



## Infection Control Policy including Coronavirus – (COVID-19)

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## **AIM**

Summit Learning Trust is committed to providing a healthy and safe environment for employees, students and visitors. We are dedicated to help prevent and control the transmission of infectious diseases in our Academies.

This policy aims to provide guidance for preventing and managing infectious diseases and preparing for the event of an outbreak.

## **1 Introduction**

Academies and nurseries can be sites for transmission of infections. Children can be susceptible because:

- They have immature immune systems
- Have close contact with other children
- Sometimes have no or incomplete vaccinations
- Have a poor understanding of hygiene practices

This policy provides information for staff managing a range of common and important childhood infections. It includes the principles of infection prevention and control to enable safe working during an outbreak including the coronavirus (COVID-19) outbreak.

## **2 Infection in childcare settings**

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period).

### **What is an outbreak?**

An outbreak is defined as

- two or more related cases of the same infectious disease, within the same period and the same location/ Academy.
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

The Academy must contact their local health protection team as soon as they suspect an outbreak, to discuss the situation and agree any further actions.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- Immunisation of pupils and staff
- Good hand washing
- Making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

### 3 How infection spreads

Infections are spread in many different ways:

#### 3.1 Respiratory spread:

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

#### 3.2 Direct contact spread:

By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

#### 3.3 Gastrointestinal spread:

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).

#### 3.4 Blood Borne virus spread:

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

### **Many viruses can survive longer on hard surfaces than on soft or absorbent surfaces**

Infections may be:

- Acquired at home or the community and brought into Academy
- Acquired and spread within Academy

Control of infection among children in Academies depends upon:

- Prevention
- Early recognition of each case
- Prompt action and follow up

**All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe and effective infection control practice**

- In general, individuals who are known to be unwell with infectious diseases must not attend an Academy, although mild snuffles and colds do not necessarily prevent an individual attending.
- If a child becomes ill during care, parents/carers must be contacted and the child taken home if necessary. It is recommended that Academy's, have a record of each child's GP and alternative contact details, should you be unable to get in contact with the parents/carers.
- Parents are requested to notify the Academy if their child has an infectious disease. Staff members also have a duty to ensure the Academy is aware if they are unwell or have been diagnosed with an infectious disease.
- The Academy should notify parents if a significant risk to other children exists.
- The length of time an individual should be excluded from Academy depends on the type in infection they have or have had.
- Ensure that parents and staff members have access to this policy and understand that they will have to make arrangements for their child's care, if their child is unwell.
- Be aware of children and staff who are more susceptible to infection due to underlying diseases, treatment or pregnancy. You should note that there may be staff members in the early stages of pregnancy who have not informed the Academy yet so consider ways of ensuring anyone in that situation could be notified of potential exposure to infectious diseases that may impact on their pregnancy (for example a group email or notice in the staff room).
- If in doubt seek further advice from your local Health Protection Team or PHE.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- Direct transmission, for instance, when in close contact with those sneezing and coughing
- Indirect transmission, for instance, touching contaminated surfaces

## **4 Prevention and control**

### **1. Hand Hygiene**

Summit Learning Trust encourages and promotes personal hygiene, through classroom discussions, student welfare teams and displaying literature

Washing hands properly is one of the most important things individuals can do to help prevent and control the spread of many illnesses. Good hand hygiene will reduce the risk of illnesses like flu, stomach upsets and other infections being passed from person to person.

Alcohol hand gel can be used if appropriate but **should not** replace washing hands, if hands are visibly soiled or when there is gastroenteritis (diarrhoea and vomiting) cases in the Academy.

### **Toilet facilities should have:**

- Soap dispensers
- Water that is hot (in pupil and student area's via a mixer tap which can take the water to a safe temperature)
- Paper towels
- Foot action pedal bins

### **Effective Hand washing with warm water and liquid soap is recommended as follows:**

- Wet your hands with clean, running water then apply liquid soap.
- Lather hands by rubbing them together. Be sure to lather the back of hands, between fingers and under nails.
- Rub hands for at least 20 seconds
- Rinse hands well under clean, running water
- Dry hands using a clean paper towel or air dry.

### **Hands should be washed:**

- After using (or helping someone to use) the toilet
- Before, during and after preparing food
- Before eating food
- After blowing your nose, coughing or sneezing (or helping someone to blow or wipe their nose)
- Before and after treating a cut or wound
- Immediately after hands have been contaminated with respiratory secretions, blood, faeces, urine or other
- Whenever hands are visibly soiled

### **Alcohol Hand Gel/Sanitiser**

- Alcohol hand gel must be a **minimum of 60% alcohol** to be effective
- All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
- Cover all cuts and abrasions with a waterproof dressing.
- Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
- Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

### **4.1 Bites**

- If a bite does not break the skin: clean with soap and water and no further action is needed.
- If a bite breaks the skin: clean immediately with soap and running water.
- Record incident in accident book. Seek medical advice as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B, for reassurance about HIV.

