DS Respiratory & Other Infectious Diseases Risk Assessment

(Further detail is captured in the Background and Context description below)

Section 1:

Date of Assessment:	**MAT/Establishment/Section/Team:**	**Review date:** (Complete once the action plan section below is addressed)	
Assessed by: Please print names of all those involved with this assessment.	1. Alex Gingell	Date:	25.04.22
	2.		
	3.		
	4.		
Staff signatures: **I/We have read and understood this RA and our role in its implementation.**	1. Alex Gingell	Date:	25.04.22
	2.		
	3.		
	4.		

Contents:

Background and context:

This risk assessment has been developed to address the risk to employees, pupils and visitors associated with the transmission of respiratory infectious diseases in schools and other establishments. It incorporates:

- government guidance published on 1 April 2022: ***Reducing the spread of respiratory infections, including COVID-19, in the workplace.*** This replaces ***Working safely during coronavirus*** (COVID-19).

Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK (www.gov.uk)

- ***Health protection in education and childcare settings (updated on 11 April 2022): A practical guide for staff on managing cases of infectious diseases in education and childcare settings.***

Health protection in education and childcare settings - GOV.UK (www.gov.uk)

Many of the control measures to prevent the transmission of respiratory infections are identical to those for infectious diseases in general. These are set out in Section C of this risk assessment.

This risk assessment will be cross referenced to our relevant school documents eg: Administration of Medication Policy; First Aid Policy and associated risk assessments.

What are infectious diseases? Chapter 1: introduction to infections - GOV.UK (www.gov.uk)

Infections are caused by micro-organisms such as bacteria, viruses, fungi and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and can even be beneficial. However, some germs can cause infections, when they get into the wrong place, which can result in symptoms such as fever and sickness

Airborne spread

Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by. Examples of infections that are spread in this way are the common cold, COVID-19, influenza, and whooping cough.

Droplets from the mouth or nose may also contaminate hands, cups, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

Direct contact spread

Infections of the skin, mouth and eye may be spread by direct contact with the infected area to another person's body. Examples of infections spread in this way are scabies, headlice, ringworm and impetigo.

Gastro-intestinal infections can spread from person to person when infected faeces are transferred to the mouth either directly or from contaminated food, water or objects such as toys or toilet flush handles. Examples of infections spread in this way include hepatitis A and Shiga Toxin-producing Escherichia Coli (STEC).

Environmental surfaces such as door handles and tables may also be contaminated with infectious particles. This can occur with viral gastroenteritis (for example, norovirus) because vomit contains many infectious virus particles.

Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and HIV.

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Part A: Controlling the transmission of respiratory & other infections including COVID-19

What is the **Task/Activity** or **Environment** you are assessing?	What **Hazards** are present or may be generated? (Use a row for each one identified)	**Who** is affected or exposed to hazards?	What **Severity of Harm** can reasonably be expected? (See Table 1)	What **Precautions (Existing Controls)** are already in place to either eliminate or reduce the risk of an accident happening?	What **Likelihood** is there of an accident occurring? (See Table 1)	What is the **Risk Rating**? (See Table 2 and 3)
Employee has symptoms of a respiratory infection.	Employee or visitor attends the workplace with symptoms of a respiratory illness. Infection spreads, placing vulnerable people at risk of serious illness.	Staff Pupils	Serious	We note the symptoms of COVID-19, flu and common respiratory infections include: ● a continuous cough ● high temperature, fever or chills ● loss of, or change in, your normal sense of taste or smell ● shortness of breath ● unexplained tiredness, lack of energy ● muscle aches or pains that are not due to exercise ● not wanting to eat or not feeling hungry	L	L

				• headache that is unusual or longer lasting than usual • sore throat, stuffy or runny nose • diarrhoea, feeling sick or being sick. Employees will be advised to follow guidance below: https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19 This states that people with symptoms of a respiratory infection, such as COVID-19, a high temperature who do not feel well enough to go to work or carry out normal activities, should try to stay at home and avoid contact with other people.		
Employee has a positive COVID-19 test result.	Employee attends workplace and infects other members of the school community including vulnerable persons.	Staff Pupils	Serious	Employees will be advised to follow guidance below: https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19 **This states that people should** try to stay at home and avoid contact with other people for 5 days after the day they took their test. If at the end of this period, they still have a high temperature or feel unwell, they should try to follow this advice until they feel well enough to resume normal activities and they no longer have a high temperature if they had one.	L	L
Child with symptoms of respiratory infection.	Child attends the workplace with symptoms of a respiratory illness.	Staff Pupils	Serious	Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.	L	L

