

Squirrel Hayes First School

1. **Section/Service/Team** Squirrel Hayes First School **Assessor(s)** Mrs Linda Oakes & Mrs Erica Pickford

2. **Description of Task/Activity/Area/Premises etc. ...** **Infection Control Risk Assessment/Management - December 2022 onwards**

15.12.2022 (V1)

The following Risk Assessment details the protective measures implemented to support the management of infection control. In writing this Risk Assessment consideration has been given to Staffordshire Local Authority 'Infection Control Management Arrangements, 'Guidelines for the public health management of scarlet fever outbreaks in schools, nurseries and other childcare settings' and updates and guidance form the UK Health Security Agency (UKHSA). Locality information and current individual needs of the school and its community have also been considered. It is to be reviewed as an on-going working document and is to be read in conjunction with and supported by the school's 'Educational Setting Outbreak Management Plan'.

Detailed below is the school's planned phased response detailing measures in place for the Autumn Tern 2022 and Spring Term 2023 onwards and in response to an 'outbreak or raised levels of infection locally'.

Information detailed in the blue sections of the Risk Assessment indicate additional measures which will be introduced in response to an outbreak and will follow guidance form the UKHSA

Response Stage	Level Autumn Term 2022 onwards	Key Risk/Hazard Present
General Infection Control Measures		<p>Exposure to infections</p> <p><i>Infections are caused by exposure to harmful micro-organism such as bacteria, fungi, viruses and internal parasites. Staff, visitors and pupils may be harmed by being infected with the micro-organism, by being exposed to toxins produced by the micro-organism or by having an allergic reaction to the micro-organism or substances it produces.</i></p>

