

POLICIES AND PROCEDURES

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Infection Control and Management of Outbreaks Policy

Policy statement

This policy sets out the way Orpheus will reduce the spread of infectious illnesses in the workplace, for example respiratory infections such as COVID-19 and flu, diarrhoea, and vomiting.

There is no longer a requirement for all employers to explicitly consider COVID-19 in their statutory health and safety risk assessments. Orpheus continues to comply with our legal obligations relating to health and safety, employment, and equality duties.

Scope

This policy applies to all users of the Orpheus Centre, including students, staff, volunteers, visitors.

It should be read alongside other Orpheus policies, including:

Sickness absence and capability policy and procedure

Control of substances hazardous to health

Person centred care

Safe care and treatment

Supporting service users to eat and drink

Food hygiene

Health and safety handbook and policy

Definitions and explanation of terms

- For the purposes of this policy, the following terms are defined: HPT = Health Protection Team
- PPE = Personal Protective Equipment
- Students = Learners, Service Users, People who use our Service
- SMT = Senior Management Team
- COSHH = Control of Substances Hazardous to Health
- FSA = Food Standards Agency
- SIPC = Standard Infection Prevention and Control
- IMT = Incident Management Team
- MMR = Measles, Mumps, Rubella
- HR = Human Resources
- Outbreak = an incident where two or more persons have the same disease or similar symptoms and are linked in time, place and/or person association.

Roles and responsibilities

Chief Executive Officer

The CEO shall have overall responsibility for ensuring implementation of and compliance with this policy and will ensure that adequate resources are made available to implement this policy and that any necessary remedial action or amendments to this policy are completed.

Chief Operating Officer, Principal and Heads of Department: The Chief Operating Officer, Principal and Heads of Department shall ensure that the policy is implemented within their department. This will include:

- Ensuring adequate information is disseminated
- Ensuring adequate resources are made available
- Monitoring compliance

Employees Responsibilities

All employees shall ensure that they comply with this policy. All employees shall ensure that they support students and visitors to comply with this policy.

Aims of Policy

The Orpheus Centre is committed to ensuring the health, safety, and welfare of all employees. This policy describes the measures we have put in place to protect Centre users and reduce the spread of illnesses, including respiratory infections such as COVID-19, diarrhoea and vomiting, and flu, including how we manage outbreaks and the duties that fall upon us.

Along with other infectious diseases, COVID-19 is a virus that we are learning to live with, and there is an imperative to reduce the disruption to young people's education – particularly given that the direct clinical risks to young people are extremely low, and every adult has been offered the vaccine.

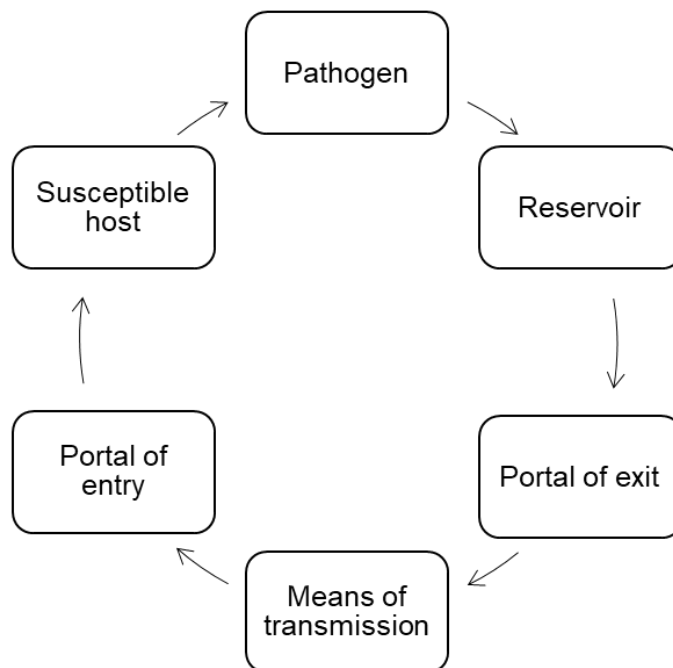
This policy sets out how we will maintain delivery of safe face-to-face, high-quality education to all students.

Principles

This policy is underpinned by the principals of infection prevention and control.

Understanding how infection is spread is crucial for effective infection prevention and control.

The chain of infection contains 6 links. There are opportunities to break the chain at any link, and the more links that are broken the greater the protection.



A pathogen is the microorganism or germ that causes disease. For example, norovirus can cause diarrhoea and vomiting, or the influenza virus can cause flu.

A reservoir is where pathogens live and replicate. For example, this could be a person, the environment or food and drink.

A portal of exit is how pathogens leave the reservoir. This could be through coughs and sneezes of someone with a respiratory illness such as flu, or through the faeces or vomit of someone with gastroenteritis (diarrhoea and vomiting).

A means of transmission is how pathogens are moved from one person or place to another. This could be from one person's hands to another person, through touching a contaminated object, through the air, or contact with blood or body fluids.