	Infection spreads, placing vulnerable people at risk of serious illness.			Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough.		
Children and young people aged 18 years and under who have a positive test result for COVID 19.	Child attends school and infects other members of the school community including vulnerable persons. (It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.)	Staff Pupils	Serious	If a child or young person has a positive COVID-19 test result they should try to stay at home and avoid contact with other people for 3 days after the day they took the test, if they can. After 3 days, if they feel well and do not have a high temperature, the risk of passing the infection on to others is much lower. This is because children and young people tend to be infectious to other people for less time than adults. Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.	L	L

Part B: Controlling the transmission of other infectious diseases

What is the **Task/Activity** or **Environment** you are assessing?	What **Hazards** are present or may be generated? (Use a row for each one identified)	**Who** is affected or exposed to hazards?	What **Severity of Harm** can reasonably be expected? (See Table 1)	What **Precautions (Existing Controls)** are already in place to either eliminate or reduce the risk of an accident happening?	What **Likelihood** is there of an accident occurring? (See Table 1)	What is the **Risk Rating**? (See Table 2 and 3)
Exposure to infectious disease: **Athlete's foot** **Chickenpox** **Cold sores** **Conjunctivitis** **Respiratory infections including COVID-19** **Diarrhoea and vomiting** **Diphtheria*** **Flu** **Glandular Fever** **Hand foot and mouth**	Pupils, staff or visitors with an infectious disease attend the setting. Infectious disease is spread to other members of the school community.	Staff Pupils	Serious	The poster: Managing cases of infectious diseases in schools and other childcare settings (publishing.service.gov.uk) is on display in the office. Relevant staff are also able to access Exclusion table - GOV.UK (www.gov.uk) (reproduced in Appendix A) which contains details of time periods individuals should be excluded from a setting to reduce the risk of transmission during the infectious stage of the illness. Advice will be provided to staff and parents/carers individually and is also available on our website. We have a procedure for contacting parents and/or carers when children become unwell at the setting. Children or staff who are unwell and showing the symptoms of an infectious disease or a diagnostic result will be advised to stay away from their education or childcare setting for the minimum period recommended:	L	L

Head lice **Hepatitis A** **Hepatitis B C** **HIV** **Impetigo** **Measles** **Meningococcal meningitis* or septicaemia*** **Meningitis* due to other bacteria** **Meningitis viral** **mRSA** **Mumps*** **Ringworm** **Rubella*** **Scabies** **Scarlet Fever*** **Slapped check/Fifth disease/Parvovirus B19** **Threadworms** **Tonsillitis** **Tuberculosis*** **Warts and verrucae** **Whopping cough (pertussis)*** **(*) NOTIFIABLE DISEASE (See below)**				Chapter 3: public health management of specific infectious diseases - GOV.UK (www.gov.uk) and the accompanying table provide further detail on the symptoms of different infections and recommended action. Staff or students who are close contacts of people who are unwell with an infectious disease or an infection do not usually need to be excluded from the setting. However, our local authority area health protection team (HPT) will advise if there are specific precautions to be taken in response to managing a case or outbreak. We note that if a parent or carer insists on a child with symptoms attending our setting, where they have a confirmed or suspected case of an infectious illness, we can take the decision to refuse the child if, in our reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from a setting for a longer period of time. This will be advised by our local HPT. We note that there are other Reportable Diseases which arguably can also fall within the scope of this risk assessment and may require reporting to the HSE by ourselves or our competent support. We refer to: https://www.hse.gov.uk/riddor/occupational-diseases.htm for further information and guidance.		