#### 4.2 Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else.

If someone pricks or scratches themselves with a used hypodermic needle:

- Wash the wound thoroughly with soap and water
- Cover it with a waterproof dressing
- Record it in the accident book and complete the accident form
- Seek immediate medical attention from your local Accident and Emergency department

#### 4.3 Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

#### 4.4 Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

#### 4.5 Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available.

#### 4.6 Dealing with contaminated clothing

Clothing of either the child or the first-aider may become contaminated with blood or body fluids.

Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the first aider or child with advice for the parent on how to launder the contaminated clothing.

The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

## 5 COVID-19 prevention and control

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

- Minimise contact with individuals who are unwell
- Clean your hands often
- Respiratory hygiene (catch it, bin it, kill it)
- Clean surfaces that are touched frequently
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures are implemented
- Soft furnishing, soft toys and toys that are hard to clean have been removed
- The use of shared resources has been reduced
- Air flow and ventilation is increased by opening windows and children spend more time outdoors
- Continually review and respond to government guidance on COVID 19 prevention and control measures

## 6 What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

Principals and managers should contact their Estates & Facilities Business Partner or Estates & Facilities Director, in addition to their local health protection team or PHE as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed.

It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

If you suspect cases of infectious illness including coronavirus at your Academy but are unsure if it is an outbreak, please [call your local HPT or PHE](#) and inform their Estates & Facilities Business Partner or Estates & Facilities Director.

### 6.2 How to report

The Academy is to telephone their local HPT/PHE as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E. coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis

- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)
- COVID-19

HPT/PHE can assist by providing draft letters and factsheets for parents and carers to ensure the most up to date information is given.

## **7 Immunisation**

Immunisations are checked at Academy entry and at the time of any vaccination. Parents are encouraged to have their child immunised.

## **8 Cleaning the environment**

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards should be monitored regularly by the Academy. Cleaning staff should be appropriately trained and have access to personal protective equipment.

### **8.1 Cleaning contract**

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. A proper colour coding system is recommended by the Health and Safety Executive. Choosing to employ a colour system in your workplace can make cleaning easy, efficient and in turn, increase general hygiene and cleanliness.

Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths should be disposable (or if reusable, disinfected after use).

Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the Academy might carry this out.

The Estates and Facilities Business Partner & Senior Site Manager should monitor cleaning standards and discuss any issues with cleaning staff.

### **8.2 Cleaning blood and body fluid spills**

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

### **COVID-19 advice - cleaning and waste disposal**

All objects which are visibly contaminated with body fluids must be cleaned using disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Avoid creating splashes and spray when cleaning. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

### **8.3 Disposal of waste:**

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. The waste should not be put in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

- If the individual tests negative, this can be put in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal
- waste
- If storage for at least 72 hours is not appropriate, arrange for collection by a specialist clinical waste contractor. They will supply you with clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

### **8.4 Toys and equipment**

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.

Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the cleaning schedule.

Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; 4 weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean.

The tank should be washed with detergent and water, and dried before refilling with sand. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

### COVID-19 advice:

Consider how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously. Remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere. Remove soft furnishings, soft toys and toys that are hard to clean such as those with intricate parts.

### **9 Enhanced cleaning during an outbreak of infection**

The cleanliness of our academies is essential to help prevent and control infections. Cleaning with detergent and water is usual and all that is required, this removes the majority of germs that can cause disease. Disinfection reduces the number of germs still further and can be carried out after adequate cleaning has been done. Disinfection should occur when there is a particular risk of infection (e.g. an outbreak of diarrhoea and vomiting). A clean free from dust, dirt and grease and dry environment poses little or no threat of infection to healthy adults and children.

In the event of an outbreak of infection at your Academy, the local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure regular cleaning of areas with particular attention to door handles, toilet flushes and taps and communal areas where surfaces can easily become contaminated such as handrails. Plans should be developed for such an event on how the Academy might carry this out

### **Deep Cleaning after an outbreak**

After an outbreak of an infectious illness, it is necessary for a deep clean. Liaise with your cleaning provider and agree on whether specific areas or the whole site needs to be cleaned.

### COVID-19 advice:

Areas where a symptomatic individual have passed through and spent minimal time, such as corridors which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- Objects which are visibly contaminated with body fluids
- All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Avoid creating splashes and spray when cleaning. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

## 10 Staff welfare

### 10.1 Staff immunisation

All staff should complete a health check form before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR).

### 10.2 Exclusion

Staff employed in Academies, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

### 10.3 Pregnancy

If a pregnant woman/student develops a rash or is in direct contact with someone with a potentially infectious rash, she should consult her doctor, antenatal care provider or midwife immediately.