A portal of entry is how pathogens enter another person. This could be by inhalation, through mucus membranes (linings of the nose and mouth), or via a wound or invasive device such as a catheter.

Susceptible host is the person who is vulnerable to infection. This could be for a variety of factors such as age, lack of immunity, or underlying health conditions.

Reducing risk of infection

The hierarchy of controls is a system used to reduce risk at work (Department for Health and Social Care 2022). The hierarchy of control principles can be broadly interpreted for social care settings under the following headings:

1. reducing the hazard

2. changing what we do
3. changing where we work
4. changing how we work
5. use of PPE

These controls are ranked in the order of effectiveness.

Reducing the hazard:

Public health measures such as vaccination, testing and isolation help to reduce the risk of infection. Vaccination against respiratory illnesses such as flu and COVID-19 are an important measure in reducing the risk of severe disease. Measures such as not coming to work when ill, advising people to isolate while infectious and recognising and reporting infections promptly, all help to prevent infections spreading at work.

Changing what we do

When faced with a particular risk, such as an outbreak, we may need to change what we do. This might include reducing communal activities, limiting visiting, or adding disinfection into a more frequent cleaning schedule, for example.

Changing where we work

We may not be able to change where we work but the work environment can be made as safe as possible. For example, by improving ventilation, ensuring fixtures and fittings are in good repair and can be easily cleaned and following water safety guidelines, we reduce opportunities for pathogens to survive in the environment.

Changing how we work

Changing the way, we organise work can reduce risk. Examples include reducing the number of people in a space at any one time and minimising the movement of staff between different settings. Administrative controls such as risk assessments, training, audit, and providing clear signage and instructions also help to reduce the risk of infection at work

Using PPE

PPE is the last control in the hierarchy, used when all other controls have not reduced the risks sufficiently. To be effective, PPE must be used correctly – for example, putting it on and removing it correctly and safely [see appendix 1]. This relies on individual compliance, which is considered less reliable as a way of reducing risk.

PROCEDURE:

Preventing and controlling Infections

Many infectious diseases can be managed by reinforcing the measures recommended below.

Standard infection control precautions

To ensure safety, standard infection control precautions (SICPs) are to be used by everyone for all people whether infection is known to be present or not.

Standard infection control precautions are the basic measures necessary to reduce the risk of spreading infection and are:

1. hand hygiene
2. respiratory and cough hygiene
3. PPE
4. safe management of equipment and the environment
5. management of laundry
6. management of blood and body fluid spills
7. waste management
8. management of exposure

The application of SICPs is determined by assessing risk to and from people. This includes the task, level of interaction, and/or the anticipated level of exposure to blood and/or other body fluids.

1. Hand hygiene

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.

Hand hygiene is a way of cleaning hands that reduces potential pathogens on the hands.

To be successful, hand hygiene needs to be performed at the right time, with the right product, using the right technique and making it easy to perform.

The World Health Organization (WHO) describes 'moments' for workers to practice hand hygiene:

- before touching a person
- before a clean or aseptic procedure (where applicable)
- after exposure to blood or body fluid
- after touching a person or significant contact with their surroundings
- after removal of PPE
- after using the toilet
- between different care activities with the same person (such as feeding them, assisting them with washing)
- after cleaning or handling waste
- before and after handling food
- after touching animals

All students, staff, volunteers, and visitors have access to liquid soap, warm water, paper towels or hand air dryers.

Bar soap should not be used.

Alcohol hand gel can be used if hands are not visibly dirty. Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus. Alcohol-based hand rubs must have a minimum alcohol concentration of 60% and conform to the British Standard BS EN 1500:2013. Alcohol-based hand rubs are harmful if swallowed and are flammable so their use must be risk assessed.

All cuts and abrasions should be covered with a water proof dressing.

2. Respiratory and cough hygiene

Coughs and sneezes spread diseases. Good respiratory hygiene reduces the transmission of respiratory infections. Being alert to people with respiratory symptoms is important as this may indicate infection.

All students, staff, volunteers, and visitors, particularly those with signs and symptoms of a respiratory infection, must ensure that they follow respiratory hygiene etiquette:

- cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hands
- ensure a supply of tissues is in reach of the person or those providing care.
- dispose of all used tissues promptly into a waste bin, which should be provided.
- cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
- keep contaminated hands away from their eyes, mouth, and nose
- clean hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Support people who need help with respiratory hygiene where necessary.
- Discourage spitting.

3. Personal protective equipment (PPE)

PPE can protect individuals and staff from contamination with blood and bodily fluids, which may contain germs that spread disease.

PPE should be used in line with risk assessments, proportionate to the risk identified.

Risk assessments look at both the risk of occurrence and the impact, and may need to be dynamic, based on the emerging situation. This ensures that all people, including those with complex or additional health needs, are supported to continue their care and education, where it is safe to do so.