Management of notifiable diseases.	Failure to report notifiable diseases to the UKHSA results in increased transmission in the setting and local community.	Staff Pupils	Serious	We will seek specialist advice from our UKHSA HPT if we see: ● a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting [footnote 1] ● evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital [footnote 2] ● more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever. We note we are are also asked to contact our UKHSA HPT asap to report any outbreak or serious or unusual illness for example: ● E. coli 0157 or E coli STEC infection ● food poisoning ● hepatitis ● measles, mumps, rubella (rubella is also called German measles) ● meningococcal meningitis or septicaemia ● scarlet fever (if an outbreak or co-circulating chicken pox) ● tuberculosis (TB) ● typhoid ● whooping cough (also called pertussis). Notifications of infectious diseases (NOIDs) and reportable causative organisms: legal duties of laboratories and medical practitioners:	L	L

				https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report		

Part C: Prevention of transmission of infectious diseases

Immunisation.	Failure to participate in national vaccination schemes endangers the health of individuals and the wider community.	Staff Pupils	Serious	We will support and enable staff who wish to be vaccinated to get their vaccines when offered them. COVID-19 vaccination: guide for employers - GOV.UK (www.gov.uk) All staff are recommended to have an MMR vaccination. The MMR vaccine is available for free on the NHS with no upper age limit. **Hepatitis B vaccine** Hepatitis B vaccine is recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour who live in institutional accommodation. In such circumstances, it is the responsibility of the employer to conduct an occupational health risk assessment and pay for the vaccine if it is indicated. We will support the National Childhood Immunisation Scheme Complete routine immunisation schedule - GOV.UK (www.gov.uk) by working with the SAIS to administer and facilitate vaccination as appropriate to the ages of the pupils attending our setting. Chapter 5: immunisation - GOV.UK (www.gov.uk)	L	L

Ventilation (Open windows and doors are recommended as a means of improving air circulation within the building).	Falls from height (open windows).	All premises occupants	Serious	Whilst taking into consideration the necessity to increase ventilation by improving air circulation within the building we have advised staff that window opening restrictors must not be removed.	L	L
	Additional doors and windows are left open compromising site security/fire safety.	All premises occupants	Serious	We have reviewed our site and identified doors that could remain open without compromising fire safety/and or security. Here, for high-risk areas such as kitchens and boiler rooms fire doors will be kept in the closed position. Lower risk rooms such as classrooms and offices may be propped open with removeable things - a weight or wedge - if there are people present they will be tasked with removing it if the alarm goes off and at the end of the day. 'Door guards' and other devices that hold doors open and release automatically on alarm activation, will continue to be used to improve circulation in the building (and also reduce the need for touching the door handles).	L	L
	Inadequate ventilation contributes towards the spread of infectious diseases. Open windows in the winter months mean that the temperature in buildings is uncomfortable.	All premises occupants	Serious	We will ensure that our building is heated to a temperature whereby staff and pupils can work comfortably whilst endeavouring to ensure that there are measures in place to ensure good ventilation. This will be achieved by a variety of measures including: ● mechanical ventilation systems – these will be adjusted to increase the ventilation rate wherever	L	L

				possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply). ● natural ventilation – opening windows (in cooler weather windows will be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air ● natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so). We note the following advice from HSE: https://www.hse.gov.uk/temperature/thermal/managers.htm https://www.cibse.org/coronavirus-covid-19/coronavirus,-sars-cov-2,-covid-19-and-hvac-systems We note that minimum workplace temperature is 16 degrees centigrade. To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate:		

				● opening high level windows in preference to low level to reduce draughts ● increasing the ventilation while spaces are unoccupied (e.g., between classes, during break and lunch, when a room is unused) ● providing flexibility to allow additional, suitable indoor clothing. Including advising staff and pupils re: the value of layering clothing ● rearranging furniture where possible to avoid direct drafts.		
Ventilation – Use of CO2 monitor.	Poor positioning of CO2 monitor gives inaccurate or misleading readings.	All premises occupants	Serious	**We note** CO2 levels vary within an indoor space. It's best to place CO2 monitors at head height and away from windows, doors, or air supply openings. Monitors should also be positioned at least 50cm away from people as their exhaled breath contains CO2. If monitors are too close, they may give a misleadingly high reading. Measurements within a space can vary during the day due to changes in numbers of occupants, activities, or ventilation rates. Doors and windows being open or closed can also have an effect. The amount of CO2 in the air is measured in parts per million (ppm). If our measurements in an occupied space seem very low (far below 400ppm) or very high (over 1500ppm), it's possible our monitor is in the wrong location. We will move it to another location in the space to get a more accurate reading.	L	L

