Infectious Disease Prevention and Control Procedure

Author: Health Protection and HR & OD Services

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Contents

Introduction

The purpose of the procedure is to promote good practice at work when exposed to substances or biological agents that are hazardous to health, and to ensure compliance with current legislation. This also includes the management of infectious disease in the workplace.

These arrangements apply equally to all Council employees, including agency workers and volunteers working for the Council.

The Council is committed to minimising the risk of infection to its employees and to anyone that might be affected by its undertakings. This will be achieved by ensuring that all employees are aware of good standards of infection prevention and control, including good standards of hand hygiene, safe waste disposal, sharps safety and basic housekeeping to maintain cleanliness of the environment.

Infection control involves the implementation of a range of controls that include universal precautions to prevent the spread of infection and disease. Appropriate arrangements, procedures and techniques must be applied for working practices to protect employees, service users, students and the wider public. In addition to this policy, the Borough also has a Local Outbreak Management Plan (LOMP) which should be referred to by all stakeholders in the event of various infections and diseases to maintain good infection prevention controls and risk mitigate onward transmission.

Standard precautions (good hand hygiene, gloves and other barriers to prevent exposure to bodily fluids) must be used and employees must be provided with the appropriate training and personal protective equipment (PPE) to ensure protection from the transmission of infections between people, or from contaminated items including waste.

Health and safety legislation also requires employers to assess the risk to their employee's health and to put in place control measures. Arrangements should include:

- Assessment of the hazards and how to reduce them.
- Provision of hand washing facilities and consumables and adequate facilities (including for those employed to deliver care to service users in the domestic setting).
- PPE and clothing.
- Systems for the safe collection of sharps and their disposal.
- Systems for the safe disposal of waste.
- Decontamination of equipment.
- Immunisation (subject to assessment).

Responsibilities

There is a duty placed upon the Council and its managers with respect to their employees, and those persons not at work, to ensure so far as reasonably practicable, the protection from hazardous substances including biological exposure that might cause disease.

This duty extends to contractors, subcontractors, visiting employers, employers using another's premises and self-employed persons.

There is a duty placed on the employee to co-operate with their managers, to follow all relevant instruction and training and make full and proper use of control measures, including PPE.

Employees must also attend, where appropriate, medical examinations at the appointed time and give a medical inspector or appointed doctor information about their health that may reasonably be required and report any accident or incident that has, or might have, resulted in the release into the workplace of a biological agent that could cause severe human disease.

The Council has a duty to protect employees, prevent the spread of infection amongst other employees and prevent the spread of infection to and between clients and others affected by its undertakings. Health and safety legislation requires employers to assess the risk to their employee's health and to put in place control measures. In relation to infection control, it is the employer's responsibility to ensure that employees are protected from exposure to infection hazards through the provision of safe systems of work.

Definitions

Universal Precautions

Universal precaution for infection control is the term applied to treating blood, bloody body fluids and contaminated items including waste as all potentially infectious; people with blood-borne infections can be asymptomatic or unaware they are infected. The precautions are appropriate to the extent of possible exposure and not just speculation of infection, therefore routine methods are used to prevent infection/contamination.

Micro-organism

This procedure relates in the main to 'infectious micro-organisms' (health and safety law uses the term 'biological agents'). Infectious micro-organisms/biological agents include bacteria, viruses, fungi and internal

parasites (such as tapeworms) that create a hazard to human health. Most cause harm by infection but they can also cause allergies or be toxic.

Procedure

Who is at Risk?

The following occupations (not exhaustive) might be at risk of exposure to potentially infectious substances, so appropriate arrangements must be in place for each role:

- Social care workers.
- Learning disability workers.
- Childcare workers.
- Teachers.
- Outdoor workers.
- Cleansing and waste operatives.
- Environmental health.
- Cemeteries & crematorium.
- Pest control workers.
- Dog wardens.

It is a management responsibility to conduct a risk assessment and to put in place safe systems of work with regards to any potential hazards, for example, blood, bodily fluids, animal waste, sharps handling, biological, environmental hazards, etc. Each occupation must consult with their own safe systems of work in conjunction with these arrangements.

There are seven steps that must be taken when dealing with hazardous substances:

1) Assess the risks.
2) Prevent and adequately control exposure.
3) Ensure that the control measures selected are used and maintained.
4) Monitor the exposure (where necessary).
5) Carry out health surveillance (where necessary).
6) Prepare plans to deal with accidents, incidents and emergencies.
7) Ensure employees are properly informed, trained and supervised.

Risk Assessment

Council managers will not carry out any work that is liable to expose employees to any substance, including biological agent, that is hazardous to health unless they have made a suitable and sufficient assessment of the risk created by that work to the health and safety of employees.

The purpose of the assessment is to enable the employer to make valid and proportionate decisions about the measures necessary to prevent or adequately control the exposure of their employees to substances hazardous to health arising from work. It also enables the Council, as employer, to demonstrate readily, both to themselves and to others who might have an interest, that they have considered the steps that need to be taken to achieve and maintain adequate control of exposure where elimination is not reasonably practicable.

The Council will ensure that whoever carries out the assessment and provides advice on the prevention and control of exposure is competent to do so. It might be appropriate for more than one person with knowledge of the task and substance/agent to work together to complete the assessment. This does not necessarily mean that specialist qualifications are required, but whoever carries out the assessment should:

- Have adequate knowledge, training and experience in understanding hazard and risk.
- Know how the work activity uses or produces substances or biological agents that are hazardous to health.
- Have the ability and the authority to collate all the necessary relevant information.
- Have the knowledge, skills, and experience to make the right decisions about the risks and the precautions that are needed.