	<p><i>Routes of infection can be spread by one of four main ways:</i></p> <ul style="list-style-type: none"> • <i>Airborne transmission</i> • <i>Faecal-oral transmission</i> • <i>Direct contact transmission</i> • <i>Blood and body fluid transmission</i> 																					
<p>Additional protective Measures recommend by the (UKHSA)</p>	<p>Additional Risk of Exposure to Scarlet Fever & Strep A - There have recently been a national increase in notifications of scarlet fever to the UK Health Security Agency (UKHSA), above seasonal expected levels. Schools have been advised of actions to take to be aware of cases or the management of an outbreak in the school/nursery setting.</p>																					
Risks/Hazard	Key Actions/Control Measures	Risk Rating	Notes & Further action	Risk Rating after further actions																		
<p><i>*Spread of infection through close contact between colleagues, pupils, and visitors</i></p> <p>General transmission may occur: Through close contact between colleagues, pupils and visitors and touching contaminated surfaces.</p>	<p><u>Clear communication regarding illness and infections</u></p> <p>Should I keep my child off school- YES:</p> <table border="1" data-bbox="535 895 1424 1401"> <tr> <td>Chickenpox</td> <td>at least 5 days from the onset of the rash and until all blisters have crusted over</td> </tr> <tr> <td>Diarrhoea and Vomiting</td> <td>48 hours after their last episode</td> </tr> <tr> <td>Cold and Flu-like illness (including COVID-19)</td> <td>they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID-19.</td> </tr> <tr> <td>Impetigo</td> <td>their sores have crusted and healed, or 48 hours after they started antibiotics</td> </tr> <tr> <td>Measles</td> <td>4 days after the rash first appeared</td> </tr> <tr> <td>Mumps</td> <td>5 days after the swelling started</td> </tr> <tr> <td>Scabies</td> <td>they've had their first treatment</td> </tr> <tr> <td>Scarlet Fever</td> <td>24 hours after they started taking antibiotics</td> </tr> <tr> <td>Whooping Cough</td> <td>48 hours after they started taking antibiotics</td> </tr> </table>	Chickenpox	at least 5 days from the onset of the rash and until all blisters have crusted over	Diarrhoea and Vomiting	48 hours after their last episode	Cold and Flu-like illness (including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID-19.	Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics	Measles	4 days after the rash first appeared	Mumps	5 days after the swelling started	Scabies	they've had their first treatment	Scarlet Fever	24 hours after they started taking antibiotics	Whooping Cough	48 hours after they started taking antibiotics	<p>L</p>	<ul style="list-style-type: none"> - Information about specific infections and periods of exclusion shared with school community via letters, posters around school, website and notice board. - Follow guidance from the UKHSA) - Follow LA 'Infection Control Guidance' 	<p>L</p> <p>L</p> <p>L</p> <p>L</p> <p>L</p> <p>L</p> <p>L</p> <p>L</p>
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	<p>- <u>Clear communication regarding illness and infections</u> Scarlet Fever/Strep A</p> <p>Signs and symptoms of scarlet fever</p> <p>Scarlet fever is a common childhood infection caused by <i>Streptococcus pyogenes</i>, or group A Streptococcus (GAS). It is not usually serious, but should be treated with antibiotics to reduce the risk of complications (such as pneumonia) and spread to others.</p> <p>The early symptoms of scarlet fever include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours, the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. Patients typically have flushed cheeks and be pale around the mouth. This may be accompanied by a bright red 'strawberry' tongue.</p> <p>Invasive Group A Strep (iGAS)</p> <p>The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and sore throat. In very rare cases, the bacteria can</p>	L	<p>- Letters sent to parents, School Website, links to NHS and UKHSA guidance</p>	L
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	<p>get into the bloodstream and cause an illness called invasive Group A strep (iGAS). Whilst still uncommon, there has been an increase in iGAS cases this year, particularly in children under 10 years old. It is very rare for children with scarlet fever to develop iGAS infection.</p> <p>Parents are advised to trust their judgement when their child is unwell; if their child seriously deteriorates, they should speak to their GP or call 111 for advice.</p> <p><u>Staff/ or adults with suspected Scarlet Fever or Strep</u></p> <ul style="list-style-type: none"> - All children or employees that are ill go home and do not return to school/work until it is safe to do so. - Children and adults with suspected Scarlet Fever should be excluded from Nursery/school for 24 hours after the commencement of appropriate antibiotic treatment. - Anyone ill in school should be kept away from others until they go home. (Will remain in the school reception area with the door open for additional ventilation) - Child being supervised by staff whilst waiting for collection - staff to wear full PPE. 	M	<ul style="list-style-type: none"> - Parents/Carers informed of outbreak by letter/e-mail - Staff and visitors informed of outbreak by e-mail 	L
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<p>Through close contact between colleagues, pupils and visitors and touching contaminated surfaces.</p> <p>Transmission may occur through sharing spaces and equipment.</p>	<p>entrance, exit points.</p> <ul style="list-style-type: none"> • Children and staff to use hand gel prior to the change of new learning equipment within their classroom. • Children and staff to wash hands before and after break and lunchtimes and use hand gel. • Children taught about respiratory hygiene 'Catch it, bin it, kill it' hands to be washed afterwards (tissues used from children's own tray and put in bin when used). • Classroom bins emptied after lunch and end of school day • Handwashing available in all learning areas • Use of games and actions to remind children of the importance of good hygiene and social distancing. – reinforce safety expectations. • Learners will have all their own key resources for learning in their own tray at their table or near their working area. These resources are not routinely shared with others. • Children to attend school in their school uniform. • Signage used to promote hygiene(respiratory & hand) • Parents informed of measures in place to reduce transmission. 		<p>obtained and Risk Assessments shared/COSHH poster displayed in rooms.</p> <ul style="list-style-type: none"> - Review stocks of soap, hand sanitizer and hand towels and tissues available. (reporting system in place when stock reaches a set measure in readiness for re-ordering) - Pedal bins with bin liners in each classroom and in all rooms in use. - Signs in place to remind learners to close the lid before flushing. 	
	<ul style="list-style-type: none"> • Separate cubicles identified for different classes where shared use of toilets is required) 		<ul style="list-style-type: none"> - Door signs used to indicate class toilet cubicle 	L
<p>*Spread of infection through contact between people/resources at lunch times</p> <p>General transmission may occur: Through close contact between colleagues</p>	<ul style="list-style-type: none"> • Access to toilets staggered to manage numbers accessing. • Pupils and staff wash hands before entering school hall and after leaving school hall after eating lunch. • Cleaning buckets and clothes used for wiping down the hall in between class groups using the hall at lunchtime. (same spray can be used) 	<p>L</p> <p>L</p> <p>L</p>	<ul style="list-style-type: none"> - <u>Increased Cleaning</u> - LS – touch points and toilets across the school - 	L

