Department of Health' website.

Norovirus (Winter Vomiting Disease)

Outbreaks often occur in establishments such as hospitals and care homes where there are many people in close contact with each other. It is easily spread among people who are already ill.

The virus is spread by the faecal/oral route (unwashed hand to mouth), by touching contaminated surfaces/objects or person to person contact (unwashed hand to mouth).

The most effective way to control the spread of norovirus is by:

- washing your hands frequently and thoroughly particularly after using the toilet and before preparing food
- disinfecting any surfaces or objects that could be contaminated with a norovirus using a bleach-based household cleaner and following the product instructions
- flushing away faeces and vomit in the toilet, keeping the toilet area clean and hygienic
- washing contaminated clothing and linen in hot soapy water to help ensure the virus is killed.

Infected people should not prepare food until 48 hours after symptoms have ceased.

Tuberculosis:

The possibility of contracting **TB** is low unless staff are providing **direct prolonged personal care** in the same room to the “at risk groups” in a social care setting, i.e. older people, asylum seekers and their children. Where staff have previously been immunised against TB this should give them some protection. However, if staff have any doubts, or believe they may not have been previously immunised, they should consult their GP who may refer them to a Chest Clinic for a skin test to confirm whether they have any immunity and whether BCG immunisation is appropriate.

Appendix 2: Handling Sharps and Incidents Involving the Risk of Blood- borne Infections

Sharps include needles, lancets and scalpels and a sharps incident is one that causes a needle or sharp instrument to penetrate the skin. If the sharp is contaminated with blood or another body fluid, there is a potential for transmission of infection.

Generally, medical sharps will not be used by South Downs Learning Trust staff but in some areas e.g., medical room, students / pupils

may self-administer injections and staff may need to help with the disposal of needles. In such circumstances managers must complete a Sharps Risk Assessment and implement and monitor the necessary control measures.

Sharps must be handled and disposed of safely to reduce the risk of exposure to blood-borne viruses and any staff having to handle them must receive adequate instruction/training to ensure they can do so safely. Using the following advice will also reduce the risk of injury.

Do's & Don'ts of Handling Sharps	
Do	Don't
<ul style="list-style-type: none"> • Ensure sharps receptacles conform to UN3291 or BS7320 standards. • Sharps receptacles should be taken to the point of use. • Ensure used sharps are discarded into a sharps receptacle at the point of use by the user. • Close the aperture to the sharps receptacle when carrying or, if left unsupervised, to prevent spillage or tampering. • Place sharps receptacle on a level stable surface. • Carry sharps receptacles by the handle - do not hold them close to the body. • Sharps Receptacles in public areas must be located in a safe position. • Ensure sharps receptacle is stored safely in a secure environment when not in use. • Lock the sharps receptacle when it is $\frac{3}{4}$ full using the closure mechanism and arrange collection 	<ul style="list-style-type: none"> • Sharps must not be passed directly from hand-to-hand and handling should be kept to a minimum. • Needles must not be re-capped, bent, broken or disassembled before disposal. • Sharps receptacles must not be placed on the floor. • Do not over fill sharps receptacles above the mark indicated. • Never leave sharps lying around. • Do not try to retrieve items from a sharps receptacle. • Do not try to press sharps down in the sharps box to make more room. • Do not place sharps inside a waste bag.

- Receptacle must be disposed of by the licensed route in accordance with local policy.
-

Any incident involving the risk of blood-borne infections e.g. a sharps injury should be dealt with as follows:

- The injured person must report the injury to their line manager
- The manager must ensure that the injured person receives the necessary first aid as follows:

- **Percutaneous Injury (e.g. Needle Stick) or human bite which breaks the skin:**

- Immediately wash the affected area with soap and water, but do not scrub.
- Encourage bleeding of the wound, but do not suck or lick the area.
- Apply a dry waterproof dressing.

- **Exposed Mucous Membranes (e.g. eyes, mouth):**

- Irrigate with copious amounts of water.
- If contact lenses are worn, irrigate before and after removing the lens in the event of an exposure.
- The injured person should report to an A & E unit as soon as possible taking the Exposure Incident Form () with them.
- The affected person must provide their manager with information about the circumstances of the incident
- Contact the Occupational Health Service if necessary, for advice about potential infection risks
- The affected person should be reminded of the Counselling Service offered through the employee assistance programme.
- The manager must ensure the incident details are uploaded onto the online incident reporting system.
- The manager must ensure the incident is fully investigated and take any action required to prevent a recurrence. The investigation must be uploaded onto the online incident reporting system and attached to the incident report.