The likelihood of infection, who is at risk, and the level of risk posed by any potential infectious disease are best determined by the risk assessment procedure. The risk assessment process will identify what the risk is from, who is at risk, when they are at risk and will further establish the level of risk. The risk assessment procedure will help to determine the most appropriate controls, so far as is reasonably practicable.

Assessment involves establishing how employees might be exposed to infectious micro-organisms at work. Exposure might result from contact with people, animals, or contaminated items; the workplace itself might be a source of contamination. This includes any tools or equipment used, as well as structures and services in the workplace.

It is important to identify conditions that could allow infectious micro-organisms found in the natural environment to contaminate and grow in the workplace if arrangements are not in place to control them. For example, legionella bacteria in cooling towers or contaminated dead legs of hot and cold-water systems.

When a source(s) of infection is identified, how likely is it that infection will result? Consider:

- How often the task is carried out.
- How many people are exposed and how.
- How much infectious material is handled.

If there is a significant risk identified, then decide whether existing controls are suitable and sufficient or if more is needed to reduce risk.

If a risk is identified through the risk assessment process that is unlikely to be controlled through normal or routine precautions, then immunisations are available for some infectious diseases (for example Hepatitis B, Hepatitis A and Influenza in flu season).

If employees are at risk of injury from a sharp object contaminated with blood or bodily fluid or for example, a human bite, services must have procedures in place for post exposure to disease in the event an injury occurs. All employees must be made aware of these procedures, and they must be clearly displayed or made easily available.

Risk assessments should be reviewed annually and must be reviewed where there is reason to believe that they are no longer valid. The assessment should be reviewed immediately if there is evidence of a failure or where there is likely to be, or has been, a significant change in the circumstances of work, especially one which may have affected employees' exposure to any substance hazardous to health.

Preventing or Controlling Exposure

Chain of Infection

The process of infection can be represented as a chain – **source > transmission > host**

Breaking a link in the chain at any point will control the risk of infection. When a hazard is identified, it is important to find out about the links in the chain to help identify the best way to break it and then control the risk.

Source

There are four main sources of infection that need to be considered in a workplace:

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

In addition, people can also become infected through ingestion if they eat and drink contaminated food and water.

Transmission

To become infected, the micro-organism needs to get from the source into the host by some means. Most micro-organisms usually have a route of entry, but in some cases, infection can occur by more than one route.

Infection at work can occur via:

- Putting contaminated hands and fingers (or for example, pens and pencils, etc.) into the mouth or touching nose or eyes.
- Breathing in infectious aerosols/droplets from the air, e.g., respiratory discharges such as coughs and sneezes, contaminated dust, or spray from a cooling tower.
- Splashes of blood and other body fluids into the eye and other mucous membranes, such as the nose and the mouth; broken skin if it comes into direct contact with the micro-organism (or something contaminated by micro-organisms).
- A skin-penetrating injury, e.g., via a contaminated needle or other sharp object or through a bite by human, an infected animal, or insect.
- Infection can be transmitted person to person or animal to person– diseases transmitted from animals to people are called zoonoses.

Host

Unbroken skin and the lining of the mouth, throat, gut and airways all serve to provide a barrier to infection. The cells of these linings and the substances they produce are the body's first line of defence. If a micro-organism does penetrate, the next line of defence is the immune system. Whether or not an infection occurs depends on how the immune system reacts to the micro-organism. The outward signs and symptoms can include disease with fevers or rashes, but sometimes a host might not display any symptoms at all, known as asymptomatic.

Some people might be naturally immune to disease, for example, if they had the disease as a child or have been immunised – this can be checked, if necessary, at pre-employment. For further help and advice on fitness for work, immunity, or immunisation issues, contact the Council occupational health service.

Controlling the Risks

On completion of risk assessments, legal duties under Control of Substances Hazardous to Health (COSHH) regulations apply. Where

significant risk is identified, all reasonable steps must be taken to prevent employees from being exposed to a source of infection.

Consider:

- Changing the way that work is done so the job/task/equipment that exposes employees to a source of infection is not needed any more.
- Modifying work to remove or reduce any hazardous by-products or waste.

If prevention is not possible then COSHH requires that adequate controls are in place. This means controlling exposure, i.e., the risk of infection, to a level that will not harm a person's health. Note: unlike some chemicals, there are no exposure limits for micro-organisms; control measures need to take into consideration that:

- Micro-organisms can grow and multiply.
- Infection could be caused by exposure to only a few micro-organisms.

There are two main approaches used for the control of infection:

- Basic control principles of good occupational hygiene should be applied in all situations.
- The principles of good environmental hygiene and design to stop or limit the growth of micro-organisms in the workplace.

Occupational Hygiene

- Wash hands (and arms if necessary) before eating, drinking, using the telephone, taking medication, inserting contact lenses, or touching the face, etc.
- Cover all new and existing cuts and grazes with waterproof dressings and/or gloves before starting work. If cuts and grazes occur, wash immediately with soap and running water and apply a waterproof dressing.
- Take rest breaks and meal breaks away from the main work area.
- Wear appropriate protective clothing to stop personal contamination, e.g., impermeable waterproof/water-resistant protective clothing, plastic aprons, gloves, rubber boots/disposable overshoes. Ensure safe disposal or cleaning.
- Avoid hand-mouth or hand-eye contact – e.g., do not put pens/pencils in mouths.
- Dispose of all contaminated waste safely.
- See Appendix One for hand hygiene guidance.

Environmental Hygiene

- Use equipment that is easy to clean and decontaminate.
- Clean all work surfaces and work areas regularly.
- Ensure, where possible, that the workplace and its services, e.g., water systems, air conditioning systems, are designed to be safe to use and easy to clean and decontaminate.
- Treat water systems, to either kill or limit micro-organisms' ability to grow.
- Control pests, e.g., vermin including rats and insects within the workplace.
- See Appendix Two for deep clean guidance in care homes.