<p>and pupils touching contaminated surfaces. Transmission may occur through sharing spaces and equipment.</p>				
	<ul style="list-style-type: none"> • Class groups separated when using school hall for lunch. • 'Outbreak' class to eat in classroom. 	L	-	
<p>*Safeguarding of pupils not attending school</p>	<ul style="list-style-type: none"> • 'Safe and well' checks will be made by telephone call once a week to all families of learners not in school. By LO • Families identified as vulnerable but not in school to be contacted twice a week by telephone. By LO • Any concerns of safeguarding will be reported through 'My Concerns' and following the usual school policy and procedures. • Intervention and support will be offered remotely where necessary through signposted services. • Attendance of pupils who should be in school recorded using the usual attendance registers. • Absence from school to be followed up using usual school procedures if learner was expected in. • Cases of illness for vulnerable learners to be reported to their linked Social worker or external services support worker. – EJP & LO 	L	<ul style="list-style-type: none"> - HSLW & EJP to have Weekly set meeting for safeguarding & health & Safety - <u>Weekly First Aid & PPE Checks by office staff</u> 	L
<p>*Direct case of suspected Scarlet Fever/Strep A in school</p> <p>Staff Transmission may occur when supervising pupils taken ill with symptoms and need direct personal care until they</p>	<ul style="list-style-type: none"> • If a child/person in school shows symptoms of Scarlet Fever they are to be sent home immediately and are expected to follow the Scarlet Fever/Strep A guidance. • Whilst waiting for collection the child/adult should be isolated in the school reception area with the door open • Any accompanying member of staff should wear PPE (mask, apron and gloves) and keep 2 metres away if possible. • Any contaminated or soiled clothing should be double bagged and sent home with the child or staff member. • If the use of the bathroom is required they should use the disabled toilet. This will need to be cleaned with disinfectant 	M	<ul style="list-style-type: none"> - Staff aware of safe 'donning and doffing' of PPE. - PPE stocks checked daily by each class and reported to school office. - Clear procedures and Plans in place – procedures and key contacts 	L

			<p>chairs, door handles and sanitary fittings,</p> <ul style="list-style-type: none"> - (Use of a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or; household detergent followed by disinfection (the disinfectant should have at least 1000 parts per million chlorine). 	
<p>*School identified an outbreak of Scarlet Fever</p> <p>(2 or more probable or confirmed cases attending the same school notified within 10 days of each other with an epidemiological link between cases).</p> <p>Transmission may occur through close contact between certain individuals.</p>	<ul style="list-style-type: none"> - <u>Reporting Scarlet Fever Outbreaks</u> - School to contact the HPT by calling 0344-225 3560 and selecting Option 2 - Reporting also required to the HPT if: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <ol style="list-style-type: none"> 1. You have one or more cases of chickenpox or flu in the class that has suspected or confirmed scarlet fever at the same time. This is because infection with scarlet fever and either chickenpox or flu at the same time can result in more serious illness. 2. You are experiencing an outbreak of scarlet fever in a setting / class that provides care or education to children who are clinically vulnerable. 3. The outbreak continues for over 2 weeks, despite taking steps to control it. 4. Any child or staff member is admitted to hospital with any Group A Strep (GAS) infection (or there is a death). 5. Any issues that are making it difficult to manage the outbreak. </div> - School to inform Parents/Carers and Visitors to school 		<ul style="list-style-type: none"> - Additional communication form HPT may be required and sent out to staff/Parents/carers etc. - Appendix 4- HPT checklist used by school to record information - Appendix 5 - Letter to Parents re Scarlet Fever outbreak - Infection Control Folder in School Office with masters and guidance - SLT access key guidance on Office Shared Secure Area and 'Google Drive' 	<p>L</p> <p>L</p>