If there is a risk of splashing or contamination with blood or bodily fluids during an activity, wear disposable gloves and plastic aprons. Gloves and aprons should be single-use disposable, non-powdered vinyl/nitrile or latex-free and CE marked.

Wear a fluid-repellent surgical facemask and eye protection if there is a risk of splashing with blood or body fluids to the face. If reusable, decontaminate prior to next use.

If it is not removed at the right time PPE can spread infection between people and wearing unnecessary PPE impacts on worker comfort, increases costs, and has adverse environmental impacts. The use of PPE should therefore be based on a risk assessment approach. When unsure what PPE is suitable in certain situations, advice can be sought from regional IPC teams.

Store PPE close to the point of use, if possible, and in a clean, dry, and covered container or dispenser. When determining where to store PPE, consider practicality and ease of use, as well as the safety of the people you are caring for. This may include storing PPE in lidded containers or dispensers. PPE should never be stored on the floor.

PPE is single use unless identified as reusable by the manufacturer, in which case it is important the instructions for decontamination are understood and followed.

Perform hand hygiene before putting on and after taking off PPE.

Change PPE if damaged or contaminated following the correct order for putting on and taking off (donning and doffing). All used PPE must be appropriately disposed of following local procedures for disposal of infectious waste.

See Appendix 1: Guide to donning and doffing standard Personal Protective Equipment (PPE).

4. Safe Management of the Environment and Equipment

Cleaning of the environment:

Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.

It is important those carrying out cleaning duties understand their responsibilities as required under the Health and Safety at Work Act 1974 and associated regulations including COSHH. Workers should be provided with the PPE required to safely undertake cleaning tasks. See HSE advice on carrying out COSHH assessments.

Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.

Store cleaning solutions in accordance with Control of Substances of Hazardous to Health (COSHH), and change and decontaminate equipment regularly.

- All staff are responsible for ensuring equipment and the environment are kept clean
- Housekeeping staff are responsible for regularly cleaning and disinfecting all areas or surfaces in contact with food, dirt, or bodily fluid, through twice daily cleaning of all surfaces and communal bathrooms
- Housekeeping staff can be called to provide additional cleaning as necessary, e.g., spillages in bathrooms or kitchens.
- Tutors are responsible for classroom tidiness and for ensuring students and staff clean shared classroom equipment before and after each use using the provided cleaning wipes. This includes pens, brushes, scissors, smart board pens, dry wipe boards and pens, glue sticks, sharpeners, rubbers, but may also involve other specific equipment that is shared.
- Learning, Care and Support Assistants and Domiciliary Care staff are responsible for supporting students to maintain their own cleanliness during the learning day and for ensuring the cleanliness of tenant student flats.
- The Estates team have a planned schedule for cleaning Learning spaces, Toilets / bathrooms, communal areas, and offices. Please refer to appendix 2 in this policy for the full schedule.
- Clinical bins are in the centre within accessible bathrooms and in student flats where required. These are used for all waste that is potentially infectious i.e., continence pads, body wipe cloths, infectious bandages, PPE that has potentially infectious materials on such as faeces / urine / vomit.
- Contaminated material is disposed of in accordance with current guidelines. Clinical waste at the centre is collected by a competent external contractor as per the service agreement in place.
- The frequency and procedure for replacing and decontaminating of cleaning equipment is detailed within our General Contamination and Infection Control Risk Assessment. This can be found on our Atlas portal.
- Cleaning cloths and PPE that isn't potential infectious, should be disposed of in general rubbish bins.

The Head of Facilities and appropriate members of the Senior Management Team (SMT) will develop plans for situations where additional cleaning will be required (for example in the event of an outbreak) and how Orpheus will carry this out.

The Estates team and support staff involved in cleaning must receive appropriate training and receive regular updates. They must have access to appropriate personal protective equipment (PPE), such as gloves and aprons, always.

In the event of an outbreak of infection our local Health Protection Team (HPT) may recommend enhanced or more frequent cleaning to help reduce transmission (see below for External Reporting).

Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.

In areas where food is handled or prepared:

Operate and maintain equipment according to the manufacturer's instructions.

Follow food hygiene standards from the Food Standards Agency (FSA) and ensure compliance to our Food Hygiene Policy.

The cleanliness and management of the Orpheus canteen and kitchen is overseen by our Chef Manager and our Head of Facilities. Our kitchen is inspected via Tandridge District Council and is rated Good.

Gloves

Gloves will be used where there is an allergy to a product or skin condition and then disposed of after each use.

Chopping boards

Green - vegetables

Brown - root vegetables

White - bread

Yellow - cooked meat

Red - raw meat

Blue - fish

Purple - allergens

Temperature checks

- Fridges and freezers in our professional kitchens are checked twice a day
- Food temperatures are checked at the end of cooking and at the beginning of serving
- All temperature checks are recorded in the Hazard Analysis and Critical Control Point (HACCP) Book

Uniforms for kitchen staff

Uniforms must only be worn in the kitchen and changed into upon arrival to work. Hot/boil wash used for all linen and materials (including uniforms).