Decontamination Procedures

Blood Borne Virus (BBV) including HIV can remain infectious in dried blood and liquid blood for several weeks and hepatitis (HBV) stays active for even longer. If materials become contaminated with blood or other body fluids, contaminated materials must be disposed as infectious waste or be decontaminated. Local arrangements must be in place for dealing with spillages and other forms of contamination and employees should be familiar with the agreed wash and decontamination procedures.

Decontamination can be achieved by several methods; these fall into the following three categories:

Cleaning - physically removes contamination but does not necessarily destroy micro-organisms. It removes micro-organisms and the organic matter on which they thrive. Cleaning is a prerequisite to effective disinfection or sterilisation. This will be the most common choice of decontamination method within, for example, a care home setting.

Disinfection - reduces the number of viable micro-organisms but may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores.

Sterilisation - renders an object free from viable micro-organisms including viruses and bacterial spores.

Other communal viruses including Influenza and Coronavirus (COVID-19) can remain active on surfaces for up to 72 hours so procedures to isolate infected items/areas or clean with disinfectant detergent need to be in place where a case is known.

The Council Health Protection Team can advise further on requirements for decontamination of biological agents.

Personal Protective Equipment (PPE)

The provision of PPE should only be made available for use as the last control measure after other methods of control have been considered. PPE must control exposure adequately to the hazard to which the wearer is exposed, or is liable to be exposed, throughout the time it is used. When selecting PPE, managers will consider:

- The circumstances in which it will be used, e.g., the hazards to which it will be exposed, for how long and the degree of protection necessary.
- Whether it can resist penetration and permeation by the substance concerned for a specified or recommended period.
- Whether the design is adequate and suitable, i.e., the equipment fits the wearer, does not dislodge, deform, melt, or otherwise fail to perform in the conditions in which it is used and is compatible with other PPE worn.
- The environment in which it will be worn.
- In infectious environments, whether the materials selected reduce the tendency for contaminants to collect on the PPE and be re-released.
- The supply and manufacturing standards required for its use.

Respiratory Protective Equipment (RPE)

For each work activity for which it is foreseen that employees will need to wear RPE, the Council, as employer, should specify the suitable equipment to be worn. To be suitable, RPE must be capable of controlling adequately the inhalation exposure, using as a guide the equipment's assigned protection factor as listed in HSE publication **'The selection, use and maintenance of respiratory protective equipment: A practical guide'**. The selection and provision of suitable RPE should be based on a range of considerations:

- The type of work to be done, the physical effort required to do it, the length of time the equipment will have to be worn, the requirements for visibility, comfort and the need for employees to communicate with each other and its compatibility with any other PPE that may be needed.
- The different facial characteristics of the RPE wearers, to ensure that the equipment fits correctly, and is matched to the wearer. In addition, the equipment must be matched to the job and the environment in which it is to be used. The selection of suitable equipment should be undertaken in full consultation with the user.

This will help to ensure that the wearers have the most comfortable equipment best suited for them and which, consequently, is likely to be the most effective in use.

RPE must be 'CE' marked to show that it is manufactured to meet minimum legal requirements. Employees should be trained properly in its use and supervised. Equipment should be cleaned and stored in a manner that will not cause damage or deterioration.

Masks for Health and Social Care

Surgical masks are plain masks that cover the nose and mouth and are held in place by straps around the head or ears. In healthcare settings, they are normally worn during medical procedures to protect not only the patient, but also the healthcare worker from the transfer of microorganisms, body fluids and particulate matter generated from any splash and splatter. Whilst they will provide a physical barrier to large projected droplets, they do not provide full respiratory protection against smaller suspended droplets and aerosols; consider aerosol generating procedures (AGPs) before using these masks. These masks are not generally considered to be PPE in non-healthcare situations. Similar surgical type masks might be used by social care employees if required to provide personal support with vulnerable clients.

Immunisation

Immunisation (vaccination) is available against Influenza in flu season and Hepatitis B virus (HBV) but not all other blood borne viruses (BBVs). The need for a worker to be immunised should be determined by risk assessment; it should be seen only as a supplement to support other control measures. Where assessed as being needed, the Council will make vaccines available free of charge to its employees.

It is recognised that learning disability services including children's special needs services result in a higher incident rate of injuries to employees that include human bite injuries, and other scratches or cuts that might lead to increased risk of infection. Employees that work in these services should be considered as a priority for HBV immunisation where it is identified that the risk cannot be reasonably controlled in other ways.

There might be other situations or circumstances from those outlined where employees might need immunisation, but in all cases, immunisation will remain an assessed need. Further advice on immunisation for employees can be obtained from the Council Occupational Health Service.

Welfare Facilities

Duties under the Workplace (Health, Safety and Welfare) Regulations will apply to provide the facilities described below.

Adequate Washing Facilities

These should be sited in a convenient position but situated so that they do not become contaminated. The facilities provided should relate to the type and level of exposure.

Changing Facilities

These should be provided when PPE is used or where, for example, outdoor clothing could be contaminated by substances hazardous to health. They should be located and designed to prevent the spread of contamination from protective clothing to personal clothing and from one facility to another, and to prevent contamination from getting on to other equipment, including RPE, or protective clothing.

Facilities for Eating, Drinking etc

Employees should not eat, chew, drink or smoke in places that are, or might be, contaminated by substances hazardous to health. This will help reduce the risk of employees ingesting hazardous substances. If managers need to prohibit eating, drinking etc., in certain areas, they should set aside an uncontaminated area(s) where these activities can be carried out. The clean area should be accessible conveniently to the working area and to washing facilities.

