RISK ASSESSMENT: Infection Control (Page 1 of 14)

HEALTH AND SAFETY SERVICES FOR SCHOOLS AND ACADEMIES

Status:	Active		
School/Academy:	Forest Fields Primary and Nursery	**Date of assessment**	15.6.2022
Who might be harmed?	Pupils, staff, visitors and contractors	**How many are affected?**	Whole School

Hazard Aspect	Possible control measures	✓ if in place ✗ if not or n/a	Where: × state action to be taken with timescales × any additional control measures ✓ site specific details	Residual Risk rating High, medium, low
Communication	• This completed risk assessment is shared with staff. Signatures are obtained.	✗	Signatures will be collected at the office.	
Preventing infectious persons attending school	• The exclusion table is displayed in the school office, medical room, nursery and staff room as necessary for reference.	✓	Updated exclusion table is displayed in our school medical rooms.	
	• Pupils and members of staff with COVID-19 like symptoms or who have tested positive through a LFT follow the necessary procedures and timescales for staying away from school. (ref. flowcharts)	✓	See Appendix A	
	• When pupils have an infectious disease, they are excluded from school on medical grounds for the minimum period recommended as noted in the exclusion table mentioned above. Formal exclusion of pupils from school on medical grounds is enforceable by the Head Teacher only, acting on behalf of the local authority or the managers or governors of a school. In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others	✓		
	• Staff have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.	✓		
	• Food handling staff (where employed directly by the school): ○ The school has a clear written policy for the exclusion of food handlers in relation to gastro-enteric diseases. ○ The school notifies their local Environmental Health Department immediately that they are informed of a member of staff engaged	✓	Staff responsible for handling food will follow the rules set out in the exclusion table guidance appended to this risk assessment and displayed in the medical rooms in school. (Appendix B)	

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	in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning. This policy is made clear to the person in charge of the kitchen and all catering staff at the time of appointment. ○ Food handlers are required by law to inform their employer immediately if they are suffering from: – typhoid fever – paratyphoid fever – other salmonella infections – dysentery – shigellosis – diarrhoea (cause of which has not been established) – infective jaundice – staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils – E. coli VTEC infection			
Outbreak management The HPA (Health Protection Agency) in England is the UKSHA (UK Safety and Health Authority) Find your local health protection team in England	• The school reports to the local HPA (UKHSA): ○ Any incident in which 2 or more people experiencing a similar illness are linked in time or place or ○ A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred	✓	A record of staff absence due to illness is kept by the office and a report to the local HPA will be made if necessary.	
	• The school will telephone their local HPA (UKHSA) as soon as possible to report any serious or unusual illness particularly for: ○ Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection ○ food poisoning ○ hepatitis ○ measles, mumps, rubella (rubella is also called German measles) ○ meningitis ○ tuberculosis ○ typhoid ○ whooping cough (also called pertussis)	✓		

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	• The UKHSA are contacted in the event that there is ○ a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection [noting that testing will be severely reduced from April 1st 2022] ○ evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19 ○ a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group	✓		
	• The UKHSA's Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist is used in circumstances described.	✓		
	• The school considers situations where additional cleaning will be required including during term time in the event of an outbreak and how the school might carry this out. Advice may be given by the HPA to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails. Plans are developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment should be colour coded according to area of use.	✓	A small number of staff will continue, once a day, to clean surfaces which could easily become contaminated. This will be in addition to the schools routine cleaning operations in order to reduce the spread of infections.	
Immunisation Awareness (see also Pregnant Members of Staff section)	• The following documents are displayed or available to encourage staff and parents to obtain vaccinations: ○ PHE: COVID-19 Vaccine Campaign posters. ○ NHS: COVID-19 ○ NHS: Influenza ○ UKSHSA: Flu vaccination in schools ○ PHE Campaign Resources: Childhood Vaccination 2022 ○ PHE: Immunisations for young people: Explains the HPV, Td/IPV and MenACWY vaccinations given to young people in school years 7 to 13	✓	Posters are displayed and leaflets are available in the school office.	

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	○ UKHSA: Immunisation leaflets and guidance for parents			
	• Women of childbearing age are advised to check with their GP that they are immune to the rubella (German measles) virus. Those who are not immune should be immunised with MMR vaccine. The vaccine should not be given during pregnancy. NHS Leaflet: Thinking of getting pregnant? Make sure you're protected against German measles	✓	Leaflets are available in the school office.	
	• Note: Hepatitis B vaccine is not recommended for occupational reasons for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is only recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation.	✓		
Catering / Food Technology	Catering: • Documented food safety management procedures are in place based on the principles of Hazard Analysis and Critical Control Point (HACCP).	✓		
	• Risk assessments have been completed for breakfast and after school clubs (where food is served).	✓	Risk assessments completed and staff trained on food handling.	
	• Food technology teachers have received an *appropriate level* of food hygiene training. The level of training takes into account that in KS1 and KS2 it is likely to be occasional, low risk, activities with small groups of pupils and in KS3 and KS4 they are likely to be using "higher risk" foodstuffs. Training course examples: DATA: Teaching Food Safely in the Primary School DATA: Teaching Food Safely in the Classroom	✓	Design and technology lead to complete relevant training and to ensure teachers an appropriate level of food hygiene training.	
	• School fêtes Although schools do not need a food hygiene certificate to make and sell food for charity events, they do you need to make sure that food is handled safely. The school follows this guidance.	✓		