	<ul style="list-style-type: none"> - School to record key information regarding the cases to inform further Risk Assessment and measures required: (e.g. number of cases, ages of those involved, class and year groups affected, date on onset of symptoms (or the date reported to school as a proxy), date of next school holiday & numbers at risk) 		<ul style="list-style-type: none"> - Additional communication to parents via text, letters, e-mail and website. 	
<p>*Spread of infection through intimate care or First Aid</p> <p>Staff and casualty. Transmission may occur when providing First Aid</p>	<ul style="list-style-type: none"> • Any first aid is to be carried out by the child's class/group teacher and recorded in the usual way. Communication with parents will be done through sending home the First Aid Slip. • Wash and sanitise hands before and after treating a casualty. • Wear PPE (disposable gloves, apron and mask) when treating, including a fluid repellent mask/visor and eye protecting where risk of transference of bodily fluids. • When performing CPR phone an ambulance and use compression only CPR. Use mouth/face shields if mouth-to-mouth ventilation is required • Medical waste to be disposed of following the usual policy and procedures. • Nappy changing or other intimate care will be undertaken by the child's class or group teacher and will be undertaken using PPE (mask/visor, apron and gloves) • Review medication plans/Care plans to try and maintain social distancing whilst supervising the taking of medicine. • Ice-packs to be named linked to classes. If need to be shared between classes in an emergency they must be wiped down with anti-bac before use. 	<p>M</p> <p>L</p> <p>L</p> <p>M</p> <p>L</p>	<ul style="list-style-type: none"> - Staff aware of safe 'donning and doffing' of PPE. - PPE stocks checked daily by each class and reported to school office. - First Aid duplicate slip records to be kept in each class for use. Completed slips collected weekly by A Hard. - Individual care plans & medication reviewed. 	<p>L</p>
<p>*Management of PPE use</p> <p>Transmission may occur through incorrect use of PPE or lack of appropriate equipment.</p>	<ul style="list-style-type: none"> • Staff trained in use of PPE including safe 'donning' and 'doffing – removal' • PPE (disposable gloves, disposable apron) to be used when cleaning resources within groups or after use by other groups • PPE (disposable gloves, disposable apron, disposable mask/visor) to be used when attending to a child for first aid or who may have suspected COVID-19 symptoms. • PPE face masks must be worn covering both the nose and 	<p>L</p> <p>L</p> <p>M</p>	<ul style="list-style-type: none"> - Communication to parents about use of PPE through website and text. - Cleaning equipment and PPE made available in each class and area. 	<p>L</p> <p>L</p> <p>L</p> <p>L</p>

	mouth. <ul style="list-style-type: none"> • Masks should not be allowed to dangle around the neck • Masks should not be touched once put on, except when carefully removed before disposal into disposable bag. • Learners who arrive to school wearing face coverings must bring a plastic zip bag clearly labelled to store it in once removed. 	L L L L	<ul style="list-style-type: none"> - Supplies checked weekly. - Staff to report when getting low on stock. - Any suspected contaminated PPE double bagged and stored in outside storage bin for 72hrs before removal. - Grey Bin kept in Coal House for 72hrs safe storage. 	L L
Additional Notes:				
<u>Additional Cleaning:</u> LS – 12.00pm – 1.00pm (cleaning touch points and toilets) – empty bins etc. Staff in classes to regularly clean touch points.				

3. Assessment

Signature of Assessor(s):
Print Name: Erica Pickford

Signature of Line Manager:
Print Name: Mrs E J Pickford

Date Assessed: 15.12.2022

Review Date: Proposed Review: January 2023

4. Communication and Review

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent incident.

DOCUMENT CHANGE LOG

Version No.	Date of review	Reviewer	Changes Made
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