

Annex Z Infectious Diseases Prevention and Control (IPC) Management Plan

**Wethersfield Asylum Accommodation
Infectious Diseases Prevention and Control (IPC) Management Plan**



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1. Wethersfield Overview

The Home Office commissioned the Wethersfield site to provide initial accommodation for adult male asylum seekers, known as Service Users (SUs). The site is identified as an Initial Asylum Seeker Accommodation Centre. Prior to its present use the site was a RAF base and is therefore isolated and protected from the surrounding rural community. SUs sleeping accommodation is a combination of existing two or three storey accommodation blocks or single storey modulation units. Other onsite facilities include communal areas such as a large commercial kitchen and canteen, places of worship, recreational area, office spaces and storage areas. The site is also provided with a Healthcare Centre (known as the Medical Centre) which is operated and managed by the NHS and their appointed primary care provider, [REDACTED]. The nearest hospital with Accident and Emergency facilities is Mid Essex Hospital, approximately thirteen miles from the Wethersfield Centre. The maximum occupancy of the Centre is 1700 SUs and the maximum SU duration of stay is nine months, except where the Secretary of State is unable to find suitable onward dispersed accommodation despite reasonable efforts to do so. The Wethersfield Centre is also a place of work for a variety of employees, including [REDACTED] Home Office staff.

2. Aims and Objectives

The two main aims of this Management Plan are -

- Outline the measures to be taken to proactively contribute to infection protection and control (IPC) within the Wethersfield Centre,
- Detail, in a sequential manner, how those who are either suspected or confirmed as infectious are isolated and cared for during their infectious period. This includes isolation of individuals and groups of individuals.

The Management Plan will be supported by other relevant guidance referenced within the document and will be subject to regular review. Although it is acknowledged there are a wide variety of potential infectious diseases that are communicable within Wethersfield, the Plan will concentrate on the following most likely type of infectious diseases (see below), based on existing experience both at Wethersfield and wider across UK Asylum Seeker accommodation. However, it is recognised this list is not exhaustive and there is a wide range of other potential infectious diseases that require prevention and control management. Therefore, the general IPC procedures and processes extend to all types of infectious diseases likely at Wethersfield. Further information on other types of infectious disease are contained in the [Appendices section](#).

- Chicken Pox
- Covid-19 (Coronavirus)
- Norovirus
- Diphtheria
- Flu
- Group A Streptococcus (GAS)
- Measles

- Scabies
- Tuberculosis - Pulmonary (TB)

3. Responsibilities

████ is committed to the prevention and control of infectious disease at the Wethersfield Centre. The █████ Site Operations Manager holds overall responsibility for the management of infectious diseases at Wethersfield, supported by a range of other agencies and approved contractors.

████ responsibilities include:

Isolation Management

- Allocating individual isolation accommodation,
- Managing isolating SUs basic provisions and facilities including providing meals and refreshments, laundry, cleaning, toiletries, welfare support including any updates on their asylum seeking process,
- Assisting medication administration to isolating SUs,
- Safeguarding the mental health and wellbeing of SUs during their period of isolation - access to TVs, DVDs, puzzles, books, music, mobile phone access, access to designated outdoor space, providing Welfare Officer support,
- Providing free of charge applicable PPE for both SUs and employees,
- Keeping records of isolating SUs, including type of infectious disease, start and end dates for isolation, allocated room numbers and any special needs. An Excel based spreadsheet tracker is used for this purpose,
- Where possible, promoting the use of natural ventilation in accommodation blocks and communal areas,
- Promoting frequent hand washing as the primary method of prevention of infectious disease spread between persons,
- Leading on any incident management for isolating SUs such as a death of an SU with an infectious disease, outbreak control, a fire in isolating accommodation, loss of essential property services in isolation accommodation etc.

Security

████ are overall responsible for the security of the Centre. █████ have delegated daily security responsibilities to █████

████████████████████ are responsible for –

- Maintaining the security of Wethersfield, including areas/accommodation used for isolation purposes.
- Monitoring and supervising compliance with the Centre rules, including isolation rules,
- Providing IPC training to █████ Security Officers, overseen by the Wethersfield █████ Security Supervisor.
- Ensuring they are kept informed of the IPC status, such as the number of SUs in isolation, their isolation location and notification on any outbreaks (such as a gastrointestinal disease outbreak). The █████ Security Supervisor will liaise with other partner agencies, such as the Centre Healthcare provider, █████ and the Home Office to ensure information relating to IPC status is current and has been disseminated to the security team.

- Providing relevant and current information on IPC status to any visitors, contractors or emergency services at the point of authorised entry to Wethersfield (the [REDACTED] Security Supervisor and [REDACTED] Sites Operations Manager will decide on what current information is to be provided to visitors/emergency responders at the point of entry, but this will typically include current infection prevention control measures such as social distancing).

Communication and Cooperation

- Providing SUs with information and instruction on infectious disease prevention, such as the importance of good personal hygiene (including hand washing), isolation rules including keeping a safe distance from the isolation accommodation, sexual health guidelines, what to do if they feel symptomatic or believe other SUs may be symptomatic,
- Co-operating and consulting with other agencies such as the NHS, UK Health Security Agency (UKHSA), local authorities etc,
- Ensuring interpreter services are made available to isolation SUs who may need additional assistance in understanding instruction and guidance,
- Encouraging SU voluntary input into IPC in the form of peer support for those with an infectious disease, so [REDACTED] provide the opportunity for a volunteer SU to share their experience who has faced the same, or similar situation. [REDACTED] will also seek SU peer led support to encourage proactive IPC such as the importance of regular hand washing and use of disposable tissues for coughs and sneezes to the general, non-infectious SU population,
- Providing any required information to others (visitors, subcontractors etc.) on IPC procedures and infectious disease risk status,
- Supporting the UKSHA with contact tracing requirements,
- Ensuring the approved UKHSA form for management of outbreaks in short term asylum seeker accommodation is kept up to date with current emergency contact numbers for all agencies (including out of hours contacts).

Cleaning

[REDACTED] are overall responsible for cleaning, housekeeping and waste management for the Centre. [REDACTED] have delegated daily cleaning responsibilities to an approved contractor.

[REDACTED] who are responsible for –

- Providing cleaning and laundry services that positively contribute to IPC, including cleaning and laundry services to the isolation accommodation,
- Provision of cleaning and hygiene materials/products that are recommended for IPC use,
- Providing suitable training, instruction, information and supervision to their employees to ensure compliance with safe systems of work for their IPC tasks,
- Keeping records of cleaning and laundry arrangements including laundry returns,
- Maintaining documented evidence of employee competence (training records),
- Ensuring general cleaning procedures are to a standard that positively contribute to IPC.

Employees

- Providing employee training and awareness of infectious diseases, evidenced by training records,
- Managing any employees who also become infectious via existing sickness management processes,
- Ensuring there is a sufficient amount of first aiders at all times based on a need assessment,

- Consulting with employees on IPC management, encouraging employees to identify and share ideas to how to improve IPC, highlight and report any hazards (near miss reporting) and share any lessons learned from specific IPC experiences (such as managing a uncooperative isolating SU).

Assurance and monitoring

- Providing daily supervision of cleaning and security tasks, such as monitoring of Track Tick security patrols,
- Frequent reviews of record keeping, such as cleaning/training records and the isolation status spreadsheet tracker,
- Complete regular “spot checks” of compliance with IPC procedures, with responsibilities for spot check completion shared between the [REDACTED] Cleaning Supervisor/Facilities Manager, the [REDACTED] Security Supervisor and the duty [REDACTED] Site Operations Manager,
- Coordinating multi agency annual “desktop exercises” for IPC scenarios, such as an Outbreak,
- Acting on any recommendation from audits or inspections or learning from infectious disease incidents,
- Frequently reviewing the Management Plan to ensure it remains current, reflective of the operational status of the Wethersfield Centre and remains in date with current applicable IPC guidance and legislation.

[REDACTED] will work in partnership with other agencies to manage the risk and spread of infectious diseases including the following list of current agency partners and approved contractors:

- NHS - primarily the Mid and South Essex NHS Foundation Trust
- UK Health Security Agency (UKHSA)
- Mid and South Essex Integrated Care System
- [REDACTED] Primary Care Solutions
- Braintree District Council
- Essex County Council
- UK Home Office

[REDACTED] **Primary Care Solutions** are contracted by the NHS to provide onsite primary healthcare services, with a dedicated team of medical professionals including doctors and nurses. This service includes healthcare elements of IPC and includes the following main responsibilities –

- Initial health screening and assessment during the SUs arrival and induction process,
- Infectious disease diagnosis and testing (including recommendation for more complex diagnosis - X Rays),
- Dispensing medicines and any other form of medical treatment to infectious SUs,
- Providing additional infectious disease prevention controls to SUs, such as free condoms and sharps,
- Deciding whether those who are infectious can be cohorted in isolation accommodation or have to be located in individual accommodation. These decisions will need to be communicated to [REDACTED] and are based on isolation accommodation capacity places and [REDACTED] HO approval,
- Assisting in any infectious disease medical emergency

- Confirming the SUs vaccination status and promoting providing additional vaccination services,
- Reporting notifiable diseases to the UK Health Security Agency (UKHSA),
- Supporting the UKHSA with contact tracing requirements,
- Providing sexual health services including providing free condoms, leaflets and sexual health advice,
- Providing access to an approved clinical waste disposal service including access to sharps bins.

Home Office (HO)* responsibilities –

- Ensuring that [REDACTED] meets all contractual requirements related to infectious disease prevention and control at Wethersfield.
- Lead on managing any media interest that is in relation to infectious diseases, including any Freedom of Information requests,
- Complete audits and compliance checks on IPC management,
- Determine whether to pause SU intake at Wethersfield in situations such as Outbreak status or the isolation accommodation becoming full,
- Act as the lead coordinator for inter-agency partnership working that positively contributes to the effective management of infectious diseases at Wethersfield.