Specialist shoes are worn upon arrival to work which are anti-slip.

Cleaning

Colour system for microfiber cloths:

- Green cloth – cleaning up mess and washing dishes
- Blue cloth – sanitising and wiping tables down
- Yellow cloth – cleaning coffee machines
- Red cloth – cleaning bathrooms and toilets

All cloths changed daily i.e., tea towels, oven gloves, microfiber-coloured cloths.

Cleaning schedule for kitchen and canteen area:

- All Surfaces (including the serving counter) wiped and sanitised daily.
- Tables in the canteen cleaned three times a day i.e., early morning, after am break and after lunch.
- Dedicated area in kitchen for preparing raw meat so no cross contamination. Sanitised immediately after each use.
- All floors are swept and mopped daily.
- Black trays cleaned daily.
- All food preparation and serving equipment i.e., utensils, cutlery, pots and pans washed in the dishwasher with appropriate chemicals.
- Dishwasher cleaned and emptied daily.
- Extraction hood filters cleaned in the dishwasher every 3 months.
- Ovens cleaned weekly.
- Fat fryer cleaned termly.
- Deep clean of kitchen termly i.e., wash walls (incl. exposed pipe work), pull out fridges, freezers, and worktops / storage on wheels to sweep and mop behind.
- Deep clean of canteen carried out in the holidays i.e., table legs, chairs, cushion covers washed in washing machine, wipe down of window benches.
- Dusting weekly.
- Specialist contractors are legally required for cleaning the extraction hood every 3 months.

Safe management of care equipment:

Pathogens may be transferred between people using care equipment if it is not properly stored and cleaned.

Single Use Equipment: A device designated as single use should not be re-used as this can affect safety, performance, and effectiveness, exposing people to unnecessary risk. Anyone reprocessing or reusing devices designated as single use bears the full responsibility for its safety and effectiveness.

A single-use device should only be used on an individual person during a single procedure, and then safely disposed of. It is not intended to be used again, even on the same person.

Reusable care equipment must be decontaminated after each use by the member of staff who has supported its use, utilising a method which conforms with the manufacturer's instructions.

There are 3 categories of decontamination processes:

- cleaning – a process that physically removes contamination but does not necessarily destroy pathogens
- disinfection – a process that reduces the number of viable pathogens, but which may not necessarily inactivate some pathogens such as certain viruses and bacterial spores
- sterilisation – a process used to make an object free from all viable pathogens including viruses and bacterial spores

The choice of decontamination process for reusable care equipment depends on the assessment of risk. Risks fall broadly into 3 categories: high, medium, and low.

<u>Level of risk</u>	<u>Description</u>	<u>Method</u>	<u>Example</u>
<u>Low</u>	Items that come into contact with intact skin. Items that do not come into contact with people.	Cleaning. Disinfection if an increased infection risk is suspected.	-
<u>Medium</u>	Items that come into contact with intact mucous membranes or items contaminated with particularly virulent or readily transmissible pathogens. Items used with people who are immunocompromised. Low risk items contaminated with blood or body fluids.	Cleaning (followed by disinfection or sterilisation if being used for more than one client).	Respiratory equipment, thermometer, commodes, urinals, bedpans.
<u>High</u>	All reusable medical devices that are used in close contact with a break in the skin or mucous membranes, and devices that enter a sterile area of the body.	Follow manufacturer's instructions. This may include chemical disinfectant methods or sterilisation through an authorised sterilisation centre .	Wound dressing – sterile and single use.

Ventilation:

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.

All settings should keep occupied spaces well ventilated to help reduce the number of respiratory germs. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open). Try and open higher-level windows to reduce draughts, where it is safe to do so. During the colder months, consider opening windows more when the room is unoccupied in between sessions.

As part of the COVID-19 pandemic response, the Department for Education provided Orpheus with CO2 monitors to help assess how well ventilated our spaces are. These monitors are portable and can be used in any space where poor ventilation has been identified.

Laundry:

Staff Clothing:

Staff should change their clothes every day and wash them using normal washing detergent at the hottest temperature specified on the garment.

If clothing is contaminated with blood or bodily fluids:

- wear gloves and aprons when handling soiled linen or clothing
- remove clothing as soon as possible and place in a named sealed plastic bag or container
- send clothing home for day students with advice for the parent or carer on how to launder the contaminated clothing
- wash any contaminated clothing separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate
- wash hands thoroughly after removing the gloves and aprons

Linen and soft furnishings:

Where soft furnishings are used in communal areas, they should ideally have a wipe-able surface.

All dirty linen should be handled with care, and attention paid to the potential spread of infection.

Tenant Laundry:

Tenant students have laundry facilities in their own flat, which should be used for all their personal household laundry needs.