The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks and associated actions are:

**Influenza (Flu)** Evidence suggests that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. One of the most common complications of flu is bronchitis, a chest infection that can become serious and develop into pneumonia. The vaccine is available from September to January/February each year. It can be given at any time during pregnancy and will also help to protect the baby in the early months.

**Chickenpox** can affect a pregnancy if the woman has not already had the infection report exposure to midwife and GP at any stage of exposure. The GP and antenatal care provider 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.

**German Measles (Rubella)** If a pregnant woman comes into contact with German Measles she should inform her GP and antenatal care provider immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

**Slapped Cheek Disease (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.

**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. **All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.**

### 10.4 Food handling staff

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

Food handling staff suffering from such diseases must be excluded from all food handling activity in the Academy or nursery setting until advised by an appropriate person that they are clear to return to work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.

Staff and attenders should not be present at the Academy if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastrointestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting).

Employers are to notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment. Food handlers are required by law to inform their employer immediately if they are suffering from:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis
- diarrhoea (cause of which has not been established)
- infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

### **Vulnerable groups at particular risk from infection**

Summit Learning Trust Academies maintains records of all vulnerable staff/students with complex care needs. Students/staff with impaired immune defence, undergoing any treatment for cancers/leukaemia and any other treatments, such as high dose steroids, to ensure appropriate action and considerations are in place.

If a vulnerable student is thought to have been exposed to a communicable disease, chickenpox or measles in the Academy, parents or guardians of that child must be informed promptly so that they can seek further medical advice from their GP or specialist, if appropriate

### **Exclusions**

Prompt exclusion is essential to preventing the spread of infection in the Academy, both staff/pupils and students will be sent home and/ or parents/carers contacted to collect their unwell child.

When pupils/students/staff are suffering from infectious diseases they should remain away from Academy on medical grounds for the minimum period required/advised

### **COVID-19 advice:**

Staff Testing:

Access to testing is available to all essential workers. Education settings as employers can book tests through an online digital portal. There is also an option for employees to book tests directly on the portal. Schools may be asked also carry out in-house testing.

Shielded and Clinically Vulnerable Adults:

Clinically extremely vulnerable individuals should follow government and their GP's advice. It is strongly advised that education staff, who are clinically extremely vulnerable, those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus and have been advised by their clinician or through a letter, to follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work unless consent by the NHS or their Doctor is provided. [Read COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable - GOV.UK \(www.gov.uk\)](#) for more advice.

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions) have been advised to take extra care in observing social distancing, wearing appropriate PPE and handwashing. Education settings should endeavour to support this where practicable with a risk assessment focused approach.

Living with a shielded or clinically vulnerable person: If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable - GOV.UK \(www.gov.uk\)](#) it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home.

Exclusion: Follow Public Health England advice [on stay at home: guidance for households with possible coronavirus infections](#).

## **11 Managing specific diseases and infections**

Please refer to Public Health England advice on specific diseases and infections – [Chapter 9: managing specific infectious diseases - GOV.UK \(www.gov.uk\)](#)

## **12 COVID-19**

The Academy will follow advice from the Department for Education and Public Health England:

<https://www.gov.uk/coronavirus/education-and-childcare>

A risk assessment **must be put in place at each Academy** to assess the risk of COVID-19 and the control measures. This risk assessment will be reviewed on a regular basis and in light with any change in guidance.

In the event a member of staff or pupil has COVID-19, the Academy will follow Public Health England advice. The head teacher will contact the PHE and inform the Estates & Facilities Director immediately about any suspected cases of coronavirus, even if they are unsure, and discuss if any further action needs to be taken; there is also the option to call the Department of Education Academies helpline.

#### COVID 19 – RIDDOR

Principals and managers should contact their Estates & Facilities Business Partner or Estates & Facilities Director, as soon as either:

- a) they suspect a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus (contracted while at work). In which case the Estates & Facilities Business Partner or Estates & Facilities Director must report this as a case of disease under RIDDOR

*or*

- b) a worker dies as a result of occupational exposure to coronavirus. In which case the Estates & Facilities Business Partner or Estates & Facilities Director must report this as a work-related death due to exposure to a biological agent under RIDDOR

## Appendix 1 List of notifiable diseases

The list below is correct at time of issuing, access to the most recent exclusion table can be found here

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/789369/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf)

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute Encephalitis
- Acute Meningitis
- Acute Poliomyelitis
- Acute Infectious Hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Coronavirus - COVID-19
- Diphtheria
- Enteric Fever (Typhoid or Paratyphoid Fever)
- Food Poisoning
- Haemolytic Uremic Syndrome (HUS)
- Infectious Bloody Diarrhoea
- Invasive Group "A" Streptococcal disease and Scarlet Fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal Septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral Haemorrhagic Fever (VHF)
- Whooping Cough
- Yellow Fever