*There is a permanent Home Office team based at Wethersfield.

4. Infectious Disease Control and Management

4.1. Pre-Arrival Health Screening

Upon arrival in the UK, all asylum seekers are strongly encouraged to have a health check at Western Jet Foil in Dover and Manston, Kent. This health check includes a general assessment which includes questioning relating to their medical history and previous immunisation or vaccination status, a physical examination and an assessment for any signs of current ill health, including symptoms of infectious diseases.

The initial assessment and consultation with the Home Office will determine whether symptomatic or infectious SUs are allowed to be transferred to Wethersfield. SUs with active tuberculosis and infectious / active communicable diseases or those requiring a high level of health care will be transferred to more suitable accommodation as determined by the Home Office.

4.2. Wethersfield Isolation Facilities

4.2.1. Isolation Accommodation

[REDACTED] is the designated accommodation block used for isolating any confirmed or suspected infectious SUs, regardless of their original Wethersfield accommodation location. 10-26 is a standalone building and has two accommodation floor levels. Signage is displayed on the outside of [REDACTED] identifying its isolation accommodation purpose, including signage at the main entrance point. [REDACTED]

The ground floor level accommodation consists of ten single apartments which have individual separate entrance doors, a small kitchenette, ensuite bathroom and toilet facilities, fitted wardrobes and a bedroom. The facilities on the ground floor are used as individual isolation accommodation as the ground floor apartments are self-contained and are best suited for those requiring longer periods of isolation. The first floor differs and contains a total of eighteen bedrooms, with ensuite toilet and shower facilities and is used for those with shorter periods of isolation or those who can be in closer proximity as cohorts, as defined by their type of infectious disease. Based on single room occupancy the total amount of infectious disease accommodation places is twenty eight. If [REDACTED] reaches its full capacity options will include increasing the number of SUs in any one room if cohorting is possible (e.g. SU with Covid-19 could cohort).

Each SU identified as requiring isolation will be asked to move from their allocated general communal accommodation and be allocated an individual bedroom in [REDACTED]. Individual isolation accommodation will be provided with a bed, a dining table and chair and a pedal operated waste bin. Furniture provided in this block will be of a type that is easily cleanable, wipeable, such as the use of plastic chairs. TVs are installed in every isolation room/apartment with access to Freeview channels. Every bedroom and apartment have openable windows to provide natural ventilation. Whilst abiding to the principles of social distancing, room windows and doors can be opened to assist with communication between isolating SUs and non-isolating persons.

A secure cleaners storage room is located on the ground floor. Dedicated PPE used by cleaners of the isolation block is securely stored in this area. The isolation block is provided with a continual supply of soap for hand washing purposes, hand drying materials and disposable tissues for cough and sneezes.

[REDACTED] will be provided with a separate evacuation assembly point for use in the event of a fire within the block.

4.2.2. Medical Centre

An NHS approved Medical Centre is located at Wethersfield. This is a standalone building occupied by an onsite dedicated healthcare team, [REDACTED] [REDACTED] [REDACTED] Service Manager. [REDACTED] Security Officers control access and egress to the Medical Centre. The Centre consists of treatment and assessment rooms and also contains a dedicated isolation room. This room is used for any SU who is diagnosed or suspected as infectious whilst in the Medical Centre and is the primary collection point for identified infectious SUs who are required to isolate to be taken to their isolation accommodation.



4.3 Arrival and Induction

████ will ensure that the onsite Healthcare team is informed of the date and approximate time of arrival for new SUs. A doctor and nurse will be present at the point of SUs transportation arriving at Wethersfield and will observe SUs departing from the transportation and being taken to the Induction Centre. The doctor and nurse will complete a visual observation during the Induction process to determine whether there are any obvious visual indicators of infections, such as repeated body itching, persistent coughing and sneezing and general signs of unwellness including indicators of high temperatures. A further indicator is an SU in possession of existing medication such as antibiotics. Any SUs that are of an immediate concern to the doctor and nurse will be identified to █████ Induction staff and will be requested to isolate from other SUs who will be inducing. SUs of immediate infectious concern will be prioritised as the first to be escorted to the Medical Centre for induction health screening. The screening will include checks on their current vaccination status, with requests for documented evidence of prior vaccinations. The Healthcare team will decide at this stage the type of testing required to determine the presence and type of any suspected infectious disease, as well as prescribing any immediate medication. All other SUs arriving at Wethersfield who do not show any immediate signs or symptoms of infectious diseases will be given an Induction. SUs will be taken to the main waiting room that is configured to encourage social distancing, accommodating up to twenty people, and the adjoining waiting room that is configured in a socially distanced way to accommodate a further ten persons. Wherever possible, arrivals will be subdivided into small cohorting groups of four to five SUs. All areas will be cleaned between new arrivals being inducted. The Induction is in written form in the SU language, which will include as a minimum:

- a. Information regarding infectious disease control including the importance of personal hygiene, the importance of regular and thorough hand washing and use of tissues for coughs and sneezes, basic knowledge on symptoms of the most likely infectious diseases including Covid 19, and what to do if they develop symptoms or feel unwell,
- b. Advice on how to access healthcare services while accommodated at Wethersfield including what to do if they become unwell both when the Medical Centre is open and out of hours,

- c. Information on what happens if they are identified as having an infectious disease and the need to isolate,
- d. Awareness on the use of [REDACTED] as isolation accommodation and instruction to not enter the isolation accommodation unless authorised by [REDACTED] and to not be in physical contact with any SUs accommodated in [REDACTED]
- e. Clear signage will also be displayed throughout Wethersfield containing infectious disease control advice.

4.4 Isolation Procedures

The [REDACTED] health team will explain to the SU if there is a need for them to be isolated, why this is necessary, how long this is likely to be for and the importance of complying with the isolation. [REDACTED] will be informed by the onsite Healthcare team that assessment has concluded there is a need to isolate individual SUs. This will include determination on whether the type of infectious disease results in a longer period of isolation and therefore they are best suited to the use of the ground floor apartment accommodation (subject to availability of this accommodation). Additionally, isolation timeframes will also be determined and shared with [REDACTED]. An isolation checklist has been developed by the healthcare team for this purpose.

Further reasons for use of the isolation accommodation may be –

- Transferring a SU who is assessed as being clinically immunocompromised (i.e. an SU receiving chemotherapy) to one of the designated isolation rooms,
- Locating an SU in an isolation room because they need access to dedicated bathroom facilities, but can come out of the isolation sleeping quarters to socialise (i.e. Hepatitis A),
- Safeguarding reasons.

A card-based traffic light system, displayed outside each room, will be used to identify cleaning requirements, Red meaning the room requires a Terminal Clean, Amber meaning the room requires a general clean and Green indicating the room has been cleaned and is ready for use. Additional temporary signage will be displayed indicating the room is currently being cleaned. [REDACTED] will allocate isolation rooms on this basis and will check and confirm that an allocated isolation room or apartment has been cleaned prior to use.

- a. A [REDACTED] Welfare Officer will be assigned to collect the identified SU from the isolation room within the Medical Centre. The collecting Welfare Officer is to wherever possible maintain social distancing, between themselves and the infectious SU and to avoid any form of physical contact
- b. Collecting Welfare Officers will comply with any advice from the healthcare team relating to the use of PPE whilst escorting infectious SUs to their isolating accommodation. If there is any doubt regarding PPE, Welfare Officers are to wear a surgical mask and gloves as a minimum PPE requirement. The Welfare Officer is to then escort the SU to their allocated room/apartment in the Isolation Block
- c. The Welfare Officer is to provide instruction, information, advice and guidance on SUs isolation procedures, including rules relating to complying with the need for isolation, how medication and food and drinks will be provided during isolation, waste disposal and cleaning arrangements
- d. The Welfare Officer will issue a clothing pack and a suitable sized alginate laundry bag to the SU (available in general stores, Block 42)

- e. The Welfare Officer is to liaise with the SU to check whether they require any of their other clothing from their original non-isolation room or any other needed personal possession items. Requests must be reasonable and based on the SUs period of isolation (i.e. Additional clothing is unlikely to be required if the isolation period is only 24 hours)
- f. The Welfare Officer is to instruct the SU to shower and place his previously worn clothing in the alginate bag placed outside their room (additional bags may be used). The SU is to be instructed to tie the alginate bag with a top knot
- g. The alginate bag/s filled with the SU clothing laundry are to be taken to the dedicated laundry room which is located in accommodation block B1027 and placed directly into the automatic washers at a washing setting of 65°C for 10 minutes or 71°C for 3 minutes
- h. The Welfare Officer is to then wash their hands and don an new pair of gloves (ensuring the previous pair have been safely disposed) before taking a separate alginate laundry bag to the SUs previous accommodation, where they are to remove the SUs previous bedding, place this securely in the alginate bag (tied at the top) and take this to the dedicated laundry room for washing at a temperature setting of 65°C for 10 minutes or 71°C for 3 minutes
- i. Any requested additional clothing or personal items are to be collected by the Welfare Officer and placed into Bio-Hazard Bags. The Welfare Officer is to check that any non-requested valuable SU personal possession items are safe and secured whilst they are absent from the general accommodation
- j. The Welfare Officer is to wear approved non latex gloves whilst handling the biohazard bag, following the PPE guidance in [section eighteen](#) of this plan,
- k. The cleaned and dry SU clothing is then to be returned to the isolating SU, left outside their allocated isolation room for them to collect
- l. The Welfare Officer is to note the SUs name, the date and time of isolation, the isolation room number and the date given by the Healthcare Team when the individual's isolation period end
- m. This information is then input into a dedicated Excel spreadsheet isolation tracker which is overseen by the [REDACTED] Duty Site Operations Manager, who will track isolation periods and liaise with the Healthcare team to determine when it is deemed safe for the isolation to end and the SU to return to general accommodation. The tracker will be updated whenever there is a change in circumstances and will be reviewed daily by the Duty Site Operations Manager before being circulated daily to other onsite agencies. This task will be completed by [REDACTED] Welfare Officers at weekends/bank holidays.