Orpheus organisational laundry facility is used for sleepover linen and organisational washable soft furnishing. A supply of sleepover linen is provided by Orpheus and includes pillow protectors, duvet protectors, mattress protectors, two sets of duvet covers and pillow cases, two duvets and four pillows. Sleepover linen should be changed after each use and it is the responsibility of the person on the sleepover duty to ensure that the linen is placed in the washing machine and put onto a wash cycle. The duvets should be washed every three months by the housekeeping team. The washing machine is in the staff room, separate from any food preparation areas, with appropriate hand washing facilities, and has a washing machine with a sluice or pre-wash cycle.

All Laundry:

Handle used laundry safely by wearing a single use or washable apron to protect your clothing if necessary. Avoid:

- shaking or sorting laundry on removal from beds
- placing used laundry on the floor or any other surfaces
- re-handling used laundry once bagged
- overfilling laundry receptacles (not more than two-thirds full)
- placing inappropriate items in the laundry receptacle

Avoid rinsing clothing by hand as there is a risk of inhaling fine contaminated aerosol droplets. Instead, rinse soiled articles of clothing in a washing machine pre-wash cycle, prior to washing.

If Orpheus uses linen, and when supporting students with their own linen, then:

- ensure that linen is washed at least weekly and when visibly dirty
- shared bedding used for sleeping over, must be washed after each use

- remove dirty and used linen from areas that are accessible to students
- carefully dispose of any soiling (faeces) found on clothing or linen into the toilet. Do not rinse soiled clothing
- wash all linen at the hottest temperature specified on the fabric
- heavily soiled items should have a pre-wash cycle or sluice cycle selected where available.
- keep fresh linen in a clean, dry area separate from used linen

Toileting and sanitation:

Good hygiene practices depend on adequate facilities and clear processes. Hand hygiene is extremely important to emphasise to individuals who are supporting people with toileting.

Individuals 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 individuals and staff involved in the management of these aids.

Hand wash basins must be available, with warm running water along with a mild liquid soap. Disposable paper towels or air hand dryers must be placed next to wash basins, with a nearby foot-operated wastepaper bin (if paper towels are provided).

Suitable sanitary disposal facilities should be provided.

For individuals with continence aids:

Change continence pads in a designated area and dispose of used continence pads in clinical waste bins (yellow bags).

Wear appropriate personal protective equipment (PPE), such as disposable gloves and a disposable plastic apron, and change after supporting each person. Follow guidelines for correct donning and doffing of PPE (see appendix 1).

Ensure hand washing facilities are readily available.

Safe management of blood and bodily fluids:

Blood and bodily fluids can contain germs that cause infection. It is not always evident whether a person has an infection, and so precautions should always be taken. Cuts, bites, nose bleeds and bodily fluid spills are all potential sources of infection.

Use Standard Infection Prevention and Control precautions (SIPCs) to reduce the risk of unknown (and known) disease transmission.

Clean any spillages of blood, faeces, saliva, vomit, nasal discharges immediately, wearing gloves and an apron. If you anticipate splashing, risk assess the need for facial and eye protection.

A spillage kit is available, in the locked housekeeping cupboard, for bodily fluids like blood, vomit and 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.

Clean surfaces 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 using a disinfectant is also acceptable. It should be noted that some agents, such as NaDcc (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chloride used for disinfection), cannot be used on urine.

All care support staffs and additional appropriate individuals are first aid trained and receive regular updates. Orpheus always has first aiders on site when open.

Take standard infection prevention and control precautions (SIPCs) when dealing with any cuts or abrasions that involve a break in the skin or bodily fluid spills.

These include:

- wearing gloves and a disposable plastic apron when in contact with blood, bodily fluids, non-intact skin, eyes, mouth, or nose (washing grazes, dressing wounds, cleaning up blood after an incident)
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- covering all exposed cuts and grazes with waterproof plasters
- keeping the dressing clean by changing it as often as is necessary

Waste Management (including sharps)

Under the waste management duty of care, settings must ensure that all waste produced is dealt with by a licensed waste management company.

There are several types of waste including recycling, household, offensive or hygiene, infectious, sharps and medicines. Where any doubt exists as to the classification of waste, the local authority or the Environment Agency should be consulted.

General waste management:

- all outer packaging should be removed and recycled, where possible
- waste involving sharps such as needles should always be disposed of in a sharps box designed for this purpose
- waste should be placed in an appropriate waste bag, no more than three-quarters full and tied. Sharp items should not be disposed of into waste bags
- hands should be cleaned after handling waste
- waste bins should be foot operated, lidded and lined with a disposable plastic waste bag
- collection of waste from care services should be arranged through a licensed waste contractor

At Orpheus our waste bags are colour coded and collected as follows:

- Black – general or household waste, including used PPE – collected by household waste trucks
- Transparent – recyclable materials – collected by household recycling trucks

- Yellow with black stripe – offensive waste - collected by specialist contractor
- Orange – infectious waste - collected by specialist contractor
- Yellow in sanitary bins – collected by specialist contractor
- Yellow infectious waste contaminated with medicines and/or chemicals – collected by specialist contractor

Place any used PPE in a refuse bag and dispose of as normal domestic waste. PPE should not be put into a recycling bin or dropped as litter.

