Foundation
Infection Control
POLICY

Policy Name: Infection Control	Issue Date: September 2026	Version No: 1
Status: Approved	Next Review Date: September 2027	Page **1** of **15**

Approved by: **(Position in Organisation)** **Date (dd/mm/yyyy):**	Director of Education 04/09/2026
Accountability: **(Position in Organisation)**	Clinical Nurse Manager
Revision Cycle:	Annual
Brief details of amendments made	Combination of multiple foundation policies. Updated from government policies. Added importance of nutrition and hydration monitoring.

Equality Impact Assessment

The Foundation's commitment is to create a positive culture of respect for all staff and service users and to identify, remove or minimise risks of unlawful discrimination and disadvantage in its policies, functions and activities. As part of its development this document has been assessed in line with The Foundation's equality impact assessment procedure.

Version Control Tracker

Version Number	Date
V.1	September 2026

1. Introduction

The Percy Hedley Foundation has a duty of care to all students, residents, people who use services, and staff on site to ensure that, where reasonably practicable, the risk of infection is minimised and that individuals are supported to safely access the education and care services provided. This policy provides framework for infection prevention and control (IPC) arrangements in place across the foundation to meet regulatory, statutory, and best practice requirements.

2. Purpose

All children, young people, and adults accessing Percy Hedley services have the right to receive education and care in environments that are safe, clean, and well managed. This policy supports staff across the Foundation to prevent, identify, and control infection in line with NHS, UK Health Security Agency (UKHSA), CQC, and Ofsted guidance. The aim is to reduce the risk of infection transmission and minimise disruption to education, day services, and residential provision.

3. Scope

This policy applies to:

- All staff working within education settings, including permanent, probationary, fixed-term, and agency staff.
- Children and Young People accessing education across all education sites.
- All staff working within adult services, including day services and residential services.
- All adults accessing day services or residential care and support.

This section provides general guidance for staff across all of Percy Hedley Foundation for infection prevention and control. All staff are expected to take a proactive and preventative approach to infection prevention and control. Below are details on how staff can achieve this.

4. Definitions

Virus – A microscopic infectious agent that can only replicate inside the living cells of an organism and may cause illness in humans, animals, or plants.

Bacteria – Single-celled micro-organisms, some of which can cause infection and disease in humans.

Infection – The invasion and multiplication of micro-organisms within the body that may result in illness or disease.

Infections are common, and for most individuals the risk of serious illness is low. However, some people who use services may be at increased risk due to underlying health conditions, disability, or compromised immunity. Infections can be acquired in home, community, education or care settings.

Infections are caused by micro-organisms including bacteria, viruses, fungi, and parasites, often referred to as germs. While germs are present in many environments, not all cause infection. Some may lead to symptoms such as fever, respiratory illness, or gastrointestinal upset if they enter the body.

Spread of infection – how viruses and bacteria are spread

Infections can be transmitted through a range of routes. Some infections are only spread via specific transmission pathways. These include:

•**Airborne transmission** – Micro-organisms carried through the air and inhaled.
•**Droplet transmission** – Respiratory droplets produced through coughing, sneezing, talking, or breathing.

Respiratory infections such as the common cold, influenza, and COVID-19 are spread through airborne or droplet transmission. Transmission may occur without direct close contact, particularly in enclosed or poorly ventilated spaces.

Reasonable and proportionate preventative measures must be implemented to reduce the risk of transmission. These include respiratory hygiene (covering the mouth and nose when coughing or sneezing), the use of face coverings where advised, and the use of appropriate personal protective equipment (PPE) when delivering personal care, suctioning, or close-contact support, in line with risk assessment.

• **Bodily fluids** – Liquids produced by the body, including blood, saliva, urine, faeces, and other secretions. Infections such as Hepatitis B, HIV, and Cytomegalovirus (CMV) may be transmitted through contact with bodily fluids. Standard infection control precautions, including the correct use of PPE and safe disposal practices, reduce the risk of transmission.