Any concerns or issues with the use of an isolation room should be discussed with the onsite Healthcare team. Whilst acknowledging the rights and privileges of asylum seekers, SU will be asked to fully cooperate with any isolation or cohorting instructions. UKHSA are responsible for completing contact tracing, supporting by the onsite [REDACTED] Healthcare team and [REDACTED] Welfare Officers.

If an emergency infectious disease situation occurs which is out of hours of the onsite Healthcare Team then the NHS 111 service is to be contacted for advice and guidance or in more urgent situations, 999 is to be used for contacting emergency services. There is also an emergency contact number for [REDACTED] (see Appendix B).

5. Managing Non-Compliant Infectious SUs

It is anticipated that once the SU has been explained the reasons for isolation and this has been fully understood by the SU, it is anticipated that the vast majority of SUs will comply with isolation instructions. However, longer isolation periods are typically more difficult to tolerate. Wellbeing activities and distraction techniques are utilised to enable periods of isolation to be engaging as

possible, including access to media devices, free Wi-Fi and puzzles further supported by regular contact with [REDACTED] Welfare Officers.

On the rare occasion a SU is non-compliant or refuses to cooperate with isolation instructions this must be fed back to the onsite Healthcare team and the [REDACTED] Site Operations Manager as soon as possible, especially cases or suspected cases of TB. Repeated efforts will be made by Welfare Officers and supporting functions to explain the importance of the need for isolation including reassurances on the isolating accommodation to be used and continued access to food and other essential requirements. Explanations to the risk not just to the infected SU, but also to their family and friends will be repeated to emphasise the importance of complying with isolation procedures. [REDACTED] may consider the use of the existing Wethersfield disciplinary process which is at the first stage a verbal warning, with the next option a written warning. If the SU still refuses to isolate this will be reported to the Home Office as part of the approved escalation process. If the non-compliant infectious SU is in a shared room with other SUs consideration will be given to reducing exposure to non-infectious SUs by encouraging them to move to other available accommodation. This is particularly relevant if the type of infection is high (e.g., Active TB). If the type of infection is high and as a last resort, consultation between all agencies will evaluate the option to consider applying to the local Magistrates Court for a Part 2A Order, which may require a mandatory removal and a period of stay in hospital.

6.Cohorting Procedures

Cohorting aims to keep individuals who have been identified as cases of the same infectious disease together and isolated from those who are not of the same disease case or type (i.e. gastrointestinal illness). As the current general principle of using each room/apartment in [REDACTED] for single SU use only, cohorting will generally not be used at Wethersfield. However, if all of the isolation accommodation becomes full [REDACTED] will liaise with the Home Office regarding potential use of the first floor rooms as cohorting accommodation. If cohorting is approved, [REDACTED] will be instructed by the [REDACTED] healthcare team on which individual isolating SUs can be accommodated together in the same room. The shared accommodation facilities will be treated as a single cohorting unit, supporting the cohorting group to stay separate and isolated from others. This is most likely to be cases of respiratory viral infections but could also be as previously stated, gastrointestinal outbreaks. This information will be recorded in the IPC spreadsheet tracker.

Once an individual has been assessed as no longer significantly infectious, they can leave the cohorting group. In general SUs who have not developed symptoms but have been exposed to an SU who has symptoms should not be cohorted with confirmed symptomatic cases, in order to avoid contracting the illness themselves. In the case of cohorting asymptomatic SUs that share accommodation facilities, the asymptomatic individuals would no longer have to isolate if they are still asymptomatic after the end of the relevant incubation period. If, however, they develop symptoms in this time they will need to remain isolated and will be requested to do so until they have been assessed as no longer infectious. Wherever possible, those who have been exposed to cases of infectious diseases, but the exposure has since stopped, should have as minimal interaction with those that have not been exposed, until the incubation period has been passed. Cohorting may be used for this purpose. If after this time they remain asymptomatic they can interact with others as normal.

7. Outbreak Management

The following criteria apply:

- a. An outbreak of all infectious diseases will be managed by [REDACTED] and UKHSA in the first instance. Local Authority involvement will be determined by the UKHSA. A risk assessment will be carried out using the IA setting checklist (see Appendix C),
- b. If infectious numbers are increasing and appear to be linked, a meeting will be convened by the OCT (Outbreak Control Team), chaired by UKHSA. Attendees will include UKHSA, LA, NHS Mid and South Essex, Home Office, and accommodation management, as well as the [REDACTED] healthcare team.
A list of useful Wethersfield contacts is provided in Appendix B,
- c. The Duty [REDACTED] Site Operations Manager will be responsible for taking initial overall operational management ownership on confirmation of an outbreak status, supported by the existing [REDACTED] contingency planning command structure,
- d. An outbreak management plan will be developed and agreed with the OCT, taking professional healthcare advice and guidance whilst also considering the unique operational Wethersfield setting,
- e. The outbreak management plan will consider the following -
 - Whether routine movements into and out of site should stop, and any movements out should be subject to a risk assessment
 - Increasing the frequency of daily symptom and welfare checks with all residents or a cohort of residents, conducted by the appointed [REDACTED] Welfare Officers,
 - The [REDACTED] Welfare Officer/s in liaison with the [REDACTED] cleaning team will determine any immediate cleaning needs including evaluating resources to complete cleaning tasks,
 - The need to test of all Wethersfield residents and staff,
 - Suspending authorised visitors accessing the site,
 - Extending isolation procedures to the general Wethersfield SU population,
 - Contacting all persons who have been in contact with symptomatic cases,
 - On cessation of outbreak status, determining 'deep' cleaning needs in what areas, undertaken by a specialist certified sub-contractor

The Plan recognises there may be other occasions which require additional control measures even though an Outbreak status has not been identified. The control measures may also differ dependant on the location of the infected SU, recognising the different and heightened risk of infection between the modular unit accommodation including shared toilet/shower facilities and the accommodation floor blocks. A typical example of this could be on discovery of worms in a SU located into one of the modular accommodations. In this or similar situations immediate cooperation between [REDACTED] and the Home Office is required to agree on the implementation of reasonable and proportionate additional control measures. This may include a Home Office decision to pause further SU intake at Wethersfield during an infectious disease outbreak or because the single occupancy isolation accommodation is at full capacity.

Using the example of discovery of an SU with infectious worms in the modular accommodation, additional controls would be to increase the frequency of cleaning completing a Terminal Clean of the infected SUs modular accommodation dormitory, followed by a further Terminal Clean seven days later, interim enhanced cleaning of communal areas specifically shared toilet, washroom and shower facilities supported by further additional controls, such as providing additional SUs underwear, towels and bed linen for more frequent washing and reinforcing the need for frequent

and thorough hand washing for SUs and employees located in this area. Wherever possible, to minimise sharing of toilet and shower facilities during an infectious period, offering alternative accommodation away from the centre point of initial infection.

8.Communication

Information, advice and guidance on infectious diseases prevention and control at Wethersfield will be provided in documented format at the initial Induction stage. This information is also available post induction for isolating SUs. Members of the [REDACTED] Welfare Team and the [REDACTED] Security Team are bi-lingual and can assist with communication and understanding of infectious disease protocols with SUs, if this is a SU consensual form of communication and the employee is fluent in a language familiar and agreeable to the SU. A free to SU interpreter service (Clear Voice) is also available.

[REDACTED] will use existing communication channels for liaising with other agencies on IPC management, including use of weekly operational briefings/meetings and wherever required, ad-hoc virtual meetings.

The IPC spreadsheet isolation tracker is circulated to all onsite agencies on a daily basis.

9. Cleaning

[REDACTED] Ltd are contracted by [REDACTED] to provide cleaning services at the Wethersfield Centre. This includes cleaning, laundry services and waste removal for the isolation facilities. The cleaning team currently consists of twenty cleaners and a cleaning supervisor, with the [REDACTED] Facilities Manager holding overall cleaning responsibility.

9.1. General Cleaning for Infectious Disease Prevention

- a. Floors including bed spaces in each general accommodation block will be cleaned once daily,
- b. High touch points i.e. door handles, chairs, tables will be cleaned after each use in the canteen, lecture room, faith room, rec rooms, and induction room. All other communal areas including toilet/shower blocks will be cleaned twice daily,
- c. Cleaning staff will wear appropriate PPE whilst completing their general cleaning tasks,
- d. Cleaners will thoroughly wash their hands with running water and soap before donning PPE,
- e. Staff will ensure that all areas they have used are cleaned immediately after use and before the change of shifts,
- f. The cloths and mop heads used are disposable and separate cloths and mops are used for the individual blocks,
- g. Separate cloths and mops are used in the shower facilities,
- h. Waste will be bagged in the room by the SU and placed outside their accommodation room for collection. Cleaning staff will double bag and remove waste from dormitories twice daily,
- i. All refuse bins are emptied in communal areas at the start and the end of the day in addition to as required. Specific attention will also be given to refuse disposals after every cohort meal service regardless of fill level,
- j. All cleaning products and tools are kept in a secured unit in each individual accommodation block or communal building,
- k. The cleaning staff uses antibacterial spray, disposable cloths, mop heads, floor cleaning detergent, and disinfectant, adhering to manufacturer's guidance and instruction on product use. Cleaning products are also provided for the SUs to use,

- l. SUs are supplied with a dustpan & brush and antibacterial spray to clean their specific accommodation area whenever they wish, however as above their sleeping area will be mopped every day unless requested not to i.e. want to rest,
- m. Separate cleaning products and tools are used in every individual building and separate cleaning equipment in specific areas, such as toilets/showers,
- n. Twice daily inspections are conducted by on-site staff to confirm cleaning has taken place as above and cleaning records are retained.