Sharps:

Where sharps are used an individual risk assessment should be carried out, and a safe system of work developed.

Sharps will be placed into sharps container after use to reduce the risk of spillage or sharps injury.

Sharps should not be passed directly from hand to hand.

Needles must not be bent, broken, disassembled, or recapped, and should be disposed of by the person generating the sharps waste into a sharp's container.

Sharps containers must be in student's flats or in the Support Leads Office for day students.

Containers should be taken to the point of use, and the temporary closing mechanism used when not in use.

Only sharps waste should be disposed of in a sharp's container, and it must not be filled above the fill line.

Waste containers for individual students which are full should be collected by arrangement with the local authority which is specified in the individual support plan.

Managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

An exposure is an injury from a needle or a bite which breaks the skin, and/or exposure of blood and bodily fluids onto:

- broken skin
- the eyes, nose, or mouth

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.

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- dispose of the needle safely in a sharps container to avoid the same thing happening to someone else
- wash the wound thoroughly with soap and warm running water
- cover the wound with a waterproof dressing
- seek immediate medical attention or advice from your local accident and emergency department or occupational health provider
- complete an accident form and email to your line manager

Visiting animals on site:

Orpheus chooses to enhance our learning environment with the inclusion of therapy dogs, who regularly attend our site. Staff may also seek permission from line managers to bring pets to work after completing a robust risk assessment. Contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections, and parasites.

Some people may be at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection.

Risk assessments will be completed for all visiting animals / pets. These will be approved by appropriate line managers, with oversight by the Head of Facilities to ensure safe coordination of multiple dogs on site. Therapy dogs are managed by our SEND Vice Principal.

Where an individual has a support animal, responsibility for implementing infection prevention measures, and supporting the individual to do so, should be allocated to an appropriate staff member.

Animals must always be supervised when in contact with students and all persons must wash their hands immediately after handling animals, or touching their bedding or equipment.

All staff supporting visiting animals and their owner must maintain a clean environment, making sure that:

- bedding is laundered regularly
- feeding areas are kept clean and food stored away from human food
- food not consumed within 20 minutes is taken away or covered

There are some additional considerations for cats:

- cat litter trays should be cleaned daily wearing disposable gloves
- litter trays should not be placed near food preparation, storage or eating areas
- pregnant staff should not clean litter trays due to a risk of toxoplasmosis

Reptiles are not suitable to visit Orpheus as all species can carry salmonella which can cause serious illness.

Refurbishment

Where refurbishment or new builds are planned, the risk of infection should be considered in the design, alongside creating an appropriate environment. Considerations should include:

- sufficient and appropriate storage to protect equipment from damage and contamination
- quality finishes which can be readily cleaned and are resilient
- flooring that is slip resistant and easily cleaned
- surfaces that are easily accessed, not affected by detergents and disinfectants, and will dry quickly
- sufficient provision of hand hygiene facilities
- sufficient ventilation and heating

- sufficient space to:
 - store waste
 - process and store linen
 - store cleaning equipment hygienically
- sufficient toilets, bathrooms, en-suites, sluice rooms and clean utility rooms

PROCEDURE FOR When people should stay away from Orpheus

People who are showing symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test must stay away for the minimum period recommended, and until well enough. Exclusion periods apply to all users of the Orpheus Centre, including students, staff, volunteers, visitors.

Exclusion periods are determined using UK Health Security Agency Guidance:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

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

Education is extremely important for a young adult's health and wellbeing and high-quality face-to-face education is always preferable. Where required, students should have access to remote education as soon as reasonably practicable, though in proportion to the length of absence and disruption to their learning.

Exclusion periods may cause challenges for students, parents, or carers, due to the unexpected time off. Where possible, Orpheus will signpost students, parents, or carers to services to access further support.

If a student is already known to be vulnerable to neglect, abuse or exploitation, and exclusion periods may increase this vulnerability, the DSL will ensure that the appropriate agencies or individuals involved in safeguarding the student are notified immediately.

Diarrhoea and vomiting (gastroenteritis)

Diarrhoea and vomiting may be due to a variety of causes including bacteria, viruses, parasites, toxins, or non-infectious diseases. Gastrointestinal infections are spread when the germs enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks.

You must not attend Orpheus until you've not had diarrhoea or vomited for at least 48 hours. If you also have a high temperature or do not feel well enough to do your normal activities, try to stay at home and avoid contact with other people until you feel better.

Covid

Individuals who are at higher risk of severe outcomes from COVID-19 may be eligible for COVID-19 treatments if they become unwell <https://www.nhs.uk/conditions/covid-19/treatments-for-covid-19/>

Who can have COVID-19 treatment:

You're eligible for COVID-19 treatment without being admitted to hospital if all the following apply:

- you're aged 12 or over
- you're at highest risk of getting seriously ill from COVID-19
- you have symptoms of COVID-19
- you have tested positive for COVID-19

What to do if you have symptoms of COVID-19

You may be able to look after yourself at home if you have COVID-19 or symptoms of COVID-19.