				Instantaneous or 'snapshot' CO2 readings can be misleading. We will take several measurements throughout the day and frequently enough to represent changes in use of the room or space. Then we will calculate an average value for the occupied period. We note the need to repeat monitoring at different times of the year as outdoor temperatures changes and this will affect worker behaviour relating to opening windows and doors when spaces rely on natural ventilation. Our readings will help us decide if a space is adequately ventilated. **We will record and retain these readings.**		
	Inaccurate reading of CO2 monitors leads to misinterpretation of ventilation levels within a room.	All premises occupants	Serious	**We will** ● Check our monitor is calibrated before making CO2 measurements. Follow the manufacturer's instructions, including the appropriate warm-up time for the device to stabilise ● Know how to use our portable monitor correctly, including the time needed to provide a reading ● Take multiple measurements in occupied areas to identify a suitable sampling location to give a representative measurement for the space. In larger spaces it is likely that more than one sampling location will be required ● Take measurements at key times throughout the working day and for a minimum of one full working	L	L

				day to ensure our readings represent normal use and occupancy ● Record CO2 readings, number of occupants, the type of ventilation we're using at the time and the date. These numbers will help us use the CO2 records to decide if an area is poorly ventilated.		
	Inadequate response to CO2 monitor readings.	All premises occupants	Serious	CO2 measurements will be used as a broad guide to ventilation within a space rather than treating them as 'safe thresholds'. We note that outdoor levels are around 400ppm and indoors a consistent CO2 value less than 800ppm is likely to indicate that a space is well ventilated. An average of 1500ppm CO2 concentration over the occupied period in a space is an indicator of poor ventilation. We will take action to improve ventilation where CO2 readings are consistently higher than 1500ppm. However, where there is continuous talking or singing, or high levels of physical activity (such as dancing, playing sport or exercising), providing ventilation sufficient to keep CO2 levels below 800ppm is recommended. Identifying poorly ventilated areas by using CO2 monitors (hse.gov.uk) DfE 'How to' Use CO2 monitors in education and childcare settings Schools & Colleges handbook (70p.co.uk)	L	L

Hand hygiene.	Poor hand hygiene increases the likelihood of infection from coronavirus.	Pupils and staff	Serious	Opportunities are provided for staff and pupils to clean their hands with soap and water and dry thoroughly: ● on arrival at setting ● after using the toilet ● after breaks and sporting activities ● before and after food preparation ● before and after eating any food, including snacks ● before leaving setting ● after sneezing/coughing. Signage about how to wash hands properly is on display and reinforced with all. Where sinks are not easily accessible hand sanitiser will be available. Supervision by staff is provided as needed.	L	L
Respiratory Hygiene.	Poor respiratory hygiene increases the likelihood of infection from exposure to coronavirus.	Pupils and staff	Serious	**Catch it, Kill it, Bin it –** tissues are available in all classrooms, staffroom and reception at a minimum. The message is reinforced with pupils. Covered bins are available for the disposal of used tissues.	L	L
Cleaning.	Inadequate cleaning regimes increase the likelihood of transmission of infectious disease. Inadequate training and supervision of cleaning staff increases the likelihood of transmission of infectious diseases and illness/injury to cleaning staff.	Cleaners, caretaking staff and pupils/staff	Serious	Keeping education and childcare settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot. Our cleaning contract includes daily, weekly and periodic cleaning schedules. Cleaning schedules clearly describe the	L	L

				activities required, the frequency of cleaning and who will carry them out. These are monitored regularly. Consideration is given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how we might carry this out. A nominated member of staff monitors cleaning standards and will discuss any issues with cleaning staff, or contractors employed by the education or childcare setting. Cleaning staff are appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks.		
Cleaning.	Inappropriate use of cleaning materials etc. increases the likelihood of transmission of infectious diseases and illness/injury to cleaning staff.	Cleaners, caretaking staff and pupils/staff	Serious	We know that cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease. Although there is no legislative requirement to use a colour coding system we have actioned the good practice as recommended by the Health and Safety Executive. Colour-coded equipment will be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cleaning equipment used should be disposable or, if reusable, disinfected after each use.	L	L