9.2. Cleaning of Isolation Facilities

- a. The general cleaning principle used in the isolation accommodation is to clean the lowest risk areas first and the highest risk areas last and a clean to dirty/top to bottom approach. An example of this is to clean the bedroom corridors, central staircase and lobby first before cleaning individual rooms,
- b. The isolating accommodation (██████████) will be cleaned daily. Current cleaning team resources are not sufficient to allow dedicated cleaners whose sole responsibility is to clean the isolation block. However, to reduce the risk of cross contamination the cleaning schedule is that ██████████ is the last Wethersfield building/area to be cleaned on a daily basis, with the isolation accommodation cleaned between the approximate hours of ██████████
- c. Cleaners will thoroughly clean their hands with running water and soap before donning PPE. These tasks are completed in ██████████ before cleaning starts in ██████████ Mops buckets are filled with hot water from within ██████████ before being carried over to ██████████ Any additional mop bucket refills are completed in ██████████ once cleaning has commenced
- d. Hazmat type PPE as outlined in section eighteen is worn by the cleaning team during cleaning of the isolation facilities, using the dedicated PPE for the isolation block,
- e. Cleaning of the isolation block includes hoovering of floors, mopping of suitable floor surfaces, dusting and cleaning of doors and windows
- f. Surgical grade bed mattresses are provided in the isolation accommodation to assist with ease of cleaning
- g. In order to minimise the infectious risk caused by frequency of cleaning, Isolating SUs will be asked on a daily basis if they need their room cleaned. Records will be kept of SUs who decline or refuse to have their isolation accommodation room/apartment cleaned. If the room is to be cleaned the SU occupant will be instructed by the cleaners to exit their room/apartment before the cleaners enter the room. Those on the first floor will be instructed to remain in the bedroom corridor as close to their room as possible. Those in the apartment accommodation will be asked to step outdoors, remaining in close proximity to their room. The apartments are provided with entrance awnings for use in wet weather conditions. If inclement weather is such that it is unreasonable to instruct isolating SUs to stand outside during cleaning then the Cleaning Supervisor will decide whether to either temporarily postpone the cleaning or request that the isolating SU remains as far as possible from the cleaner during the cleaning process, such as using the bathroom whilst cleaning the lounge and bedroom facilities and vice versa when cleaning the bathroom
- h. The National colour coding scheme will be used and followed for cleaning, such as using Red cleaning materials for bathroom and toilet facilities
- i. A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.) is used in the isolation block or where infectious SU have been previously accommodated
- j. All cleaning products and tools are considered single-use items for cleaning individual rooms and apartments. The same mop and cloth can be used in the general areas of the isolation block,

- such as the central entrance and staircase and along the bedroom corridor on the first floor. All cloths and mop heads used in the isolation block will be bagged and disposed of after every use
- k. Particular cleaning attention is given to “High Touch” points i.e. door handles, remote control devices, chairs, tables, toilet handles, taps, shower activation points, light switches etc
 - l. Isolating SUs are supplied with a dustpan & brush and antibacterial spray and encouraged to clean their isolation rooms as often as possible,
 - m. All waste in the isolation block is identified as potentially infectious and will be bagged in the room by the SU and placed outside their room or apartment/room where staff will put the bags into yellow hazardous waste bags for collection,
 - n. Cleaners will double bag and remove waste from the isolation block twice daily,
 - o. Daily inspections are conducted by on-site cleaning supervisors to confirm cleaning has taken place as above and records are kept
 - p. If there is evidence that an identified infectious SU has recently been using communal facilities, such as the canteen or gym and/or there is evidence of rapid spread and depending on the type and category of infectious disease such as Scabies, additional immediate cleaning of other communal areas will be completed,
 - q. A Terminal Clean of each room/apartment will be completed after the departure of an ex-infectious SU and in readiness for use of a further infectious SU. Additional cleaning resources may be utilised for Terminal Cleaning including extending the cleaning timeframes past the normal 19:00hrs end period, subject to approval by the Cleaning Supervisor.

9.3. Cleaning of accommodation facilities previously used by SUs

As soon as practicable after an SU has been identified as needing to isolate, the cleaning team will clean the sleeping area used previously by the identified infected SU. The cleaners will follow the same cleaning procedures in Section 9.2, firstly removing bed linen and any laundry to be placed in alginate bags for washing in the dedicated washer/dryers for infectious laundry located in [REDACTED]. Particular attention will be given from any infectious SU who has been previously accommodated in the modular type Wethersfield accommodation, recognising the normally larger occupancy numbers in this type of accommodation and the closer proximity of SU sleeping arrangements. There is a centrally located outside hot water tap (Phase 2 section) which is used by the cleaners to fill mop buckets when cleaning the modular accommodation. Cleaners use the existing SU shared modular toilet/washroom facilities to wash hands prior and post cleaning tasks in this area. Enhanced cleaning of all areas of the modular dormitory may be required, supported by other measures such as extra vigilance on ill health symptoms by other SUs who have shared this accommodation and promotion of the use of natural ventilation in this dormitory, weather conditions permitting.

9.4. Transportation Cleaning

Seating and touch points on vehicles used to transport SUs to and from the Wethersfield Centre will be required to be wiped down and cleaned with an EPA approved anti-bacterial detergent wipe after every SU delivery to Wethersfield. If it is suspected that a SU was infectious during transportation, such as via the visual assessment on arrival, this information is to be relayed to the driver of the vehicle and the [REDACTED] Site Operations Manager so additional cleaning can be considered as required. Healthcare advice is to be followed in these circumstances and additional cleaning support may be required from the onsite cleaning team.

9.5. Cleaning the Medical Centre

The isolation room within the Medical Centre is to be cleaned as soon as possible after a suspected or confirmed infectious SU has used this facility. The Healthcare team is to notify the Cleaning Supervisor that the isolation room requires immediate cleaning. The same cleaning procedures are to be used as when cleaning isolation accommodation rooms. The area requiring cleaning may be extended to other Medical Centre areas that the infectious SU has been physically present prior to diagnosis and isolation. [REDACTED] use a specialist approved contractor for any deep cleaning requirements.

9.6. Cleaners Training

All Wethersfield cleaners will be required to have completed iHASCO online training before they are allowed to complete cleaning tasks at Wethersfield. This training includes a module titled "Infection Control and Prevention in Care". This training is also mandated to all [REDACTED] employees during their initial site induction training, with training records retained by the employees immediate supervisor.

10. Laundry

Dedicated laundry equipment including a separate automatic washer and dryer is used to wash laundry from [REDACTED]. The laundry room of the adjoining accommodation [REDACTED] is where this laundry equipment is located. This laundry room is a shared facility with SU laundry from [REDACTED] but is provided with dedicated washing appliances used only for separately washing 10-26 laundry. The laundry room will be locked secure when not in use and only approved laundry workers/cleaners are allowed access. Signage is provided within the laundry room identifying which laundry equipment is designated for infectious use only. Bed linen is changed once per week and in addition also on request by the SU.

- a. Isolating SU are provided with soluble bags (red alginate bags) and are instructed to place their dirty clothing and other laundry outside of their rooms for collection by the cleaning team. This includes when their isolation periods end and they are returning to general accommodation. SUs are instructed to top seal the bags with a knot,
- b. The cleaners will wash their hands, don gloves and then collect the bags and place them in outer polyester or nylon carriage bags,
- c. The cleaners then take the bags to the laundry room of [REDACTED]
- d. If collecting from outside the apartments, cleaners/bag handlers can wear the same PPE when entering [REDACTED] as they are not expected to be any [REDACTED] touch points. If collecting from the first floor rooms of [REDACTED] which involves entering the building, cleaners/bag handlers will be required to change to a new pair of gloves before entering Block 10 -27, making sure they wash their hands between glove exchanges, using the hazardous waste bins located in the central lobby for discarded PPE,
- e. At the point of transfer to the automatic washing machine the inner alginate bags are removed from the outer bag and placed directly into the designated washing machine used for infectious laundry,
- f. Laundry from the isolation accommodation will be prioritised for washing and cleaned as soon as possible on delivery to the laundry,
- g. The washing cycle must be a minimum of 65°C temperature hold for a minimum of 10 minutes within the wash cycle; or 71°C for not less than 3 minutes,

- h. Mixing time must be allowed to ensure heat penetration and assured disinfection. A sluice cycle must be added in to the cycle when dealing with any foul linen,
- i. A washing detergent suitable for use in a Healthcare setting will be used, following manufacturers product use instructions,
- j. Staff handling used and/or infectious linen must wear appropriate PPE including gloves, at all times,
- k. Hand hygiene must be performed after handling used and/or infectious linen,
- l. PPE must be changed whenever a task involves handling and transferring infectious materials from 10-26 to another area, such as [REDACTED] Hand washing must be completed between PPE exchanges,
- m. Cleaners are provided with instruction and training to not,
 - i. rinse, shake or sort linen on removal from beds/trolleys
 - ii. place used linen on the floor or any other surfaces e.g. a locker/table top
 - iii. re-handle used linen once bagged
 - iv. overfill laundry receptacles (not more than 2/3 full); or
 - v. place inappropriate items in the laundry receptacle e.g. used equipment/needles,
 - vi. not mixed laundry from other general accommodation,
 - vii. not use the designated isolation laundry equipment for any other laundry from general accommodation/other areas.
- n. Cleaners are to return and place bagged laundered clothing and linen to isolating SUs outside their allocated room/apartment,
- o. Wherever possible, the yellow hazardous waste bins in [REDACTED] are to be used for worn and discarded PPE. Where transfer of PPE to the [REDACTED] waste bins is impractical, worn PPE is to be placed in yellow hazardous waste bags, which will be top tied and transferred is to the [REDACTED] waste bins or the Medical Centre waste bins (whichever is the nearest) as soon as practicable. The employee who has used the hazardous waste PPE bag will be responsible for its safe storage until it can be transferred to a hazardous waste bin.