Try to stay at home and avoid contact with other people if you have symptoms and either:

- have a high temperature
- do not feel well enough to go to work or do your normal activities

Use the following link for further details <https://www.nhs.uk/conditions/covid-19/how-to-look-after-yourself-at-home-if-you-have-covid-19/>

You are no longer required to do a COVID-19 rapid lateral flow test if you have symptoms. NHS COVID-19 rapid lateral flow tests are no longer free for most people. You may still be able to get free COVID-19 rapid flow tests from the NHS if you have a health condition which means you're eligible for COVID-19 treatment.

If you have tested positive for COVID-19:

- try to stay at home and avoid contact with other people for 3 days after the day the test was taken for anyone under the age of 18
- try to stay at home and avoid contact with other people for 5 days if 18 years old or over.
- try to avoid meeting people who are more likely to get seriously ill from viruses, such as people with a weakened immune system, for 10 days after the day you took your test. We can manage this on site with the use of PPE and where we allocate staff.

All absences due to not feeling well enough to work will be treated as sickness and all staff must follow the Orpheus sickness absence and capability policy and procedure.

Vaccination

Vaccination remains a primary protection measure against both COVID-19 and flu, helping to reduce the risk of serious illness, hospitalisation, and death.

People who work in adult social care settings are encouraged to book their vaccinations as early as possible via:

- Local booking services from 11 September 2023 i.e., pharmacies, health centres

- National booking service available in Winter 2025 <https://www.nhs.uk/nhs-services/covid-19-services/covid-19-vaccination-services/book-covid-19-vaccination/>

Eligible frontline staff will continue to be able to self-declare on the national booking service. Appointments can also be booked through the NHS App. Or by phoning 119.

It is essential that everyone who works in a health and social care setting have the best protection against flu and COVID-19. The flu jab and the COVID-19 vaccine remain the best defences we have against both viruses.

Flu vaccination reduces the risk of co-infection with COVID-19 and flu, and is therefore an important defence against severe outcomes. Separate advice on flu vaccination is also available <https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff/flu-vaccination-guidance-for-social-care-workers>

Internal Reporting and Monitoring of Infectious Diseases

Staff who are unwell and unable to work must follow our sickness absence and capability procedure and not attend Orpheus.

Student absences are reported via the absence telephone line and monitored by Tutors and the Assistant Principal - Curriculum and Quality.

Staff absences are monitored by line managers and recorded on PeopleHR. The Human Resources (HR) team must be notified by line managers for all infectious diseases via hr@orpheus.org.uk. The HR team will alert the Registered Manager to ensure compliance with CQC, and the relevant Senior Management Team (SMT) member/s when two plus cases of infectious diseases occur at any one time across all departments.

Line managers must report all serious illnesses to the relevant SMT member that is Head of their department. SMT will make the decision about whether external reporting or additional measures are required.

Advice on exclusion periods will be given to staff by their line manager, and to day students by the Assistant Principal – Curriculum and Quality, and to tenant students by the Head of Care. Exclusion periods will be determined using the UK Health Security Agency Guidance: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

If a student or staff member is unsure of their diagnosis, they will be advised to seek external medical advice and to share this when available to guide decision making at Orpheus.

The HR team will alert all Senior Management Team (SMT) member/s when two or more cases of infectious diseases occur at any one time across all departments.

External Reporting

When the HR team alert all Senior Management Team (SMT) member/s that two or more cases of infectious diseases have occurred at any one time across all departments, the CEO (or in her absence the COO or Principal) will review whether an outbreak is occurring: two or more persons have the same disease or similar symptoms and are linked in time, place and/or person association. If it is judged that an outbreak may be in progress, the CEO [or in her absence the COO] will contact the local Health Protection Team for advice:

Surrey and Sussex HPT (South East)

UK Health Security Agency

County Hall North

Chart Way

Horsham

West Sussex

RH12 1XA

Email SE.AcuteResponse@ukhsa.gov.uk

Telephone 0344 225 3861

Out of hours urgent enquiries 0844 967 0069

<https://www.gov.uk/guidance/contacts-phe-health-protection-teams>

Other circumstances in which the CEO (or in her absence the COO or Principal) will contact the local Health Protection Team include:

- a higher than previously experienced and/or rapidly increasing number of absences due to the same infection
- evidence of severe disease due to an infection, for example if an individual is admitted to hospital
- more than one infection circulating in the same group of people, for example chicken pox and scarlet fever
- an outbreak or serious illness for example:
 - E.coli 0157 or E.coli STEC infection
 - food poisoning
 - hepatitis
 - measles, mumps, rubella (rubella is also called German measles)
 - meningococcal meningitis or septicaemia
 - scarlet fever (if an outbreak or co-circulating chicken pox)
 - tuberculosis (TB)
 - typhoid
 - whooping cough (also called pertussis)

What to expect from contacting our local Health Protection Team (HPT)

If we need to contact our local HPT, they will conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will then inform the need for any further actions.