- Direct contact spread- Certain infections are spread via surfaces or direct contact with an individual. This is a common route of infections spreading. Examples of infections that spread via direct contact are scabies, headlice etc.

Green Book – The UK immunisation guide for health professionals, providing evidence-based guidance on routine vaccinations, booster programmes, and catch-up immunisations.

Hand Hygiene – A core infection prevention and control measure that significantly reduces the transmission of pathogens. This includes effective handwashing with soap and water and the appropriate use of alcohol-based hand rubs, in accordance with NHS hand hygiene guidance.

Government guidance for sickness in schools – National guidance issued by the UK Health Security Agency (UKHSA) and the Department for Education (DfE), including *Health protection in children and young people settings, including education*. This guidance sets out expectations for managing illness, infection outbreaks, exclusion periods, and return-to-school criteria in education

settings, and supports schools to protect the health, safety, and wellbeing of children, young people, and staff while maintaining attendance wherever possible.

Government guidance for Infection prevention and control in adult social care settings - Infection prevention and control (IPC) principles for adult social care settings in England, to be used with guidance on managing specific infections.

Groups more susceptible to infection-

Certain groups of people are more vulnerable to infections and may require additional support or reasonable adjustments to reduce their risk. These vulnerable groups include:

- Infants and young children
- Elderly population
- Individuals with chronic health conditions
- Pregnant women
- Immunocompromised individuals
- People living in overcrowded or unsanitary conditions

The population of individuals who attend Percy Hedley Schools, College, Day Services and residents of our homes, are likely to fall into one or more of these categories. As a result, the Foundation has a duty of care to ensure effective infection prevention and control measures are in place to protect the safety of individuals attending any Foundation setting.

The Percy Hedley Foundation also has a responsibility to protect all staff, visitors and contractors from infection where reasonably possible and to provide reasonable adjustments where required.

5. Principles

The purpose of this policy is to ensure that infection prevention control measures are in place to maintain a safe working environment for staff and service users by reducing the risk of potential spread of disease.

Effective hand hygiene:

Hand hygiene is one of the most effective ways of preventing the spread of infection. All individuals should have access to liquid soap, warm water, and paper towels.

If a member of staff has a reaction to any type of soap, the Health and Safety Representative for the site should be informed. Frequent hand washing may lead to a breakdown of the skin. To prevent this, non-scented hand cream can be used as a moisturiser, and any skin breaks should be covered with a waterproof plaster.

Students, residents and service users should also be supported to practice good and appropriate hand hygiene.

Hand washing is preferred over hand gel. However, hand gel may be used when hands are not visibly dirty. Hand gel should not be used after personal care tasks or following contact with bodily fluids.

NOTE – alcohol based hand gels and sanitizers are ineffective against norovirus.

Respiratory hygiene:

When coughing or sneezing, an individual's mouth and nose should be covered. People should be encouraged to use a tissue where possible, or their elbow, rather than their hands.

If someone uses their hands, they should wash them immediately to prevent the spread of infection.

Personal care:

Individuals may carry infections without showing signs of illness. Therefore, when completing personal care in a bathroom or providing suctioning, an apron must be worn in addition to gloves. This prevents infections from spreading onto clothing and possibly infecting staff or other students.

If a student, service user or resident has a known infection or is known to carry a certain infection, other protocals must be adhered to. These infections include MRSA and C.Diff. If you have concerns regarding these infections in your workplace, please contact the Clinical nurse manager for support and advice.

Cleaning:

All settings should be kept clean and free from clutter to reduce the risk of transmission. Appropriate cleaning supplies should be readily available to those who require them and staff should be trained in their use. To ensure safe and effective cleaning a colour coded system is used to ensure the correct products are used in the correct areas.