Managers must ensure that not only are the hygiene measures provided, but also that employees are made aware, through information, instruction and training of why, how and when they must be used. Managers should also ensure through appropriate supervision, that employees use the facilities in accordance with agreed procedures.

Health Surveillance

Health surveillance, including medical surveillance under the supervision of a medical inspector or appointed doctor, is appropriate for employees liable to be exposed to hazardous substances. Health surveillance, including the keeping of health records, will also be appropriate when employees are exposed to hazardous substances and:

- An identifiable disease or adverse health effect may be related to the exposure.
- There is a reasonable likelihood that the disease or effect may occur under the conditions of their work.

- There are valid techniques for detecting indications of the disease or effect.

Further advice can be obtained from the Council's Occupational Health service.

Information, Instruction and Training

Employees must be given details of the substances hazardous to health to which the employee is liable to be exposed including:

- The details of substances or biological agents and the risk that they present to health.
- Access to any relevant safety data.
- The significant findings of risk assessments.
- The appropriate precautions and actions to be taken by the employee to safeguard both themselves and others at the workplace.
- The results of any health monitoring following exposure to hazardous substances or infection.

Records of Training

The Council must keep a record of the training given to individual employees or specific groups of employees. The records will provide a useful checklist for ensuring that employees receive the necessary training etc. at the appropriate time. The records may also help to resolve any disputes that arise about whether the employer has provided an employee with a specific aspect of information, instruction, and training.

Arrangements to deal with Accidents, Incidents and Emergencies

An accident, incident or emergency is any event which causes, or threatens to cause, any person to be exposed to one or more hazardous substance on a scale, or to an extent, well beyond that associated with normal day-to-day activity.

Emergency Procedures including premises lockdown:

Where it is appropriate to do so, management should display the emergency procedures, relevant to their establishment, processes or service, in a prominent position in the workplace for employees to read.

Where an incident could result in exposure to a biological agent, it will be appropriate to display the procedures where the employer concludes that:

- The type of biological agent present in the workplace, e.g., a biological agent which can cause severe human disease, and the activities concerned might give rise to increased exposure, are such that the employees would need to have prompt access to emergency procedures to help contain accidental release of an agent or prevent spread of disease.
- By having the emergency procedures constantly and prominently displayed, it is more likely to reduce the risk of an accidental release or spread of infectious disease.
- Containment and storage with appropriate regulation signage is needed to control risk prior to special waste disposal.

Examples:

- Outbreak of disease in a care home might result in local lockdown and restrictions for visitors.
- Confirmed or suspected outbreak of legionnaires disease might result in emergency closure of facilities.

Managing Sharps and Puncture Wound Injuries

If an employee suffers a puncture, scratch, bite or cut from a sharp (needlestick) or potentially contaminated blood or object:

- Do not suck the wound.
- Encourage bleeding by applying pressure.
- Wash area thoroughly under running water.
- Dry area with disposable absorbent material.
- Cover with waterproof dressing.
- Report the incident without delay to line manager.
- Seek appropriate medical advice by attending the nearest hospital Accident and Emergency department.
- Complete a Council accident/incident report form.
- Inform Occupational Health at the earliest opportunity following any treatment received to determine any necessary follow-up treatment.

Reference sharps procedure for further information.

If Splashed by Blood or Bodily Fluids

- If fluids are splashed into the mouth, do not swallow. Rinse mouth immediately with cold water and repeat several times.
- If fluids are splashed into the eyes, irrigate immediately with cold running water.
- Report the incident immediately to line manager.
- Seek appropriate advice from the NHS or Occupational Health.

- Complete a Council accident/incident report form.

Documents

The following appendices are available at the end of this document:

- Appendix One: Hand Hygiene
- Appendix Two: Deep Cleaning
- Appendix Three: Table – Guidance on Infection / Infectious Diseases
- Appendix Four: Useful Contacts

Equality, Diversity and Inclusion

We are committed to driving inclusion, celebrating diversity and promoting equality throughout our workforce and services. Therefore, it is important that this is taken into consideration when implementing this procedure. Managers are responsible for ensuring that this procedure is applied fairly and consistently to ensure correct application of appropriate legal and policy requirements.

Legislation

This procedure has been produced in support of the following legislation:

- Health and Safety at Work etc. Act
- Management of Health and Safety at Work Regulations
- Workplace (Health, Safety and Welfare) Regulations
- Control of Substances Hazardous to Health Regulations
- Health and Safety (First Aid) Regulations