				Cleaning solutions will be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Effective cleaning and disinfection are critical in any education or childcare setting, particularly when food preparation is taking place. The FSA strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils. All areas or surfaces in contact with food, dirt or bodily fluids will be regularly cleaned and disinfected. Training will be required of our contractors for the use of any equipment and chemicals. Operation and maintenance of equipment should be according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.		
Safe use of cleaning products	Inappropriate exposure to cleaning product results in allergic reaction/ poisoning etc. Storage arrangements of cleaning product change increasing potential for unauthorised 'use' by pupils.	Cleaners, caretaking staff and pupils/staff	Serious	All staff involved in cleaning duties will receive training re: safe use and storage of cleaning materials. This will be required of our contractors too. PPE will be provided for all cleaning activities. Safety data sheets for cleaning products are available. Only recommended cleaning products will be used.	L	L
	Use of hand sanitiser: potential for improper use and ingestion.	Pupils and staff	Serious	We are providing/allowing the use of hand sanitisers that contain at least 60% alcohol. Staff supervision is provided as required. We have obtained the Safety Data Sheet for the product(s). They advise on action to be followed if the sanitiser is not used as designed i.e., a child drinks some; it gets in eyes etc. This will also help with potential reactions to the product.		

				We have and will secure adequate supplies of the product and provide it, especially in areas such as reception to the building(s).		

Personal Protective Equipment (PPE).	Contamination from blood or bodily fluids leads to staff contracting infectious disease.	Pupils and staff	Serious	School procedures for administering First Aid, dealing with bodily fluids etc are set out in our policy. Staff are made aware of this during their induction to the school. Staff are advised that if there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons should be worn. Disposable eye protection is to be worn, (or if reusable, decontaminated prior to next use) if there is a risk of splashing to the face. Gloves and aprons are disposable, non-powdered vinyl/nitrile or latex-free and CE marked.	L	L
Aerosol generating procedures (AGP).	Contamination from the release of airborne particles from the respiratory tract.	Pupils and staff	Serious	We note that an AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract. The full list is available from: Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk) Standard PPE recommendations for AGPs include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.	L	L

				If someone is performing an AGP on an individual who is suspected of being infectious with a respiratory agent (for example RSV or COVID-19) additional airborne personal protective equipment (PPE) should be used, including an FFP3 respirator or equivalent.		
Contaminated Clothing.	Contamination from blood or bodily fluids.	Pupils and staff	Serious	If clothing becomes contaminated with blood or bodily fluids it will be removed as soon as possible and placed in a plastic bag. If a child is involved, the clothing will be sent home with the child with advice for the parent/carer on how to launder the contaminated clothing. Any contaminated clothing will be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.	L	L
Managing nappies.	Contamination from bodily fluids leads to staff or pupils contracting infectious disease.	Pupils and staff	Serious	Children in nappies have a designated changing area. This is: ● away from play facilities and any area where food and/or drink is prepared or consumed ● has appropriate hand washing facilities available. Staff must wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Staff involved in managing nappies will: ● wrap soiled nappies in a plastic bag before disposal in the general school waste	L	L

				● clean children's skin with a disposable wipe (flannels should not be used) ● label nappy creams and lotions with the child's name and do not share with others ● wipe changing mats with soapy water or a mild detergent wipe after each use ● clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day ● check mats weekly for tears and discard if the cover is damaged. A designated sink for cleaning potties (not a hand wash basin) is located in the area where potties are used. Disposable gloves are worn to flush contents down the toilet. The potty is washed in hot soapy water, dried and stored upside down. Hands are washed using soap and warm water and dried after removing disposable gloves.		
Children and young people with continence aids.	Contamination from bodily fluids leads to staff or pupils contracting infectious disease.	Pupils and staff	Serious	Children and young people who use continence aids (like continence pads, catheters, etc.) are encouraged to be as independent as possible. The principles of basic hygiene are applied by children, young people and staff involved in the management of these aids. Continence pads are changed in a designated area. Appropriate PPE (disposable gloves and a disposable plastic apron) are worn by staff and changed after support to every child. Hand washing facilities are readily available.	L	L

Cleaning blood and bodily fluid spills.	Contamination from blood or bodily fluids leads to staff or pupils contracting infectious disease.	Pupils and staff	Serious	Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned immediately by staff wearing PPE. Gloves, eye protection and an apron are used to anticipate splashing. Spillages must be cleaned using a product which combines detergent and disinfectant safely that is effective against both bacteria and viruses. Manufacturer's guidance is always followed. Disposable paper towels or cloths will be used to clean up blood and body fluid spills. These will be disposed of immediately and safely after use. A spillage kit is available for bodily fluids like blood, vomit and urine.	L	L
Cuts, bites, nose bleeds and bodily fluid spills	Contamination from blood or bodily fluids leads to staff or pupils contracting infectious disease.	Pupils and staff	Serious	Standard precautions will be taken when dealing with any cuts/abrasions that involve a break in the skin or body fluid spills. This is because we do not always know if an individual has an infection or not. All staff are aware of our setting's health and safety policies and manage incidents such as cuts, bites, bleeds and spills accordingly. These policies include having nominated first aiders who are appropriately trained. Standard Infection Prevention and Control (SIPC) precautions will be used for everyone to reduce the risk of unknown (and known) disease transmission. These include: ● wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident)	L	L