Cleaning schedules should be in place with regular audits to ensure standards are being met, staff who have any concerns about standards of cleanliness are encouraged to raise them to their Line Manager, Health and Safety Rep, the HSE Manager or a member of the Estates and Facilities team – where possible a photo of the concern should be included.

COSHH:

A COSHH (Control of Substances Hazardous to Health) inventory should be in place at each setting detailing the cleaning products and chemicals used; a risk assessment and data sheet must be in for all items listed in the inventory. An electronic portal to hold COSHH data is available on PHF Connect as an alternative of storing paper records. Staff should be familiar with COSHH risk assessments and follow manufacturer instructions, including the use of appropriate PPE.

Food preparation:

Food can be a source of contamination and infection if prepared incorrectly. The FSA (Food Standards Agency) advises the use of a dishwasher, sterilising sink or a steam cleaner to be used when cleaning any food related items.

Toileting and Sanitation:

To ensure safe and effective hygiene practices, each site should have appropriate and adequate facilities, including space for hoists where required, toilets, washing areas, beds, sinks, and sluice facilities where applicable to service users' needs. Foot operated pedal bins should be available for use and where pull cords are in use they should have a wipeable plastic casing. Toilet paper should be in dispensers; where it is required to store spare paper in the WC it should be in a in plastic containers.

Aprons and gloves must be worn when assisting with all personal care. Hand hygiene must be completed after removing PPE. The use of hand gel is not sufficient after providing personal cares.

Personal Protective Equipment:

PPE is provided for the protection of staff and service users. PPE protects against contamination from blood and bodily fluids that may spread infections.

Gloves and aprons should be used whenever encountering bodily fluids. There may be some occasions in which masks or goggles may also be required for example if there was a COVID-19 outbreak, or if a child/adult has a respiratory infection such as influenza and we are completing an aerosol generating procedure, i.e. suctioning.

Risk assessments should be carried out and reviewed regularly to ensure that correct guidance and procedures are being followed. These can be updated dependant to the individuals current health requirements.

If a member of staff or service user has an allergy to certain gloves or has a reaction please speak to your line manager as alternative PPE may need to be provided.

When staff are providing any personal care hair should be tied back and staff should be bare below the elbow. This reduces the risk of cross contamination.

In residential settings CQC require that hair is tied back and off the collar for ANY direct care task. Nail varnish and acrylic or false nails should not be worn by staff providing direct care, managers are expected to monitor this and challenge where necessary.

Immunisations:

Immunisations support individuals and society protection against vulnerable diseases. Where there are high levels of immunity against diseases it results in herd immunity, this provides a level of protection for all individuals including those who may not be able to receive the vaccination for any reason.

Staff, students and service users are encouraged to obtain vaccinations for their protection and the protection of the clients.

Across education the immunisation team will contact each sites nursing team to book in vaccination clinics and send consent letters to families/home to ensure that those who consent can get their routine childhood vaccinations.

At present we have a pharmacy who supports to deliver flu vaccinations across education sites. In all other setting staff can present to a local pharmacy amd receive their flu vaccination free of charge.

If staff are injured at work and there is a chance that bodily fluids have been shared, the following processes should be followed:

School sites and College: the nursing team must be informed immediately. Staff may be advised to attend A&E as the member of staff may require blood tests or vaccinations.

Day services/Residential services: Managers must be informed immediately. Staff may be advised to attend A&E as the member of staff may require blood tests or vaccinations.

Nutrition and Hydration:

Poor nutrition and inadequate hydration can increase an individual's vulnerability to infection. Adequate nutrition and hydration support a robust immune system, reducing the risk of infection and promoting overall health and wellbeing.

If a member of staff within the Foundation has concerns regarding a student's or service user's nutrition or hydration, these concerns must be reported to the appropriate person on site. Within adult services, this will usually be the line manager and, where appropriate, a relevant health professional. Within education settings, concerns should be referred to the school nursing team.