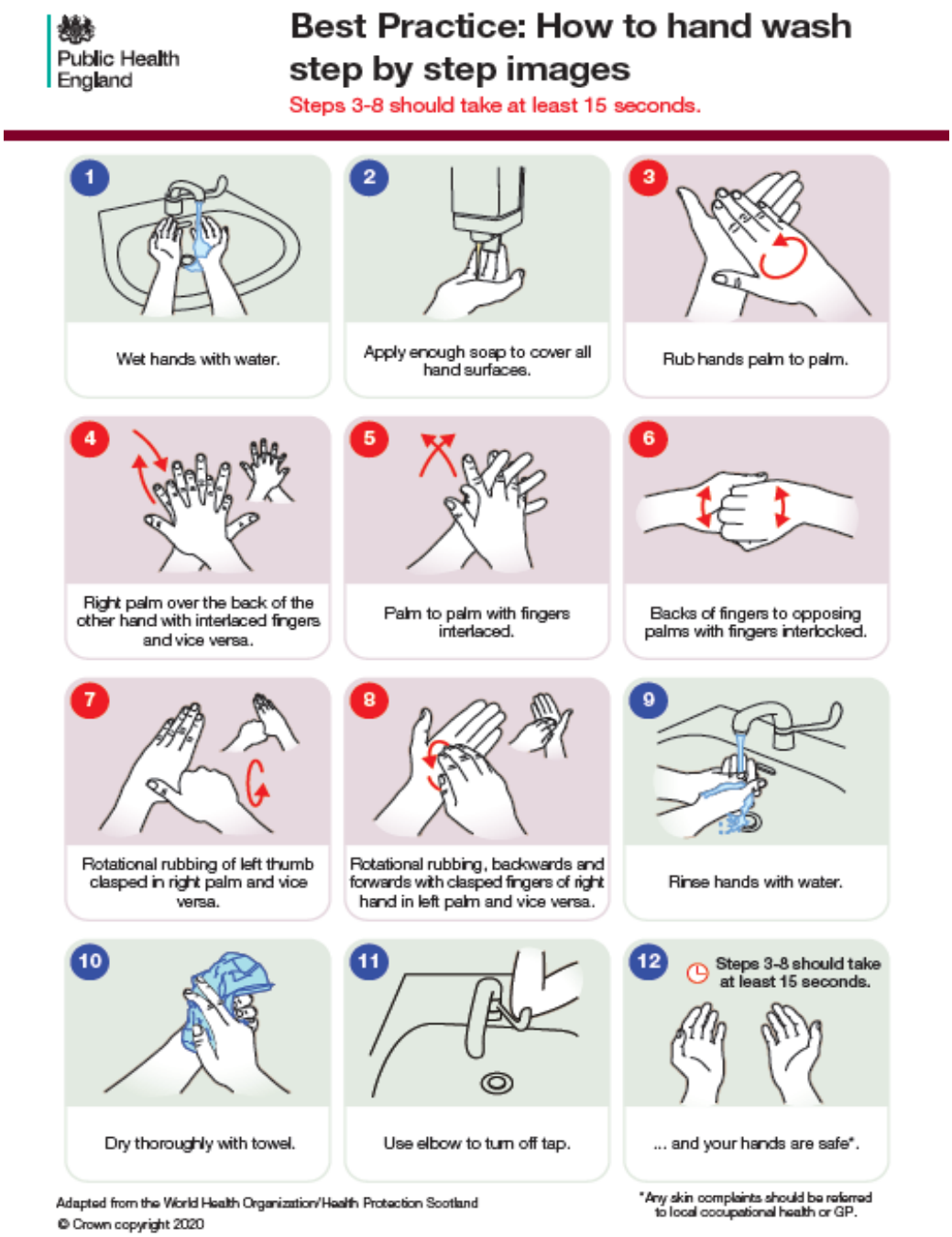
Further Information

Further advice and support with the application of this procedure is available from HR and OD, Health and Safety team; - CorporateHealthAndSafety@wigan.gov.uk.

Audit

This procedure may be subject to audit at any time by the Council to ensure standards are being met and maintained.

Appendix One: Hand Hygiene



Summary of the above visual:

1) Wet hands with water.
2) Apply enough soap to cover all hand surfaces.
3) Rub hands palm-to-palm.
4) Right palm over the back of the other hand with interlaced fingers and vice versa.
5) Palm-to-palm with fingers interlaced.
6) Backs of fingers to opposing palms with fingers interlocked.

7) Rotational rubbing of left thumb clasped in right palm and vice versa.
8) Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9) Rinse hands with water.
10) Dry thoroughly with towel.
11) Use elbow to turn off tap.

Rinse thoroughly and dry well.

Effective drying of hands after washing is important because wet surfaces transfer micro-organisms more effectively than dry ones, and inadequately dried hands are prone to skin damage.

- Steps 3-8 should take at least 15 seconds.
- Adapted from the World Health Organisation/Health Protection Scotland.
- Any skin complaints should be referred to local occupational health or GP.

Appendix Two: Deep Cleaning

Each establishment should have written protocols for routine general cleaning together with a written cleaning schedule that ensures all the areas are cleaned to a satisfactory standard. Employees undertaking cleaning should have clear protocols to follow and access to adequate resources.

It may be necessary to increase how often/how thoroughly the workplace is cleaned, as well as cleaning surfaces that aren't normally cleaned. Follow approved Public Health England guidelines for each case, for example, COVID-19, Norovirus, etc.

Before deciding what cleaning is suitable, complete a risk assessment to help manage risk and decide how best to work safely and protect others. The risk assessment will help to identify the cleaning regime, but there are some general things that need to be considered.

Clean Frequently

- Keep surfaces clear so that cleaning can be carried out more effectively.
- Areas should be regularly cleaned in line with cleaning plan.
- Set clear guidance for the use and cleaning of toilets, showers and changing facilities to make sure they are kept clean.
- Clean work areas and equipment between use.
- Frequently clean and disinfect objects and surfaces that are touched regularly.
- If equipment like tools or vehicles are shared, then clean them after each use.

Identify Frequently Touched Surfaces

Doors, bannisters, buttons, and anything that is frequently touched, especially if it is touched by lots of people, will need more regular cleaning than normal. Examples of frequently touched points are:

- Work surfaces like desks, platforms, and workstations.
- Handles on doors, windows, and rails.
- Common areas like toilets, reception, changing rooms, corridors, and lifts.
- Vehicle handles, steering wheels, seat belts and internal surfaces.
- Control panels for machinery, control pads and switches.
- Computer keyboards, printers, touch screens, monitors and phones.
- Taps, kettles, fridges, microwaves and cupboards.
- Shared equipment.

Deep cleaning is not routine environmental cleaning that should be undertaken daily within the environment or the periodic thorough cleaning of shared rooms and long stay individual resident's rooms, but is the additional cleaning that should be undertaken:

- Post outbreaks of gastro-intestinal illness (diarrhoea &/or vomiting) – ***whole environment***.
- Post discharge, transfer, or death of individual residents – ***individual resident room if in a residential/nursing setting***.
- Post source isolation nursing of a resident – ***individual resident room if in a residential nursing setting***.