				and wearing a disposable plastic apron if possible ● carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry ● covering all exposed cuts and grazes with waterproof plasters ● keep the dressing clean by changing it as often as is necessary ● managing all spillages of blood or body fluids If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or experiences a splash of blood to the eye, area of broken skin or mouth, rinse well with water and seek medical advice.		
Safe management of waste (including sharps).	Contamination from blood or bodily fluids leads to staff or pupils contracting infectious disease. Injury from sharps or other contaminated items.	Pupils and staff	Serious	We will ensure that all waste produced is dealt with by a licensed waste management company. Any used PPE will be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter. Arrangements for the disposal of clinical waste in this establishment are through a licensed contractor in clearly identifiable receptacles. Nappy waste is considered non-hazardous waste and should be disposed of as above.	L	L
Occupational safety and managing	Contamination from blood or bodily fluids leads to staff or pupils contracting infectious disease.	Pupils and staff	Serious	If a child or member of staff finds a discarded used hypodermic needle it will be disposed of safely to avoid the	L	L

prevention of exposure to infection (including needlestick or sharps injuries and bites).	Injury from sharps or other contaminated items.			same thing happening to someone else. The procedure for doing this is to inform the site manager. Site staff have been trained to respond to this. If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin we: ● wash the wound thoroughly with soap and warm running water ● cover the wound with a waterproof dressing ● record it in the accident procedure and complete the accident form ● seek immediate medical attention or advice from your local accident and emergency department or occupational health provider		

Part D: Groups at higher risk of infection

Groups at higher risk of infection.	People who are immunosuppressed may have a reduced ability to fight infections and other diseases.	Pupils	Serious	We will work with the child's parents/carers to ensure that we are fully aware of the risks to them and when to seek medical advice. If a child who may be at higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles in our setting, the parents/carers will be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.	L	L

		Staff	Serious	We will work with staff who are immunosuppressed to ensure that they are aware of an instance of infectious diseases within the school community and can take any necessary precautions. We will also draw their attention to the following guidance: COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk) (guidance to be reviewed on 1 July 2022)	L	L
	Pregnant people contract infectious disease through contact with infected individuals. Risk to the pregnant person and unborn child.	Pregnant staff or students	Serious	An individual risk assessment will be undertaken for any pregnant member of staff or student. Women and students who are pregnant will be advised to ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation (see chapter 5). Pregnant women and students will be advised to consult their midwife or GP immediately if they come into contact with positive cases of measles, mumps, rubella, slapped cheek syndrome and chickenpox, as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis.	L	L

Part E: Educational Visits

Educational visits.	Exposure to infectious disease during educational visits in UK and abroad.	Pupils and staff	Serious	Our process for the risk assessment of educational visits includes assessment of the risk to exposure to infectious disease. Reference will be made to the resources below supported by specialist advice from the Outdoor Education Advisory Panel (OEAP). The OEAP provide guidance including actions to manage the risk of disease during a variety of visits. This guidance is also relevant if animals are brought into the setting. For international educational visits, we will refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling to make sure that the group meet any entry and in country requirements especially in relation to	L	L

				vaccinations. Additional information can be obtained from TravelHealthPro		
Water based activities.	Transmission of water borne infections during water-based activities (in rivers, ponds, canals, freshwater docks etc).	Pupils and staff	Serious	We will refer to health considerations and actions to take before, during and after the activity set out in in the OEAP guidance. It will be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities. Babies or children should not swim in public swimming pools or participate in school swimming lessons for 2 weeks after diarrhoea and vomiting has stopped.	L	L
	Contact from infected farm animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children.	Pupils and staff	Serious	We will ensure that the following hygiene precautions are in place: ● washing hands thoroughly with soap and water immediately after contact with animals. Younger children should be supervised for hand washing ● reminding children not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed and dried their hands thoroughly ● not using hand sanitiser as a substitute for handwashing with soap and water. Further information relating to visiting farms is available on the Access to Farms website.	L	L