11. Body Spills Procedures

A spillage is an accidental escape of substances into the environment. Blood and body fluid may contain a high number of pathogens. General advice is that in the event of a spillage of bodily fluids keep others away from the area. This advice is even more important for bodily spoilage from those who are in isolation. As spillages of blood and other bodily fluids may heighten the spread of infection they must be cleaned as soon as possible after the spillage. Isolating or cohorting SUs will be advised to report body spills incidents immediately. Consideration to the type of body spillage that requires cleaning will guide the choice of product and approach to cleaning. Chlorine releasing agents must not be used directly on a urine spill.

The Wethersfield cleaning team has responsibility for managing body spills, having received training in body spills cleaning and in the use of body spills kits. Use and storage of body spills cleaning products must follow the manufacturers guidance. Employees completing body spills cleaning in isolation accommodation must be provided with full hazmat approved PPE including gloves, surgical masks, full aprons, footwear covers and face shields or eye protection, which will be single use only. They are to thoroughly wash their hands with running water and soap prior to donning PPE and wash their hands again after disposing of the PPE post task completion.

12. Waste Management

There will be a requirement to manage all waste from isolation or cohorting accommodation and/or any waste that is generated by isolating/cohorting SUs. All waste from isolation areas is regarded as potentially infectious, containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans and is therefore categorised as hazardous clinical waste. This includes general waste from the isolation accommodation. Further guidance on waste management in these circumstances is available in the Health Technical Memorandum (HTM) [07-01 Management and Disposal of Healthcare Waste](#).

Isolation Room waste bins are foot operated, lidded and lined with a disposable plastic waste bag. SUs will be instructed to bag up their waste, with advice provided to fill up each waste bag no more than three-quarters full and tied at the top. Waste bags should be placed outside the accommodation for collection. Cleaning staff will double bag and remove waste from dormitories twice daily, using yellow hazardous waste bags. All refuse bins are emptied in the isolation block communal areas at the start and the end of the day. Specific attention will also be given to refuse disposals after every meal service regardless of fill level. Employees handling waste from isolation/cohorting accommodation should wear disposable gloves which are removed on completion of the waste disposal task. Hands should be washed as soon as possible after the gloves are removed.

There are two yellow wheelie bin type hazardous waste bins situated in the main entrance lobby of [REDACTED]. These bins are used to place all waste from the isolation block into a central waste receptacle. The bins are secured by digit-lock devices when not in use, with the access code provided to the cleaning team. Hazardous waste will be taken by the cleaners to the Medical Centre who have access to larger hazardous waste containers. An NHS approved contracted licensed waste carrier collects the waste from the Medical Centre on a frequent and needed basis. Waste Transfer notes will be retained by the Healthcare team and will include the applicable SIC code.

13. Biological Waste

Generally there will be a minimal amount of bio-waste produced at Wethersfield, although there is a higher likelihood of this form of waste from SUs in isolation. Biological waste will typically include -

- Waste accumulated from body spills procedure, which may include body spills kit and PPE,
- Medical waste used during SUs onsite treatment including waste from the onsite healthcare Medical Centre,
- Discarded sharps and needles,
- Sexual activity waste such as used condoms.

All biological waste must be placed in yellow biohazard waste bags and/or in designated biohazard waste bags. All sharps will be placed in yellow sharps bins. Biological waste will be collected by the cleaners and transferred to the Medical Centre for collection by an NHS approved licensed waste carrier. Used condoms for those isolating in [REDACTED] is treated the same as all waste in this block and is placed into biohazard waste bags. Used condoms in general non-infectious accommodation is placed into general waste. Instruction on how to dispose of used condoms is part of the Induction process for all Wethersfield SUs.

14. Provision of food and drinks during isolation

Three meals per day will be provided to SUs isolating. This will be a breakfast, lunch and dinner meal provided from the Wethersfield main kitchen and canteen. Isolating SUs will be informed of the approximate meal delivery times. The meals will be of an equal dietary and nutritional value as provided to the general Wethersfield SU population. Welfare Officers will collect and deliver food and drinks to the door of the isolated SU on disposable plates and cutlery, wrapped in cling film. A welfare check will be completed at this time. Isolating SUs are to be instructed not to share food and drinks. Meals provided will be appropriate for any previously identified allergies. Any food and drink refusals will be noted by the Welfare Officer and reported to the Healthcare Team. Food complaints will be reported to the assigned Welfare Officer. Disposable plate, cup and cutlery will be single use only, and disposed as waste after meal consumption.

15. Medication and Treatment Supervision

Wherever possible, medication will be provided at the point of isolation assessment by the Healthcare team whilst the SU is in the Medical Centre. The isolating SU will be provided with instruction on self-administration medicine treatment by the Healthcare team, including written instructions on medicine containers. Where there are circumstances where medicines dispensary has to be tightly controlled or self-administration witnessed, medicine will be taken directly to the isolating SU who will be asked to take the medication in view of appointed employees, who will record they have witnessed the medication being taken. An example of this would be medication for Active TB. During Monday-Friday this task will be completed by the onsite Healthcare team. During weekends or bank holidays or the unavailability of Healthcare representatives this task will be completed by the designated isolation accommodation Welfare Officer/s. The Healthcare Team/Welfare officers document each medication administered.

16. Personal Protective Equipment (PPE)

All PPE either provided for use by SUs in isolation or for employees who are managing those in isolation and likely to come in close contact with SUs must be provided with the appropriate PPE free of charge. PPE products must be compliant with the applicable British or European Standards (identified as BS or EN) and must come available in either a variety of sizes or be sizing adjustable. [REDACTED] will provide PPE for their employees or approved contractors. Block 42 is used as the main storage facility for Wethersfield, including [REDACTED] PPE storage. [REDACTED] will provide PPE used within the Medical Centre.

PPE requirements are determined by task assessments. Although PPE requirements may differ depending on the type of infectious disease, the employee task being completed and the proximity to those who are infected, the following are the basic PPE requirements to be worn by employees who are managing those in isolation with infectious diseases. Used PPE is to be disposed of in yellow clinical waste bags within the two yellow wheelie bin containers in the central reception area, ground floor. Potential infectious PPE worn in other areas, such as [REDACTED] is to be placed in yellow hazardous waste bags, which will be top tied and transferred is to the [REDACTED] waste bins or the Medical Centre waste bins (whichever is the nearest) as soon as practicable. The employee who has used the hazardous waste PPE bag will be responsible for its safe storage until it can be transferred to a hazardous waste bin.

Non latex gloves

- Protect the hands from becoming contaminated with dirt and microorganisms,
- Prevent the transfer of microorganisms already on the hands,
- Gloves are to be worn by employees who are cleaning isolation accommodation, handling isolating SUs laundry and for any other reason when they are expected to be in close physical contact with isolating SUs or their possessions. They will include any FM operatives who may be completing maintenance tasks in [REDACTED] or in the isolation room within the Medical Centre,
- Gloves are checked before use to ensure they are intact and changed between cleaning tasks, including changing to a new pair of gloves between cleaning different isolation rooms/apartments,
- Gloves are single use items and should be changed between contact with separate isolating individuals, their personal belongings or personal waste,
- Hands must be thoroughly washed with running soap and water between glove exchanges.



Aprons

- A disposable plastic apron must be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions (with the exception of sweat). Plastic aprons should be worn as single-use items. At Wethersfield this may be when completing body spills cleaning, managing a non-compliant isolating infectious SUs or responding to an isolating SU who requires first aid.



Fluid Resistant Surgical Masks

Masks are worn to protect the oral/nasal mucosa. The use of masks as an infection control measure is limited to specific situations/areas, anticipated to be at Wethersfield as:

- Where there is a risk of splashes or droplets of blood/body fluids into the face /mouth/eyes, such as cleaning any body spills or managing a refractory infectious SU or an infectious SU who requires first aid treatment, such as an SU who has self-harmed,
- Masks should not be carried or worn around the neck and must not be reused. They should be disposed of immediately after use into a clinical waste bag.



Respiratory Protection Equipment (RPE)

Although there may be a need for healthcare professionals to wear a RPE mask that contains a filtering facepiece, there may be rare occasions when [REDACTED] employees and their approved contractors will have to wear a FFP3 category mask. The need for non-healthcare employees to wear a FFP3 mask is to be determined by clinical assessment. However, [REDACTED] will commit to providing a competent person to provide fit testing for any employee required to wear FFP3 equipment, following the guidance outlined in [Guidance on respiratory protective equipment \(RPE\) fit testing INDG479](#)



Eye and Face Protection

Wherever there is a potential risk of foreign bodies from those in isolation entering the eyes, typically through splashing or airborne droplets, then eye protection in the form of plastic goggles or protective glasses must be worn (some surgical masks come with a full face protection visors which are also acceptable for use in these circumstances). Typical situations where eye protection or a full visor may have to be worn are body splash accidents or in the healthcare setting, invasive surgery such as dentistry, minor surgery and cleaning of instruments. If reusable goggles/protective glasses are used, they should be washed after each patient/task using a general purpose detergent, rinsed and stored dry. Eye protection should be compatible with the facemask used.