Deep cleaning is the thorough cleaning of all surfaces, floors, soft furnishings and re-useable equipment either within the whole environment or in a particular area of the environment (e.g. individual resident room). This will include:

- Skirting boards, picture & dado rails.
- Windowsills and frames.
- All ledges/flat surfaces.
- All fixtures e.g. call buttons.
- Bed frames.
- Mattresses.
- Soft furnishings including curtains.
- Curtain rails/tracks.
- Floors & carpets.
- Light fittings/lampshades.
- Re-useable equipment e.g., hoists.
- Sinks, toilets, baths, showers, taps, flush and door handles.

Deep cleaning is undertaken to ensure that a safe environment is maintained for individuals, by reducing the risk of microbiological cross contamination.

Employees undertaking deep cleaning should wear appropriate PPE. Deep cleaning should be undertaken using:

- Clean bucket.
- Clean hot water and neutral detergent solution.
- Disposable colour coded cloths.
- Floor mop with disposable or washable mop head.
- Vacuum cleaner fitted with a HEPA filter.
- Steam cleaner and/or carpet shampooer.

Cleaning solution should always be changed for each episode of cleaning when moving from one environment to another (e.g., room to room) and when water is visibly dirty/contaminated.

Dedicated cleaning equipment must be colour coded according to area of use – examples can be found from the National Patient Safety Agency.

The 'Golden Rule' for cleaning is work from the cleanest area toward the dirtiest area – this greatly reduces the risk of cross contamination.

When items cannot be cleaned using detergents or laundered, for example upholstered furniture and mattresses, steam cleaning should be used. Carpets should be steam cleaned using an industrial steam cleaner. Curtains can be cleaned by laundering or disinfected by steam cleaning.

Written protocols instructing employees on how to undertake deep cleaning should be developed and documentation/records requiring the signature of the employee undertaking the deep cleaning together with a date that the cleaning occurred should be kept by the establishment management – remember if it is not written down, it has not happened.

Windows should be opened, if possible, to facilitate thorough drying of all surfaces. The room can be used again once all surfaces are clean and dry. Cleaning equipment should be stored appropriately.

Deep cleaning should be undertaken as indicated above – post outbreak situation or post discharge, transfer or death of a resident within a care environment. In addition, any cleaning schedule developed by a care establishment should include rotational deep cleaning of all areas of the home (including individual resident's rooms) ensuring that the whole environment undergoes a full deep clean, minimum of once a year.

During a gastro-intestinal outbreak situation, increased routine cleaning of toilet and bathroom areas together with any area contaminated with faeces or vomit will also need to be undertaken – minimum twice daily or after an episode of vomiting/diarrhoea.

Additional information about deep cleaning:

- Deep cleaning of an individual resident's room should only commence after individuals have vacated the room.
- Discard any single patient/disposable equipment or items found within the environment.
- Seal any yellow clinical waste bags before leaving the room and dispose of appropriately.
- Place all linen into the appropriate colour linen bags and seal before removing from the room – particular attention should be paid to

hoist slings that should always be kept for ‘single patient’ use and thoroughly laundered in-between use for another resident.

- Take the opportunity to check mattresses and other furnishings for breaks and/or cracks which could pose an infection control risk.
- If further information on deep cleaning or any other infection control issues is required, please contact the Health Protection Team.

Appendix Three: Guidance on Infection / Infectious Diseases

Rashes and skin infections	Exclusion of case	Exclusion of contacts	Comments
Chicken pox (V)	Until all vesicles have crusted over	None – contacts of the case who are pregnant should inform GP	If there are also any scarlet fever cases in the facility, report any cases to local IPCT / HPT. **Spread: Contact with cold sores / blister fluid**
Cold sores (Herpes simplex) V	None	None	Cold sores take time to heal and are contagious, especially when the blisters burst. Do not kiss babies if a cold sore is present, it can lead to neonatal herpes, which is very dangerous to new-born babies. **Spread: Contact with cold sores / blister fluid**
Hand, foot, and mouth (V)	None if the individual is well. Exclusion may be considered in some circumstances	None	Contact local HPT if a large number of individuals are affected. **Spread: Oral secretions and touch**
Impetigo (B)	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	None	Antibiotic treatment speeds healing and reduces the infectious period. **Spread: Touch and contaminated surfaces and items**
Measles* (V)	Four days from onset of rash	Always consult local UKHSA centre/ HPT	Report any possible cases to UKHSA. Preventable by immunisation (MMR x2 doses). **Spread: Nasal and throat secretions, touch, and contaminated items / surfaces**
Molluscum contagiosum (V)	None	None	A condition that tends to go away on its own, without treatment. **Spread: Direct touching the skin of an infected person or touching contaminated objects**
Monkeypox (V)*	Confirmed diagnosed cases. Exclusion from work to self-isolate is subject to	Level 3 contacts. This includes those with unprotected direct contact or high-risk environmental contact. Exclusion from work is subject to medical risk	**Spread:** Spread of monkeypox may occur when a person comes into contact with an animal, human, or materials contaminated with the virus. The virus enters the body through broken skin (even if not

