



The Church Lads' & Church Girls' Brigade

Infection Control Policy

November 2022



1. Managing Infectious diseases within CLCGB

- 1.1. Prompt exclusion of children, young people and staff who are unwell with an infectious disease is essential to preventing the spread of infection.
- 1.2. Children with mild, respiratory symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend.
- 1.3. All companies should have local arrangements for the appropriate removal of members while they are likely to be infectious. There should also have a procedure for contacting parents and/or carers when children become unwell at the setting.
- 1.4. Children who are unwell and showing the symptoms of an infectious disease or a diagnostic result should be advised not to attend a company night or other CLCGB activities.
- 1.5. In most cases, parents and carers will agree that a child who is unwell and has symptoms of an infectious illness, such as a fever should not attend your setting, given the potential risk to others.
- 1.6. If a parent or carer insists on a child with symptoms attending your setting, where they have a confirmed or suspected case of an infectious illness, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from a setting for a longer period of time.

2. Hand hygiene

- 2.1. Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.
- 2.2. Settings should ensure that staff and members have access to liquid soap, warm water and paper towels. Bar soap should not be used.
- 2.3. All staff and members should be advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals.
- 2.4. All cuts and abrasions should be covered with a waterproof dressing.
- 2.5. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea

and vomiting) in the setting. Alcohol hand gel is not effective against norovirus.

3. Respiratory and cough hygiene

- 3.1. Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.
- 3.2. Spitting should be discouraged.
- 3.3. Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette, specifically:
 - cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene
 - cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
 - keep contaminated hands away from the mucous membranes of the eyes and nose
 - carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials.

4. Personal protective equipment

- 4.1. If there is a risk of splashing or contamination with blood or bodily fluids during an activity for example administering first aid then disposable gloves and plastic aprons should be worn.
- 4.2. Gloves and aprons should be disposable, non-powdered vinyl/nitrile or latex-free and CE marked.
- 4.3. Face masks should be considered if supporting a member with suspected Covid 19 symptoms.

5. Safe management of the environment

- 5.1. Keeping meeting settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot.



6. Cleaning

- 6.1. Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease.
- 6.2. Cleaning equipment used should be disposable or, if reusable, disinfected after each use.
- 6.3. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.
- 6.4. All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected.

7. Keep occupied spaces well ventilated

- 7.1. Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections.
- 7.2. All settings should keep occupied spaces well ventilated to help reduce the amount of respiratory germs.
- 7.3. If there are areas of the setting identified that may have poor ventilation, there are several simple things that can be done to improve ventilation.
- 7.4. These include:
 - partially opening windows and doors to let fresh air in
 - opening higher level windows to reduce draughts
 - opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between sessions, for example.
- 7.5. You should always balance the need for increased ventilation while maintaining a comfortable temperature.
- 7.6. Register: As always, a register of attendance should be kept. This register should also note which leaders were in attendance should the information be needed during an outbreak.

8. First Aid

- 8.1. CPR: If you are required to perform cardiopulmonary resuscitation (CPR), you should evaluate the risk of performing mouth-to-mouth. On an adult, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Cardiac arrest in children is more likely to be caused by a breathing problem, therefore chest compressions alone are unlikely to be effective. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield if available.

9. Overnight Trips (Including Camps/Residentials)

- 9.1. Overnight stays (e.g. Camps, residential trips) can now take place, with certain precautions. We would advise any Company attempting to organise such a trip that the current situation is very fluid. The situation may change, and the trip may not be permitted to go ahead. It is the CO's responsibility to ensure that the camp/residential is permitted and that it complies with current rules and regulations, including any additional local guidance. If sites, hostels etc. are booked, it may be possible that monies/deposits are lost.
- 9.2. Discussions should be had with parents and other leaders during the planning stages of the trip to ensure that, should any attendee become unwell, there is provision for them to be isolated and collected from/leave the event at the earliest opportunity.
- 9.3. Marquees are classed as "indoor" unless two side of the marquee are removed/rolled up, and so "indoor" rules (e.g. wearing of facemasks) apply in this case.
- 9.4. The number of adults present should be in-line with the guidance on minimum staffing ratios but should also not be excessive. There are no maximum legal limits on the number of adults who can attend camps/trips, but it is important only those who are required to attend do so, so that we are following the spirit of the law.
- 9.5. A thorough risk assessment should be completed and submitted to NHQ before a camp can proceed.

10. Trips involving water-based activities

- 10.1. There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds.
- 10.2. It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities.
- 10.3. Babies or children should not swim in public swimming pools for 2 weeks after diarrhoea and vomiting has stopped.

11. Trips to locations such as farms and zoos

- 11.1. There are a number of diseases that can be passed on to members from infected farm animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children.
- 11.2. In order to protect their own health and that of their unborn child, those who are, or may be, pregnant should be advised to avoid close contact with livestock animals that are giving birth.
- 11.3. People can become infected through direct contact with animals, contact with an environment containing animal faeces or consuming contaminated food or drink.
- 11.4. Even a small number of bacteria can cause infection, so it is essential to follow hygiene recommendations such as:
 - washing hands thoroughly with soap and water immediately after contact with animals. Younger children should be supervised for hand washing
 - reminding children not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed and dried their hands thoroughly
 - not using hand sanitiser as a substitute for handwashing with soap and water.
- 11.5. Further information relating to visiting farms is available on the Access to Farms website. <https://visitmyfarm.org/resources/code-of-practice>

12. Exclusion Periods/Time Frames

- 12.1. This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

13. Infections

- 13.1. **Athlete's foot** - Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
- 13.2. **Chickenpox** - Contagious 5 days from onset of rash and until all blisters have crusted over Pregnant staff contacts should consult with their GP or midwife.
- 13.3. **Herpes Simplex** - Avoid contact with sores.
- 13.4. **Respiratory infections including coronavirus (COVID-19)** - Children and young people should not attend if they have a high temperature and are unwell.
- 13.5. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
- 13.6. **Diarrhoea and vomiting** - Members can return 48 hours after diarrhoea and vomiting have stopped. If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A.
- 13.7. **Flu (influenza) or influenza like illness** - Should not attend until recovered.
- 13.8. **Impetigo** - should not attend until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. Antibiotic treatment speeds healing and reduces the infectious period.
- 13.9. **Measles** - should attend 4 days from onset of rash and well enough.
- 13.10. **Mumps** - should not attend 5 days after onset of swelling.
- 13.11. **Rubella (German measles)** - should not attend 5 days from onset of rash.

13.12. **Tuberculosis (TB)** - should not attend until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).

13.13. **Whooping cough (pertussis)** - attend for 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics

14. **References:**

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

<https://nya.org.uk/guidance/>