Ventilation:

Good ventilation within all indoor spaces is essential for the prevention of infection controls. Good ventilation allows fresh air to be introduced into indoor environments diluting any possible contaminants from the air such as a respiratory virus.

If you work in an area with poor ventilation, please contact the Health, Safety & Environment Manager or a member of the Estates team form further advice.

Aerosol Generating Procedures (AGP)

AGP refers to any medical procedure that results in the release of airborne particles from a respiratory system. If you are preforming a AGP on a student/service user who is suspected of having a respiratory virus or has a confirmed respiratory virus, the member of staff should wear aprons, gloves and a face mask. This procedure should where possible be conducted in a well ventilated area and away from others. If a member of staff requires a FP3 mask, they should be fit tested before use.

Animals on site:

Certain settings within the foundation have pets or possibly service animals which provide support. In these circumstances a risk assessment should be conducted to assess the possible risk of infection from these animals. The risk assessment should include any possible infections the animals may carry and correct procedures to follow once in contact with an animal such as washing hands.

The individual responsible for the animal should ensure that their vaccinations are up to date, they are regularly groomed and should not be on site if showing signs of infection.

Allergies and conditions (such as pregnancies) of service users and staff also need to be considered before allowing any animals on site. The animals area needs to be kept clean and food stored appropriately to prevent possible infestations.

Soft furnishings:

In certain environments soft furnishings including sofa's and bedding may be required. Where soft furnishings are used the following criteria should be met for cleaning:

- Storage is kept away from food preparation area.
- Cleaning facilities are separate from food preparation areas.
- If laundering soiled linen or clothing the site should have WRAS (Water Regulation approval Scheme) washing machine with a sluice or pre-wash cycle
- Hand washing/rinsing should be avoided where possible, as this could cause inhalation of fine contaminated aerosol droplets.
- Bedding/linen should be washed weekly and when visibly dirty.
- Bedding should be allocated to a named person.
- Face flannels should be washed between uses.
- Children and Young people, service users and residents should not be able to access any dirty/soiled linens.
- Any uniform used such as shirts, and cotton tabards should be changed and washed daily.
- Gloves and aprons should be used when in contact with any dirty linen and hands washed afterwards.
- (See also separate laundry and linen policy)

Safe management of bodily fluids:

Precautions should be taken to manage any bodily fluids as they could cause infection. When cleaning any bodily fluids from surfaces the appropriate cleaning supplies should be used and provided on site, including disposable wipes and paper towels and spray cleaners. A spillage kit should also be available for bodily fluids such as blood, vomit and urine.

If an individual has a cut, nosebleed or bites, appropriate first aid should be provided. The person administering first aid should ensure that appropriate PPE is worn.

Cleaning blood and bodily fluid spills

- Clean any spillages of blood, faeces, saliva, vomit, nasal discharges immediately, wearing PPE.
- Use gloves and an apron if you anticipate splashing and risk assess the need for facial and eye protection.
- Clean using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent followed by the use of a disinfectant is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.
- Use disposable paper towels or cloths to clean up blood and bodily fluid spills. These should be disposed of immediately and safely after use in a clinical waste bin.
- A spillage kit should be available for bodily fluids like blood, vomit, and urine

Preventing exposure to infection (including needlestick or sharps injuries)

Staff and service users could be exposed to infection through breaks in the skin such as needlestick injuries, or cuts not being covered correctly and there has been an exposure to bodily fluids. This could include:

- Broken skin.
- Bodily fluids entering the eyes, nose or mouth.
- Bites which break the skin.

Procedure to follow if there has been a break in the skin caused by a student/service user of member of staff.

Wash the wound thoroughly, including applying pressure to encourage bleeding under a running tap. Cover the wound and seek medical treatment. A top up vaccination or blood test may be required dependant on the injury type.

If the injury is due to a needlestick injury dispose of the needle in a sharps bin to avoid the same injury happening to another individual.