	medical advice. Exit from isolation depends on clinical presentations which should be confirmed by a medical professional.	assessment but might include exclusion from work for 21 days if work involves skin to skin contact with immunosuppressed people, pregnant women or children aged under 5 years (not limited to healthcare workers) Lesser categories of risks (not including level 3 contacts) do not have to be excluded dependent on symptoms but may require some passive monitoring, as determined by a medical professional	visible), respiratory tract, or the mucous membranes (eyes, nose, or mouth). Exclusion periods detailed are in line with UKHSA advice at time of writing For more information, see Monkeypox contact tracing guidance: classification of contacts and advice for vaccination and follow up, ref UK Health Security Agency
PVL (B)	None requires treatment and may need to be restricted from certain activities	None	If further information is required, contact local IPCT Team / HPT. **Spread: Skin to skin and contaminated surfaces**
Ringworm (F)	Exclusion not usually required	None	Treatment is required. **Spread: Skin to skin contact, household pets, soil (rare), contaminated items**
Rubella (German measles) (V)*	Five days from onset of rash	None – cases or contacts who are pregnant should inform GP	Preventable by immunisation (MMR x2 doses). Report cases to UKHSA. See UKHSA Guidance document. **Spread: Nasal and throat secretions, touch, and contaminated items / surfaces**
Scabies (P)	Individual can return after first treatment	None – family contacts will need to be treated	Household and close contacts require treatment. **Spread: Skin to skin contact**
Scarlet fever (B)*	Individual can return 24 hours after starting appropriate antibiotic treatment	None -household contacts should seek medical advice if they develop symptoms of concern	Antibiotic treatment is recommended for the affected person. Report any cases to local IPC / HPT. **Spread: Respiratory droplets, direct touch, and contaminated items / surfaces**
Slapped cheek (fifth disease) / Parvovirus B19) (V)	Non (once rash has developed)	None	See UKHSA guidance document. **Spread: Respiratory droplets, touch, and contaminated items / surfaces**
Shingles (V)	Exclude if rash is weeping	None	A person with shingles is infectious to those who have not had chickenpox.

	and cannot be covered		**Spread: Respiratory secretions or by direct contact with fluid from blisters**
Warts and verrucae (V)	None	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms. **Spread: Contaminated surfaces or through close skin contact**

Respiratory infections	Exclusion of case	Exclusion of contacts	Comments
Coronavirus (COVID-19) (V)	Please refer to current guidance and *service risk assessment*	None	Exclusion periods detailed are in line with UKHSA advice at time of writing. In all cases check that the specified exclusion and isolation periods are still valid.
Flu (influenza) (V)	Until recovered	None	Vaccine is available for children and adults. Spread: Respiratory droplets, touch, and contaminated items/surface.
Tuberculosis* (B)	Always consult local UKHSA centre	Always consult local UKHSA centre/ HPT	Some (but not all) people who develop TB of the lung are infectious to others. Spread: Respiratory droplets, usually requires prolonged close contact.
Whooping cough* (pertussis) (B)	48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Always consult local UKHSA centre/ HPT	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Spread: Respiratory droplets, nose, and throat secretions.

Diarrhoea and vomiting illness	Exclusion of case	Exclusion of contacts	Comments
Diarrhoea/vomiting: Noro or rotavirus (V) campylobacter & salmonella (B)	Exclude for 48 hours from the last episode of diarrhoea / vomiting	None	Report outbreaks to local IPCT Team/HPT. Spread: Faecal oral route, infected water, contaminated food.
E. coli O157 VTEC* Typhoid* and paratyphoid*(enteric fever) Shigella* (dysentery) (B)	Exclude for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some individuals until they are no longer excreting. This includes children aged five years or younger and those who have	Always consult local UKHSA centre/ HPT.	Individuals in these categories should be excluded until there is evidence of microbiological clearance. Some other contacts may also require microbiological clearance. Please consult UKHSA for further advice. Spread: Faecal oral route, infected water, contaminated food.

	difficulty in adhering to hygiene practices.		
Cryptosporidiosis (P)	Exclude for 48 hours from the last episode of diarrhoea.	None	Exclude from swimming for two weeks after the diarrhoea has settled. Spread: Contact with soil, water, food, or surfaces that have been contaminated by infected stools (faeces) containing the parasite.

Other infections	Exclusion of case	Exclusion of contacts	Comments
Conjunctivitis (B & V)	None	None	If an outbreak/cluster occurs, contact local IPCT/HPT. Spread: Direct touch and contaminated items.
Diphtheria *(B)	Exclusion is essential. Always consult with PHE.	Always consult local UKHSA centre/HPT.	Preventable by vaccination. UKHSA centre will organise contact tracing necessary. Spread: Respiratory droplets, touch, and contaminated items/surfaces.
Glandular fever (V)	None if individual is well.	None	Spread: Saliva and contaminated items
Head lice (P)	None	None	Children, adults, and contacts should be treated at same time if live lice are seen. Spread: Head-to-head contact.
Hepatitis A* (V)	Exclude until 7 days after the onset of jaundice (or onset of symptoms if no jaundice).	None	UKHSA will advise on control measures. Spread: Faecal oral route, infected water, contaminated food.
Blood Borne Viruses: Hepatitis B*, C*, HIV (V)	None if child is well. Chronic cases, children, or employees should not be excluded.	None	Not infectious through casual contact. Acute cases will be too ill to attend school, and their doctors will advise when they can return. Contact local IPCT Team/HPT and UKHSA. Spread: Contact with blood or bodily fluids.
Bacterial Meningitis* (including meningococcal) (B)	Until recovered. There is no reason to exclude siblings or other close contacts of a case.	None UKHSA will advise on action needed.	UKHSA will advise on action needed. Spread: Respiratory droplets and direct contact with nose and throat secretions.
Viral Meningitis * (V)	None if individual is well.	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. Spread: Respiratory droplets and direct contact with nose and throat secretions.

Mumps* (V)	Exclude for five days after onset of swelling.	None	Preventable by vaccination (MMR x2 doses). Spread: Droplets from nose and throat/saliva, and contaminated items/surfaces.
Threadworms (P)	None	None	Treatment is recommended for the child and household contacts. Spread: Eggs spread on hands, under fingernails, and on contaminated items.