Part F: Animals in school

Animals in school.	Contact from infected animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children.	Pupils and staff	Serious	In allowing an animal or animals to our setting, we will only consider those that are mature, and toilet trained. A knowledgeable person will be responsible for the animal or animals and will abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met. There will be a written agreement within our setting detailing: ● the types of animals allowed in the setting and their purpose, for example, to support elements of the curriculum or assist in deescalating behaviour and anxiety ● how to manage them and permitted behaviour whilst on the premises ● where they can go and where they cannot go when in the setting ● any insurance liability of owners and handlers. We will follow specific advice for all pets on site, (for example chickens where government advice may be issued to isolate them indoors due to an illness such as bird influenza) ensuring:	L	L

				• animals are always supervised when in contact with students • students and staff are advised to wash their hands immediately after handling animals • animals have recommended treatments and immunisations, are regularly groomed (including claws trimmed) and checked for signs of infection • bedding is laundered regularly • feeding areas are kept clean and their food stored away from human food • food is not consumed within 20 minutes and is taken away or covered to prevent attracting pests. There are some additional considerations for cats in education and childcare settings, such as: • cat litter trays should be cleaned daily wearing disposable gloves • litter trays should not be placed near food preparation, storage or eating areas • hands should be washed immediately after cleaning litter trays • pregnant staff should not clean litter trays due to a risk of toxoplasmosis. Reptiles are not suitable as pets in education and childcare settings as all species can carry salmonella which can cause serious illness. (Further information is available from CLEAPSS Home page)		

Appendix A: Exclusion Table (last updated in this RA 11 April 2022) See Exclusion table - GOV.UK (www.gov.uk)

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

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife

Infection	Exclusion period	Comments
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.

Infection	Exclusion period	Comments
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3

Infection	Exclusion period	Comments
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures

Infection	Exclusion period	Comments
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife

Infection	Exclusion period	Comments
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded

Infection	Exclusion period	Comments
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
		Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife

Infection	Exclusion period	Comments
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing

Infection	Exclusion period	Comments
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

Action plan:

We note that where we have assessed the severity of an issue as 'Fatal/Major', that regardless of the extent and effect of our control measures, when applying the likelihood say 'Low' the outcome from the Table below will still flag a 'Medium' outcome. In such circumstances we will carry out a review to ensure no control measures have been missed and where that is the case we will note here that we have done all that is reasonably practicable and will continue to monitor the situation carefully.

What is the **Hazard** you need to Control? (Medium to high from the risk rating above)	What **additional precautions** do you need to either eliminate or reduce the risk to an acceptable level?	Who is **responsible** for implementing these controls?	**When** are these controls to be implemented (Date)?	When **were** these controls implemented (Date)?

Table 1: Definitions

Potential Severity of Harm	Meaning of the harm description	**Likelihood/Probability of Harm**	Meaning of likelihood/probability
Fatal/Major Injury	Death, major injuries or ill health causing long term disability/absence from work.	**High (Likely/probable)**	Occurs repeatedly/ to be expected.

Serious Injury	Injuries or ill health causing short-term disability/absences from work (over three days absence)	**Medium (possible)**	Moderate chance/could occur sometimes.
Minor Injury	Injuries or ill health causing no significant long-term effects and no significant absence from work.	**Low (unlikely)**	Not Likely to occur

Table 2: Risk rating matrix: Potential severity of harm + Likelihood/ probability of Harm = Risk rating

	High (Likely/Probable)	Medium (Possible)	Low (Unlikely)
Fatal/Major Injury	**VERY HIGH**	**HIGH**	**MEDIUM**
Serious Injury	**HIGH**	**MEDIUM**	**LOW**
Minor Injury	**MEDIUM**	**LOW**	**LOW**

Table 3: Action required: Key to ranking and what action to take

VERY HIGH Risk	STOP ACTIVITY! Take action to reassess the work/activity and apply reduction hierarchy before proceeding.
HIGH Risk	Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue.
MEDIUM Risk	Implement all additional precautions that are not unreasonably costly or troublesome within an agreed timeframe. Reduce risk to a tolerable level.
LOW Risk	Monitor and review your rolling programme.