They will ask us to share information to help them assess the size and nature of the outbreak or incident and advise on any recommended actions.

Information will include:

- the type of setting
- total numbers affected
- total numbers attending
- any food handlers
- the number of classes, rooms, year groups affected
- the symptoms experienced
- the date when symptoms started, including a brief overview of the sequence of numbers of new cases since the outbreak started
- any indications of severe disease such as overnight admissions to hospital
- if there were any events or trips in the week prior to the start of the outbreak
- if known, whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR - Measles, Mumps, Rubella and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

Our local HPT will advise on whether any actions are recommended.

These may include:

- reinforcement of infection prevention and control measures
- communication to parents, carers, and students
- temporary advice to reduce mixing among a targeted group
- temporary use of face coverings in communal areas

They may consider holding an incident management team (IMT) meeting, which would bring together local stakeholders and the appropriate local authority. If, in exceptional circumstances and as a last resort, limiting the number of people attending the setting is considered necessary for public health reasons, this should be discussed at an IMT meeting before being implemented.

Confidentiality

It is important to note that HPTs are bound to manage personal case details in strict confidence. Therefore, information given to settings from the team for distribution during an outbreak will never name cases or give out any personal details.

References:

Guidance: Infection prevention and control: resource for adult social care; Department for Health and Social Care; Published 31 March 2022: <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care>

APPENDIX 1: Donning and Doffing PPE



Public Health
England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.
- 3 Put on your eye protection if there is a risk of splashing.
- 4 Put on non-sterile nitrile gloves.
- 5 You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 3 Snap or unfasten apron ties the neck and allow to fall forward.
- 4 Once outside the patient room. Remove eye protection.
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 6 Remove surgical mask.
- 7 Now wash your hands with soap and water.

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

If you require the PPE for aerosol generating procedures (AGPs) please visit:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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APPENDIX 2 – Cleaning Schedule

	Mon	Tues	Wed	Thurs	Fri
Art Studio	✓	✓	✓	✓	
Music Studio		✓	✓		✓
Student Hub		✓		✓	
Recording Studio	✓			✓	
Barn Theatre	✓	✓		✓	
Lifeskills Kitchen	✓			✓	
Lifeskills Classroom (post lunch)	✓	✓	✓	✓	✓
Lifeskills Classroom		✓			✓
Quiet Room		✓			✓
Baseline Lobby	✓				
Baseline (Small)	✓		✓		✓
Baseline (Large)	✓		✓		✓
Student Hub Corridor 3 x Bathrooms	✓	✓	✓	✓	✓
Baseline 1 x Bathroom	✓		✓		✓
Lift 1 x Bathroom	✓	✓	✓	✓	✓
Recording Studio 2 x Bathrooms	✓	✓	✓	✓	✓
Barn 2 x Bathrooms	✓	✓		✓	✓
HR / Finance Bathroom	✓	✓	✓	✓	
Head of Facilities Bathroom	✓		✓		
Head of HR Bathroom	✓		✓		
Executive Admin Bathroom	✓		✓		
COO Bathroom	✓		✓		
Sleep-in Room Bathroom	✓	✓	✓	✓	✓
Curriculum Managers Bathroom	✓		✓		
Vice Principals Bathroom	✓		✓		
CEO Bathroom		✓		✓	
Principal Bathroom		✓		✓	
Student Hub Corridor	✓	✓	✓	✓	✓
Manor House Ground Floor Corridor	✓	✓	✓	✓	✓
Lift Lobby	✓	✓	✓	✓	✓
Canteen	✓	✓	✓	✓	✓
Theory Room	✓		✓		✓
Manor House 1 st Floor Corridor			✓		✓
Centre Court 1 st Floor Corridor	✓				
Staff Room & Kitchen	✓		✓		✓
Squire Barn Corridors		✓			✓
Sleep-in Room		✓		✓	
Reception	✓	✓	✓	✓	✓

HR Office	✓		✓		
Finance Office		✓		✓	
Curriculum Managers Office		✓		✓	
Vice Principals Office		✓		✓	
Executive Admin Office		✓		✓	
COO Office		✓		✓	
Head of Facilities Office		✓		✓	
Head of HR Office		✓		✓	
Baseline 1 st Floor Office					✓
Fundraising Team (Squire Barn) Office	✓		✓		
Fundraising Kitchen (Squire Barn)	✓		✓		
CEO Office	✓		✓		
Principal Office	✓		✓		

Policy update review:

Date:	Updated by:	Section updated:	Update:
13.08.2025	Sam Owen	N/A	Added this table.
13.08.2025	Sam Owen	Vaccination	Change date for when national booking service for COVID vaccinations is available Winter 2025
16.09.2025	Sam Owen	Internal Reporting and Monitoring of Infectious Diseases	Added Registered Manager to be informed of any potential outbreaks of infections diseases (2 or more).