17. Protecting SUs mental health and wellbeing during isolation

An onsite mental health nurse is available for any SU who has mental health issues, including those in isolation. SUs are provided with free mobile phones and sims so they can make contact with family and friends whilst in isolation. They are also provided with a contact number for Migrant Help. Isolation facilities are provided with Freeview TV and DVD players with a variety of films to view located in the central entrance on the ground floor of the isolation block. SU can choose up to twelve DVDs at the point of isolation, which will be handed over to the cleaners at the point of leaving isolation where they will be wipe down cleaned (box and disc) by the cleaning team wearing PPE before being placed back into general storage for further use. Any provided item where it is impractical to be cleaned (such as a puzzle book) will be discarded and placed in the hazardous waste bins. Discarded items will be replaced. The block is also provided with free wi-fi. Welfare officers will complete a minimum of three Welfare checks per day, which can be increased if the need arises.

Isolating SUs are provided with contact numbers for their allocated Welfare Officer if they need to speak to someone between welfare checks. Other in room activities can be provided by Welfare Officers such as reading material and puzzles. SUs will be provided with prayer mats on request or any other reasonable religious worship materials.

Currently there is no dedicated outdoors space for isolating SUs. However, negotiations are ongoing with the Home Office on how to address this requirement. Any bespoke SU open space access requirements, typically for those in longer isolation periods (>48 hours), [REDACTED] will discuss and agree any action with the Home Office, acknowledging the wellbeing of the isolating SU balanced with the duty of care to the general non-infectious SU population, whilst also factoring any additional resource requirements.

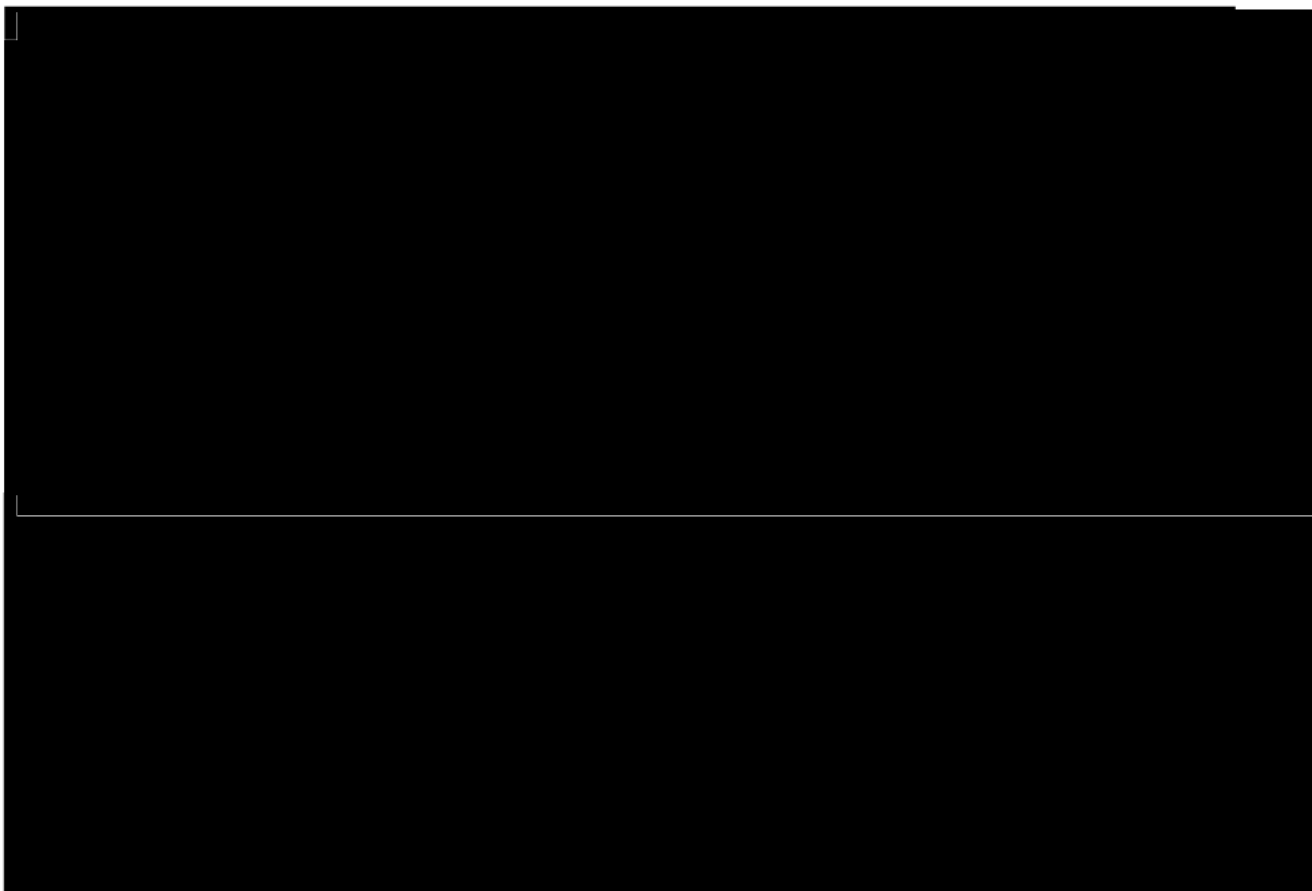
18. Employee Procedures

Any [REDACTED] employee who is displaying symptoms of infectious diseases whilst working at Wethersfield will be instructed to stop work and go home and immediately contact their G.P. for advice and guidance. If an employee is assessed or confirmed as infectious they are to contact their Line Manager and inform them of the type of infectious disease and the approximate length of time they will be off work, including isolation procedures. All other [REDACTED] sickness management processes are to be applied including completing Back to Work procedures to confirm they are non-infectious prior to returning to work. Employees are encouraged to comply with national vaccination requirements, seeking advice and guidance from their G.P. This includes Covid, Hep B and Flu vaccinations.

19. Employee Training

- a. Safeguarding training is completed by staff and reviewed every six months,
- b. All staff have the suitability criteria and knowledge to assess the continued suitability of residents at Wethersfield,
- c. Infectious disease flashcards are also located in staff areas,
- d. All [REDACTED] employees complete IHASCO online training package in Infectious Disease Prevention and Control as part of their Wethersfield employee induction process
- e. All staff are trained to follow guidelines on how to use PPE correctly.
- f. Toolbox talks are also provided to employees to refresh their knowledge.

20. Security Arrangements



21. Essential Journeys

Isolating SUs should only leave the Wethersfield accommodation or site for essential purposes such as emergencies, urgent medical appointments, or urgent health and wellbeing issues. Healthcare advice is to be sought in these circumstances, with appropriate control measures applicable to the type and risk of infectious disease. Employees who will likely be in close contact with the SU, such as those providing transportation, must wear appropriate PPE, follow frequent hand hygiene guidance and wherever possible, keep as safe a distance as possible from the infectious SU. Physical contact is to be avoided. Deep cleaning of any transportation used to move the SU is to be completed post journey end.

21. IPC Audit and Monitoring

████ are committed to ensuring the requirements of this management plan and any supporting guidance or standards are followed. An internal audit of infectious disease prevention and control will be completed on an annual basis by an appointed auditor, with any recommendations shared and actioned with interested parties. Daily cleaning compliance checks will be completed by the Cleaning Supervisor, including checking the yellow bio-hazard waste bins in the central lobby are kept locked and only authorised cleaning personal are within the isolation accommodation block. In addition, the █████ Facilities Manager completes random checks of applicable records, such as cleaning records. The onsite Home Office team complete compliance checks and audits of all Wethersfield operational and contractual requirements, including IPC management.

Other external audits and inspections which may include within the audit scope IPC management include joint inspections by the Independent Chief Inspector of Borders and Immigration, Local Authority Environmental Health Audits and CQC inspections, and Quality Assurance Visits by Mid and South Essex Health and Care Partnership.

Annual inter-agency “desktop exercises” will also test the adequacy of IPC management procedures, with any applicable learning triggering a review of this plan.