*Denotes a notifiable disease. It is a statutory requirement that medical practitioners report notifiable diseases to the proper officer of the local authority.

Type of Infection: V=Virus B= Bacteria P=Parasite F=Fungus

HPT = Health Protection Team IPCT= Infection Prevention & Control Team

Good hygiene practices to prevent the spread of infection

The best way to manage infections in school and childcare facilities is to:

- Promote immunisation as per the routine childhood immunisation schedule. See 'Related links'.
- Adhere to recommended exclusion periods— for children and employees (as per table).
- Encourage regular hand washing and good personal hygiene amongst children.
- Facilitate good environmental cleaning.

For further information, including lesson plans around microbes and antibiotics and posters for display visit the ebug website. See 'Related links'.

Handwashing - Is one of the most important ways of controlling the spread of infection. Everyone should be encouraged to wash their hands with liquid soap and warm water before and after using the toilet, before eating or handling food and after touching pets or animals. Liquid soap and paper towels are recommended. All cuts and abrasions should be covered with a waterproof plaster.

PPE - Gloves (power and latex free) and aprons should be single use and worn where there is risk of splash or contamination with blood or bodily fluids, e.g., vomit/faeces. Gloves should always be carefully removed first, followed by apron, and hands washed after taking PPE off. Cloth tabards are not recommended for use between children and tasks.

Pregnancy - Contact with children or individuals with German measles (rubella), measles, chickenpox, shingles, or slapped cheek should be

reported to the midwife or GP for advice. A suitable pregnancy risk assessment should be undertaken.

Immunisation - Schools and childcare settings are encouraged to check and record a child's immunisation status on initial entry. Parents and carers should be advised to have their child immunised and to catch up on any doses which may have been missed. The routine childhood immunisation schedule can be found on the PHE or NHS website. Employees should also ensure they are up to date with their immunisations including two doses of MMR vaccine, with encouragement to have the seasonal flu vaccination. Employees, who may be exposed to blood and bodily fluids, including risk of bites, should be signposted to occupational health services to ask about Hepatitis B vaccination.

Vulnerable individuals - Some children have impaired immunity due to underlying illness and risk factors are susceptible to acquiring infection. These may include leukaemia, other cancers, treatment with high dose steroids, enteral feeding or management or other medical devices. If a vulnerable child is thought to have been exposed to a communicable disease (as per table) parents or carers should be informed promptly so that they may seek further medical advice as appropriate. In the case of a vulnerable adult, the same advice will apply, carers should be informed promptly so that they may seek further advice as appropriate.

Bites and sharp injuries - If skin is broken because of a used needle injury or bite, encourage the wound to bleed and wash thoroughly with soap and water. The puncture wound can be covered with a plaster. Medical advice should be sought immediately. If medicinal or diagnostic needles are required for children or adults on-site, a sharps bin must be available at the point of care for immediate disposal, correctly assembled, signed, dated and disposed of.

Cleaning - Of the environment, for example, including toys and equipment, is vital to reduce the risk of infection transmission. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom, and office areas:

- RED for toilets and washrooms.
- YELLOW for hand wash basins and sinks.
- BLUE for general areas.
- GREEN for kitchens.

Cloths should be disposable (or if reusable, laundered after use). As a minimum a detergent based product should be used to clean surfaces, toys, and other items. Disinfectants may be required in some situations i.e.,

if bodily fluids are present. The IPCT or Health Protection team will advise around this.

Outbreak reporting and management - An outbreak of infection may be defined as: an incident in which two or more people are experiencing a similar illness or symptoms and are linked in time or place, e.g., lots of children off at the same time with illness such as chest infections, diarrhoea and vomiting or skin infections. Outbreaks should be reported to the local IPCT or HPT team (contact details below) who will be able to advise accordingly. Remember: 'Catch it, Bin it, kill it.' Children and adults should be encouraged to carry tissues and use them to catch coughs and sneezes, then to bin the tissues and to kill the germs by washing hands. Spitting should be discouraged.

Nappy/continence product changing - A designated area is required away from general/play facilities and any areas where food or drink is prepared or consumed. Disposable PPE should be worn, and hands washed once the task is completed and waste disposed of appropriately. Facilities producing large amounts of used nappies/continence products must contact their local authority to discuss appropriate waste disposal arrangements.

Laundry - There should be a designated laundry area on site if items need to be regularly laundered. This should be away from food preparation areas and employees using the facilities should have access to PPE and hand hygiene facilities if handling soiled items. Settings where blood or body fluid spillages may occur on clothing, bedding or other items for laundering may consider obtaining dissolvable (alginate) bags which can be directly placed into the washing machine on sluice or pre-wash cycle to prevent cross contamination. Tumble dryers are also recommended. Do not dry items on radiators. Soiled items to be sent home for cleaning should be placed directly into a plastic bag, or alginate bag for parents/carers with appropriate advice.

Animals - Contact with animals can pose a risk of infection, including gastro-intestinal, fungal and parasitic infection. Children and adults must always wash their hands with soap and water after handling or petting animals, particularly farm animals.

Appendix Four: Useful Contacts

Contact Details: UKHSA North West Tel: **0344 225 0562**
CIPCT Team: **03007078758**
Community.IPC@wwl.nhs.uk for Infection Prevention Control enquiries
Public.health@wigan.gov.uk for Health Protection enquiries
Civil.Contingencies@wigan.gov.uk for Civil Contingencies and Emergency Planning enquiries
CorporateHealthAndSafety@wigan.gov.uk for HR / Health and Safety enquiries
Occupational Health for information regarding the Council's Occupational Health programme