Appendix 3 Managing the Risk

The process for assessing the risk of workplace infection is the same as any other risk assessment. Managers should, in liaison with employees:

1. Identify the hazards - where infection/BBVs may be present;
2. Decide who may be harmed and how - which employees and others may be exposed to infections/BBVs and how this might happen, for example through dealing with accidents or handling contaminated items for cleaning or disposal;
3. Assess the risk - how likely it is that infection/BBV's could cause ill-health and decide if existing risk control measures are adequate or whether more should be done;
4. Action - Ensure that procedures and safe systems of work are developed and implemented following the undertaking of risk assessments. Factors to consider when undertaking a risk assessment include:
5. The frequency and scale of contact with blood or other body fluids;
6. The volume and variety of different persons' blood/body fluids with which contact is made;
7. Any existing information on injuries/infections/conditions reported in the workplace;
8. The quality of control measures used;
9. Recording of findings/incidents;
10. Regular monitoring and review of risk assessment (at least annually) and reassessment where necessary, e.g. an increase in incidents or a change in working practices/circumstances.

Using the information in Appendix 1 when applicable may help you with determine your control measures

To ensure that control measures are effective, managers must ensure employees are advised of the risks that have been identified relating to their job and of the measures that are in place to control exposure to risk. Employees need to know and understand when and how to apply the control measures, which may include the use of personal protective equipment (PPE), and what to do in an emergency.

Appendix 4: Basic Standard Precautions

Good personal hygiene precautions are crucial to preventing the spread of all infections.

Effective hand washing is the single most important intervention in the control of cross-infection and staff must always wash their hands:

- Before and at the end of each working period
- Before and after direct physical contact with service users/pupils
- After using the toilet
- After handling daily living equipment e.g. a commode
- After bed changing
- Before and after removing protective clothing such as disposable aprons and gloves
- Before eating, drinking or handling food
- When they are obviously soiled, and
- After cleaning of any kind.

Hand washing facilities should include liquid soap dispensers (bar soap is prohibited for use by care staff), disposable paper towels in all care settings, easy access to hot and cold running water and an adjacent (ideally foot-operated) waste bin.

Effective hand washing should be performed as follows:

- Wet the hands up to the wrist before applying liquid hand cleanser
- Smooth the liquid hand cleanser evenly over the hands, including the thumbs, and in between the fingers
- Lather well, rubbing vigorously
- Rinse hands under running water and dry thoroughly with paper towels.

Effective use of hand disinfectant:

- Where the specific hand washing facilities above are not always available or suitable, e.g., home care, an approved hand disinfectant must be provided and used. However, before using an approved hand disinfectant, hands should be free of dirt and organic material
- When decontaminating hands, the approved hand rub solution (2mls) must come into contact with all surfaces of the hands. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated, and the hands are dry
- If the approved hand disinfectant causes a rash, cracking of the skin, etc. the Occupational Health Service must be contacted as soon as practicable.

Protective Clothing: Disposable aprons and gloves must be worn, as a minimum, whenever there is a risk of splashing or contamination with blood, other

body fluids (e.g., faeces, urine, vomit, saliva) or chemicals, and when cleaning, handling laundry, clinical waste etc.

➤ They should be:

- Single use
- Changed between service users
- Changed between tasks and not re-used on the same person.
- When there is a risk of blood or body fluids, chemicals etc. splashing onto the face and eyes, face protection should be worn.

Disposable Gloves:

To ensure latex allergies are minimised, latex gloves should only be used in exceptional circumstances and only following a risk assessment. Therefore, non latex gloves e.g. vinyl or nitrile, must be available for use at all times.

Please note that vinyl and nitrile gloves can still present an allergy risk to some people and any problems caused by their use must be referred to the Occupational Health Service.

Additional Information:

- Staff must cover cuts or breaks in skin on exposed parts of the body with a waterproof plaster or dressing whilst at work
- Blood and body fluid spills must be dealt with immediately in accordance with the "Don't spread infection" guidance obtainable on the health and safety pages of the intranet and Webshop
- Personal grooming items, e.g. razors, scissors, nail files, clippers, etc. or anything that may have come in contact with blood, must never be shared with others.