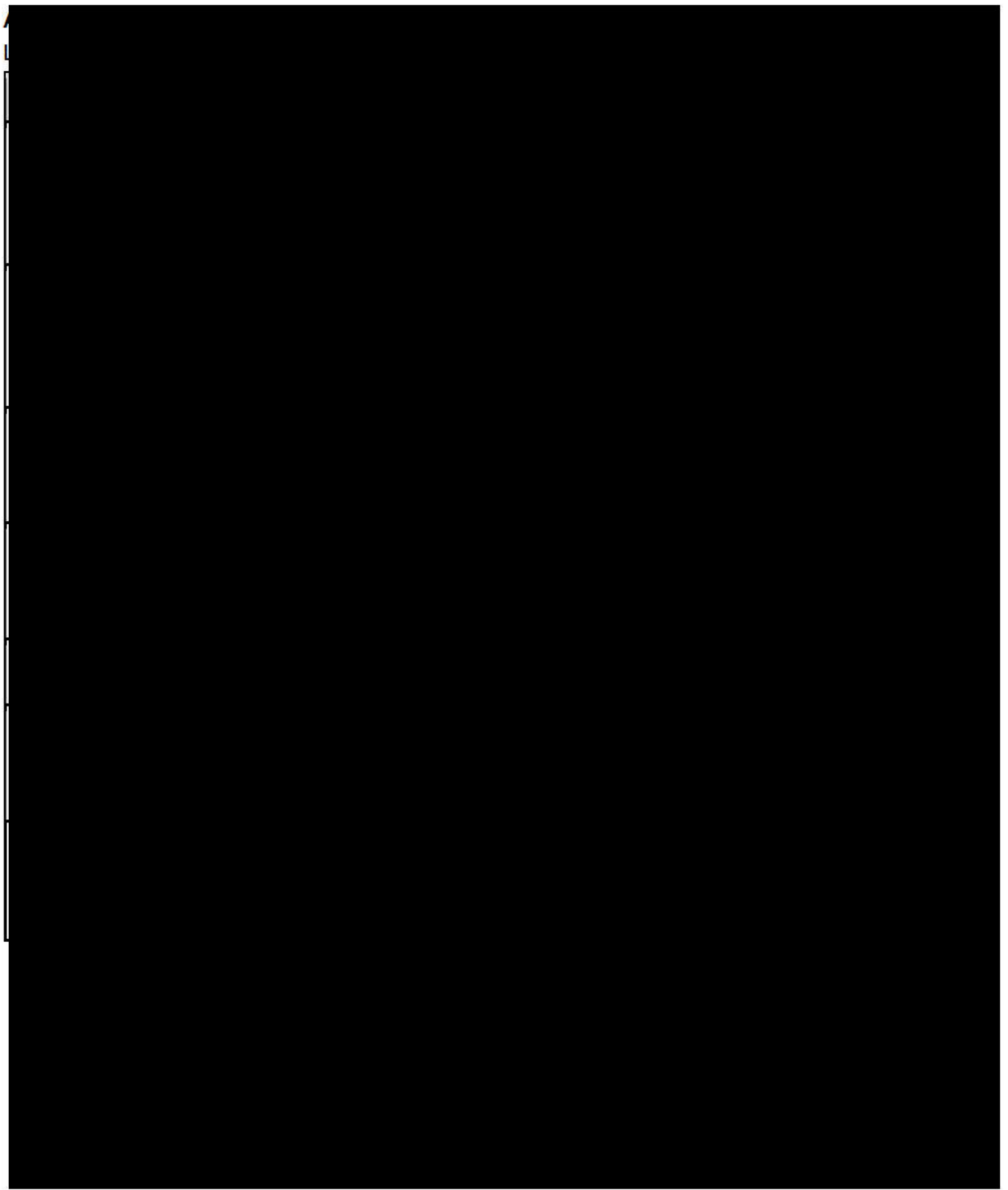
Annex Z Appendixes

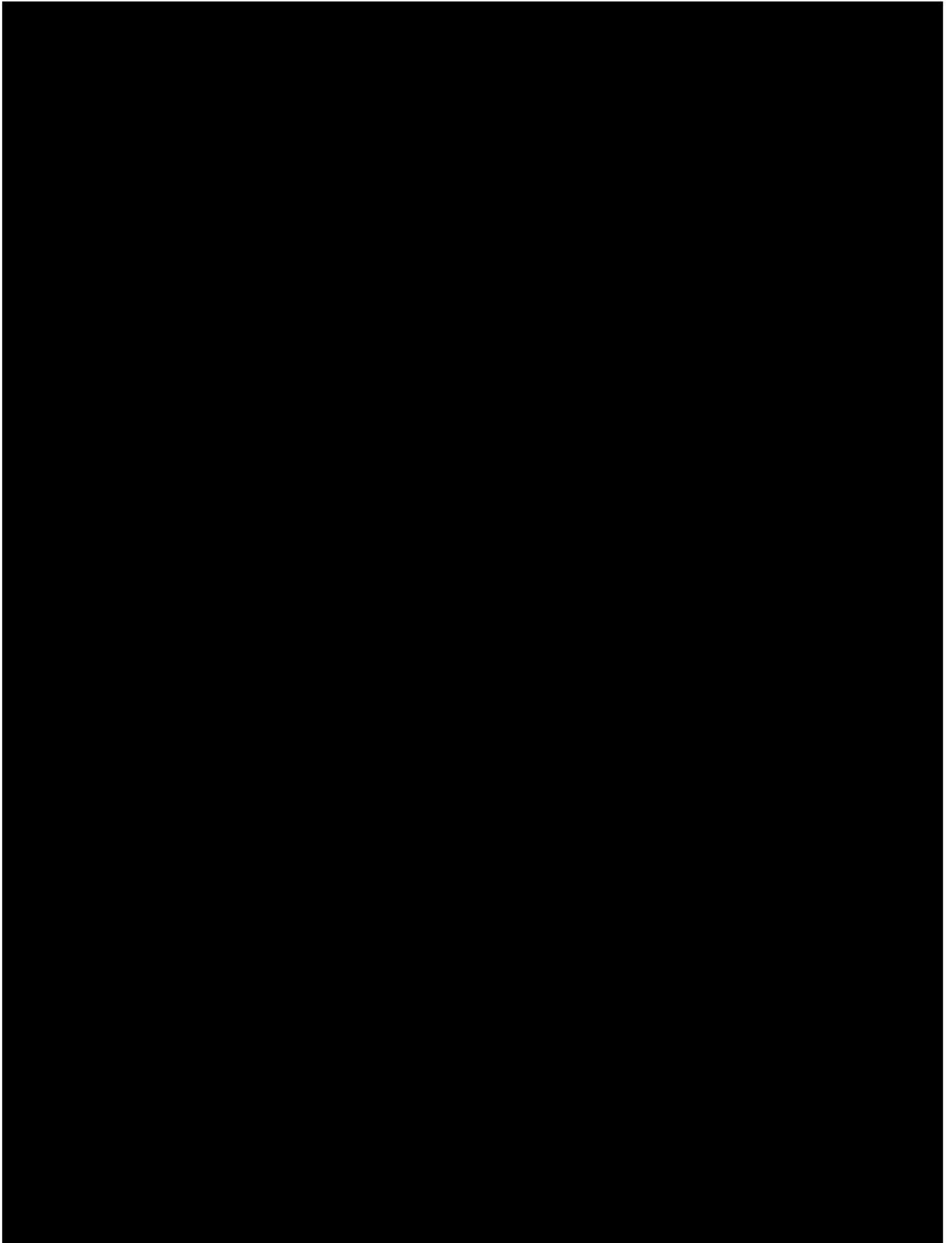
Annex Z: Appendix A.

Reference Documents

Infectious Diseases in Asylum Seekers https://www.gov.uk/guidance/infectious-diseases-in-asylum-seekers-actions-for-health-professionals - Actions for health professionals
Outbreak Management in short term https://assets.publishing.service.gov.uk/media/63d2a55f8fa8f53dff6a4cb/outbreak-management-in-short-term-asylum-seeker-accommodation-settings.pdf asylum seeker accommodation settings
Diphtheria asylum seeker supplementary https://assets.publishing.service.gov.uk/media/654944c02f045e000d14dca5/Diphtheria-supplementary-guidance-November2023.pdf guidance
HSE Guidance Laundry https://www.hse.gov.uk/biosafety/blood-borne-viruses/laundry-treatments.htm Treatments High and Low Temperatures
HM Gov - Guidance on Notifiable Diseases and Causative Organisms - How to Report https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report
Tuberculosis - the disease, it's treatment https://www.gov.uk/government/publications/tuberculosis-the-disease-its-treatment-and-prevention--2 and prevention
Immunisation https://www.gov.uk/guidance/immunisation-migrant-health-guide - Migrant Health Guide
Enteric Fevers https://www.gov.uk/guidance/enteric-fevers-migrant-health-guide - Migrant Health Guide

Hepatitis B - Migrant Health Guide https://www.gov.uk/guidance/hepatitis-b-migrant-health-guide
Hepatitis C - Migrant Health Guide https://www.gov.uk/guidance/hepatitis-c-migrant-health-guide
HIV - Migrant Health Guide https://www.gov.uk/guidance/hiv-migrant-health-guide
https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness-2021/
Living Safely with Respiratory Infections (including Covid 19) https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19
Guidance on respiratory protective equipment (RPE) https://www.hse.gov.uk/pubns/indg479.htm fit testing INDG479