Report your injury to your line manager and record it in line the the Foundation accident, incident and near miss reporting procedure, Vatix for staff, Nourish, CPOMs or Databridge for people we support).

It is recommended that the Sharps notice (available on PHF Connect) is displayed in locations where sharps are in use.

Management of waste and sharps:

Under waste management duty of care, all waste must be disposed of by a licensed waste contractor.

- Used PPE should be placed in a refuse bag and disposed of as clinical waste
- PPE must not be placed in recycling bins or dropped as litter
- Clinical waste must be managed in line with existing policies
- Personal care waste, while non-hazardous, may require additional arrangements due to volume or odour
- Sharps must be disposed of in designated sharps bins, sealed when full, and collected by an approved contractor
- Sharps bins must be kept out of reach of children and young people however they should not be stored above shoulder level

See also the disposal of Clinical Waste Policy and Procedure on PHF Connect.

Circumstances when individuals should not attend the sites.

If a student, service user or member of staff shows any signs of infectious illness or have been diagnosed by a health professional, they will be advised to not attend any of the sites for the recommended period.

School policies follow national NHS, and NICE guidelines regarding how long an individual may be excluded from the site due to sickness. The main policy followed by school is below:

Guidance_on_infection_control_in schools_poster.pdf

Individuals who have been in close contact often do not need to be asked to leave. However, if they start to show symptoms, they should follow guidance and stay off work/school/services if required.

If a parent or carer insists on a client with symptoms attending the setting, where they have a confirmed or suspected case of an infectious illness, the foundation can take the decision to refuse the client if, in your reasonable judgement, it is necessary to protect other clients and staff from possible infection. For some infections, individuals may be advised to remain away from a setting for a longer period of time. This will or can be advised by your Health Protection Team.

Exclusion from adult social care may cause challenges for parents or carers, due to the unexpected time off. Where possible and required, signpost parents or carers to services to access further support.

If a client is already known to be vulnerable to neglect, abuse, or exploitation, and exclusion may increase this vulnerability, notify the appropriate agencies or individuals involved in safeguarding the child or young person.

Managing outbreaks:

Many infectious diseases can be managed by reinforcing the measures recommended in Preventing and controlling infections and by:

• encouraging all people who are unwell not to attend the setting or remain separate from others, wherever possible ensuring all eligible groups are enabled and supported to take up the offer of immunisation programmes including coronavirus (COVID-19) and flu.

• ensuring occupied spaces are well ventilated and let fresh air in

• reinforcing good hygiene practices such as frequent cleaning and hand hygiene

• requesting that parents, carers, or clients inform the setting of a diagnosis of any infectious disease

In residential services seperation of residents may not always be possible. In these situations ensure that there is adequate ventilation and cleaning of shared areas. Minimising the risk of cross contamination where possible.

During an outbreak or incident, when there are either several cases, or indications of more serious disease, additional measures may be required. These could include:

Notifiable to UKHSA, this would generally be completed by a registered medical practitioner see government guidance ‘Notifiable diseases and how to report them’

There are also certain occupational diseases that are reportable under RIDDOR – see the Accident, Incident and near miss reporting policy and procedure for more detail, contact the HSE Manager or see https://www.hse.gov.uk/riddor/occupational-diseases.htm

• considering communications to raise awareness among parents or carers and clients (ensuring this is accessible for those who speak other languages or with lower levels of literacy)

• reinforcing key messages amongst clients and staff, including the importance of hand and respiratory hygiene measures

• discussing with NHS health services about the support they can offer, particularly where a person may face barriers to accessing health care

Immunisation for outbreak response

Occasionally clusters and outbreaks of vaccine preventable diseases. Suspected outbreaks should be notified to your UK Health Security Agency (UKHSA) health protection team (HPT) promptly in line with advice on Managing outbreaks and incidents. The HPT will conduct a risk assessment and as part of the control measures may consider offering vaccination to all persons in the setting. This will require the setting to support with clear and prompt communication with parents/carers and rapid coordination of arrangements.