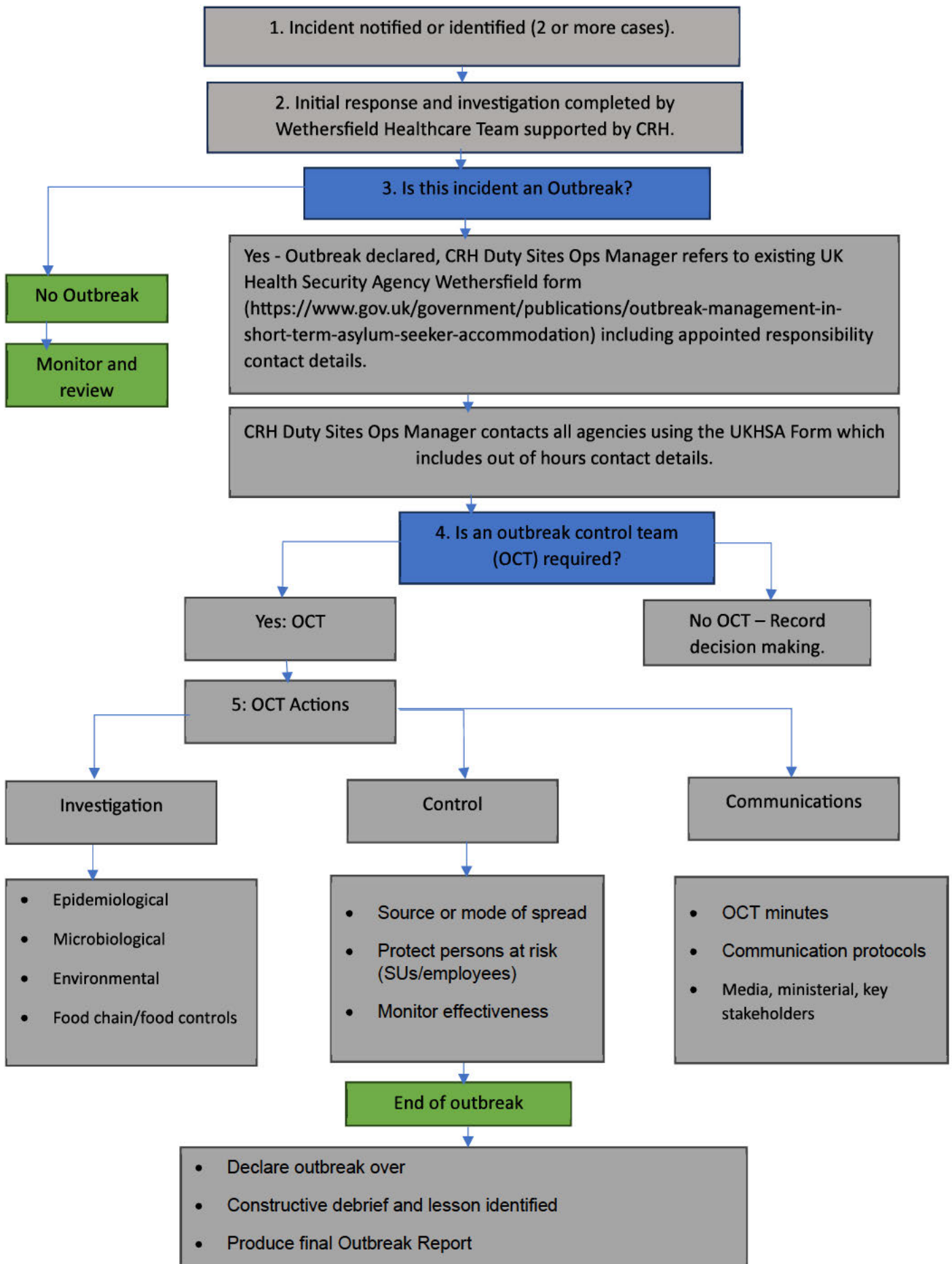


Annex Z: Appendix C.

Outbreak Checklist (To be completed by accommodation manager as part of the risk assessment)

Action	Comments
Name and address of the affected setting.	
Contact details for a manager/appropriate person (including name, position, telephone number, and email).	
Contractor/subcontractor	
Nature of accommodation: <ul style="list-style-type: none"> • Number of rooms • Number of residents • Number of staff • Layout of setting - floors/units • Room types - single/double/ensuite - number of each 	
Details of the outbreak: <ul style="list-style-type: none"> • Number of cases (SUs (SUs)/staff) • Date of onset in the first case • Date of onset in the most recent case • Nature of symptoms and severity • Any swabs already taken - obtain any details to f/u results • Any cases requiring admission to hospital • No of deaths due to infectious disease (Service User suspected /confirmed) 	
Hand hygiene Reinforce education of staff and residents about hand and respiratory hygiene and display posters widely. Ensure infection control policies are up to date, read, and followed by all staff.	
Facilities Ensure liquid soap and disposable paper towels are available at each sink, an alcohol-based hand rub (at least 70%) is in every communal area, and stocks are adequately maintained.	
PPE <ul style="list-style-type: none"> • What PPE is being provided and to whom • Are there sufficient PPE stocks • Has face covering or face masks been provided to all (employees/SUs/visitors) 	

<p>Linen and waste</p> <p>Ideally, do not wash laundry until the isolation period is over. If this is not possible, laundry should be picked up by the SU, bagged in the room, and placed outside the room for double bagging. Do not shake dirty laundry and wash laundry using the warmest setting.</p>	
<p>Environmental cleaning</p> <p>Increase frequency of cleaning, depending on the extent of the outbreak and exposure in communal areas.</p> <p>Avoid cleaning of rooms of symptomatic residents until the isolation period is over. If possible, residents should clean rooms/flats themselves.</p> <p>Rooms to be deep cleaned after each resident.</p> <p>Use detergents and disinfectants as per guidance</p> <p>Cleaners should use disposable gloves, a mask, and an apron for cleaning. Public areas where an asymptomatic individual has passed through and spent minimal time, such as corridors, can be cleaned thoroughly as normal.</p>	
<p>Visitors</p> <p>No visiting whilst residents are self-isolating.</p>	
<p>Consultation</p> <p>Identify which agencies have already been consulted with, including name and contact details.</p> <p>Alert local emergency services on confirmation of "outbreak" status.</p> <p>Determine the need to inform local community groups of an "outbreak" status.</p>	

Annex Z: Appendix D: Outbreak Management Flowchart

Annex Z: Appendix E.

Further Information on Infectious Diseases Types

Infection	Incubation Period	Infectious Period	Comments and most relevant guidance
Chicken Pox	14-16 days (range 7-24 days)	Cases are infectious for up to 5 days before the onset of a rash (usually 1-2 days) until 5 days after the first crop of vesicles. Infectivity may be longer in immunosuppressed patients. Most transmission occurs early in the disease.	<p>Chickenpox is highly infectious, up to 96% of susceptible people exposed develop the disease.</p> <p>Chickenpox - Public Health Management and Guidance.</p> <p>(https://www.gov.uk/government/collections/chickenpox-public-health-management-and-guidance)</p>
Covid - 19 (Coronavirus)	Average 5 - 7 days	Those testing Covid positive are to isolate for a minimum of 5 days but subject to Healthcare advice can be longer in some individuals Any SU with a temperature in excess of 37.8°C even if LFT is negative will be required to be isolated (subject to Healthcare assessment)	<p>Covid-19 Migrant Help Guide</p> <p>(https://www.gov.uk/guidance/covid-19-migrant-health-guide)</p>

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<p>Norovirus Diarrhoea and/or Vomiting (Attributed to an infectious source)</p>	<p>Average 32 hours after exposure, with a range of 6-72 hours</p>	<p>Anytime until 48 hours after the last episode of diarrhoea or vomiting.</p>	<p>Norovirus causes about 15-20% of all sporadic cases of acute gastroenteritis in Europe and an average of 70% of all gastrointestinal outbreaks.</p> <p>Norovirus-Monitoring Outbreaks in Acute and Community Health and Social Care Settings</p> <p>(https://www.gov.uk/government/publications/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings)</p>
<p>Diphtheria</p>	<p>Average 2-5 days</p>	<p>Cases are no longer infectious after 3 days of antibiotic treatment. Exposed cutaneous lesions are more infectious than nasopharyngeal cases.</p>	<p>Exposed cutaneous lesions are more infectious than nasopharyngeal cases.</p> <p>Diphtheria-PH control and management for asylum seeker accommodation Diphtheria- Migrant Help Guide</p> <p>(https://www.gov.uk/government/publications/diphtheria-public-health-control-and-management-in-england-and-wales)</p>

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Flu - Influenza and Non-Specific Respiratory Symptoms	7-67 hours, with an average of 34 hours for Type A and 14 hours for Type B	1 day before onset of symptoms, peaking after 1-2 days after symptoms, with very low infectivity after 7 days in adults	<p>Infectious dose is low.</p> <p>Seasonal influenza: Guidance, Data and Analysis</p> <p>(https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis)</p>
Group A Streptococcus (GAS)	1-5 days for acute infection	2-3 weeks for untreated sore throats. Purulent discharges are infectious. Penicillin treatment usually terminates transmissibility within 48 hours.	<p>Up to 20% of individuals may have asymptomatic pharyngeal colonisation with GAS.</p> <p>Information and Guidance on Group A Streptococcus</p> <p>(https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data)</p>
Measles	7-18 days, average 10 days	Starts just before the onset of prodrome (early symptoms-rash) and lasts until 4 days after the rash erupts.	<p>National Measles Guidance</p> <p>(https://assets.publishing.service.gov.uk/media/653b880ae6c9680014aa9c1f/national-measles-guidelines-october-2023.pdf)</p>
Scabies	There may be no sign of infection for up to 4-6 weeks after exposure.	Infectious until treated.	<p>When an allergy develops to mite excretions an itchy symmetrical rash appears.</p> <p>Scabies</p>

			(https://www.nhs.uk/conditions/scabies/)
Active Tuberculosis Pulmonary (TB)	Usually 3-8 but can be up to 12 weeks. The latent period may be for decades.	<p>Risk of transmission depends upon the number of bacilli in the sputum, the nature of the cough, the closeness and duration with an infected person and the susceptibility of the contact.</p> <p>The main treatment for active TB is a long course of antibiotics, where needed supported by other medication such as steroid medicine.</p> <p>Important - There may be a need for a SU to have a chest X Ray if they are showing symptoms of active TB. Welfare Officers and the Healthcare Team will explain the need for an X Ray including the risk to the SUs health and that of family and friends. If a SU still refuses to have an X Ray (two offers) consider using the SU disciplinary process by issuing verbal or written warnings. SUs refusing an X Ray will be deemed as having Active TB and isolated as above.</p>	<p>Important - TB cases confirmed or suspected should not be cohorted with others due to potential risk of exposure while undergoing investigation.</p> <p>TB - Information for staff working with asylum seekers</p> <p>(https://assets.publishing.service.gov.uk/media/5a7f651bed915d74e622a326/TB_Asylum_.pdf)</p> <p>TB- Migrant Health Guide</p> <p>(https://www.gov.uk/guidance/tuberculosis-tb-migrant-health-guide)</p>

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Latent Tuberculosis Pulmonary (TB)	Subject to Healthcare assessment which may mean there is no need to isolate.	SUs with latent TB can be accommodated in general accommodation.	Those with latent TB may be subject to more frequent testing or T Spot Testing for screening purposes. Tuberculosis (https://www.nhs.uk/conditions/tuberculosis-tb/)
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