Staff are encouraged to keep their vaccinations up to date to prevent sickness, specifically COVID-19, MMR and Hepatitis B. Staff, students and service users may also be advised to get top up vaccinations when appropriate.

Incidents involving the transfer of bodily fluids from one individual to another will require medical attention and the person injured must seek medical advice immediately or attend A&E. The green book can be used in school for signposting to the appropriate service.

Greenbook title page and index

Contacting your Health Protection Team (HPT)

You will need to contact your local HPT if you have concerns about any of the following:

- Higher than previously experienced or rapidly increasing number of absences due to the same infection.
- Evidence of severe disease due to an infection (i.e admission to hospital)
- More than one infection circulating in the same group
- An outbreak of a uncommon disease.
    - Food poisoning
    - Hepatitis
    - Measles, Mumps or Rubella
    - Meningitis
    - Scarlet fever
    - TB
    - Typhoid
    - Whooping cough.

Once contact your HPT will complete a risk assessment and you will be asked to share information for this assessment including:

- The type of setting
- Total number of people affected
- Total number of people attending the site
- If anyone who handles food is affected
- Number of classes, rooms or groups affected

- Symptoms experienced
- Date when symptoms started
- Any indications of severe disease such as hospital visits.
- Any recent tips
- Any recent clinical assessments
- Vaccination status if known
- Are any of the individuals in the affected group at high risk of severe disease.

Information should be shared using the rules of confidentiality, no names or personal details should be given. The HPT is also bound by confidentiality regarding any concerns raised to them.

Activities outside of our own organisation.

Students and service users may be taken off site to certain activities which could pose a potential risk of infection, this includes walks in certain areas, trips to visit animals, water based activities. When organising these activities risk assessments should be completed to ensure that all risks are mitigated or accounted for. When attending these activities, ensure that students, service users and staff follow above guidance regarding hand hygiene, and correct use of PPE. It is advised if individuals have had contact with animals or animal excrement that their wheelchair wheels and shoes are also cleaned to reduce the risk of infection spreading.

If visiting farms a risk assessment must be completed prior and the government guidance 'Avoiding infection on farm visits' referred to, an example risk assessment for farm visits is also available on PHF Connect.

6. Monitoring and Compliance

The Clinical Nurse Manager is responsible for ensuring that this policy remains in date and is following clear government guidance regarding infection control and outbreaks of infectious diseases.

Managers must ensure that staff are aware of this policy and have access to it. Staff should also complete yearly infection control training.

Any individuals expected to complete a risk assessment should have adequate knowledge and training to do so.

Everyone is responsible for ensuring that they practice the above standards for infection control. If an individual has concerns these should be raised to your line manager, health and safety lead or the Clinical Nurse Manager.

Once concerns have been raised these will need to be followed up by the appropriate identified person and upon completing an assessment, appropriate actions will be put in place. This may include additional training, further risk assessments, and reasonable adjustments being made.

7. Associated Policies and References

Avoiding infection on farm visits

NaTHNaC - Home

oeapng.info

Coronavirus » Infection prevention and control (IPC)

Infection prevention and control: resource for adult social care - GOV.UK

Preventing and controlling infections - GOV.UK

Managing outbreaks and incidents - GOV.UK

Children and young people settings: tools and resources - GOV.UK

How long should you keep your child off school - checklist poster (text version) - GOV.UK

Infection prevention and control in adult social care settings - GOV.UK

RIDDOR

Relevant Regulations & Guidance

CQC:

- **Regulation 12** – Safe care and treatment
- **Regulation 15** – Premises and equipment
- **Regulation 17** – Good governance
- **IPC Code of Practice** (Health and Social Care Act 2008)

OFSTED:

- **Education Inspection Framework**
- **Early Years Foundation Stage (EYFS) Safeguarding & Welfare**
- **Keeping Children Safe in Education (KCSIE)**