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	• The barbecues risk assessment is completed as and when necessary.	✓		
Cleaning	• A comprehensive cleaning contract is in place that highlights daily, weekly and periodic cleaning schedules.	✓		
	• Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths are disposable (or if reusable, disinfected after use).	✓		
	• A nominated member of staff monitors cleaning standards and discuss any issues with cleaning staff, or contractors employed by the school.	✓	Member of staff:	
Persons at higher risk of becoming seriously ill to infections	• <u>Staff who are at Higher Risk to COVID-19</u> People who are at higher risk from COVID-19 and other respiratory infections include: ○ older people ○ those who are pregnant ○ those who are unvaccinated ○ people of any age whose immune system means they are at higher risk of serious illness ○ people of any age with certain long-term conditions • Whilst the numbers of COVID-19 cases remain significant, individual risk assessments must still be completed and reviewed as necessary for the staff who are at Higher Risk to COVID-19. • Persons who have tested positive for COVID-19 and those who live with someone who have tested positive for COVID-19 avoid meeting members of staff at higher risk from COVID-19 for 10 days, especially if their immune system means they're at higher risk of serious illness from COVID-19, even if they've had a COVID-19 vaccine.	✓	Any staff member who believes they may be pregnant are encouraged to inform SLT so that an individual risk assessment can be completed for them. As COVID-19 cases have continued to fall, both the higher risk and pregnancy COVID risk assessments have been withdrawn and these aspects will be covered in the "Individual Employee-Health Condition-Disability" and [general] New and Expectant Mother risk assessment. The latter has been updated with information on infection control and anxieties associated with COVID-19.	
	• <u>Children at particular risk from infection</u>:	✓	Medical clarification from their GP will be sought for any pupils in this group.	

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	Children who are immuno-compromised or have impaired immunity either as a result of their medical condition or the medication (e.g. high doses of steroids) that they are taking have been identified. Healthcare plans have been completed as necessary. If a vulnerable child is thought to have been exposed to a communicable disease (e.g. chickenpox, measles and parvovirus B19) in the school setting, parents or guardians of that child are informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate.			
	• Pregnant members of staff: ○ Pregnancy H&S and COVID-19 risk assessments are undertaken for all pregnant members of staff and these are subject to regular review. ○ The following website is referred to as necessary: UKHSA Pregnancy: how to help protect you and your baby The following links have been shared with pregnant members of staff where necessary: COVID-19: ○ NHS: Pregnancy, breastfeeding, fertility and coronavirus (COVID-19) vaccination ○ Information Decision Aid - COVID-19 vaccine and pregnancy ○ UKHSA: Pregnant? Have your COVID-19 vaccinations ○ UKHSA: Pregnant? Have your COVID-19 vaccines!* Flu / Whooping cough/German measles: ○ UKHSA: "Pregnant? Immunisation helps to protect you and your baby from infectious diseases*	✓	Any staff member who believes they may be pregnant are encouraged to inform SLT so that an individual risk assessment can be completed for them. Relevant information leaflets available in the school office and information including links are displayed in the school staffroom.	
	• Although the greatest risk to pregnant women from such infections comes from their own household rather than the workplace, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, she is informed so that she may consult her doctor or midwife.	✓		

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First Aid	• The school has CPR facemask / resuscitation shields available.	✓		
	• All cuts and abrasions are covered with a waterproof dressing.	✓	First aid trained staff will follow training when treating any cuts or abrasions.	
Medical room	• Suitable accommodation is provided in order to cater for the short-term care of sick pupils, which includes a washing facility and is near to a toilet facility. This room may be used for other purposes (apart from teaching) provided it is always readily available.	✓	Locations where pupils could be isolated: Stanley Medical room, also Berridge reception medical room.	
Hygiene Procedures	• Correct handwashing and good hygiene are followed by staff, pupils, visitors and contractors. Pupils wash their hands at the designated times during the day and after certain activities: ○ On arrival at school ○ After breaks and sport activities ○ After touching any school animals ○ Before cooking and eating ○ After sneezing or coughing ○ After using the toilet ○ Before leaving for home Pupils who use saliva as a sensory stimulant or who struggle with hand hygiene may also need more opportunities to wash their hands.	✓		
	• Adequate soap / hand sanitizer and tissues are available for pupils and staff throughout the school and for visitors arriving at main reception. Soap and water is the preferred choice; hand sanitizer is used when the use of soap and water is not practical. Settings should ensure that staff and students have access to liquid soap, warm water and paper towels. Bar soap should not be used. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus. Identified children are supervised with their use of hand sanitiser	✓	Cleaner in charge checks and makes sure stock levels are checked each day.	

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	use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes are used as an alternative.			
	• Lidded bins with a pedal are provided. Site staff / cleaners wash their hands after emptying bins.	✓	Lidded waste bins throughout the site. Any bins without lids to be removed from classrooms to reduce risk	
	• Outlets are not labelled “drinking water” within washroom areas and avoided where possible where the cold-water taps are also used for washing hands or items (e.g. art brushes).			
PPE (Reference)	• Adequate necessary Personal Protective Equipment (PPE) is available for cleaning tasks, personal care, first aid and certain medical procedures.		PPE is provided for cleaning staff. Care Assistants have a high level of PPE available if required. Teaching Assistants, who have contact with children needing intimate care, have access to this level of PPE	
	• Training and instruction have been provided for the putting on, removing and disposal of PPE.		Training is provided for care assistants cleaning staff and others who require the use of PPE.	
	• Aerosol generating procedures (AGPs): Within education settings these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care. Staff performing AGPs in these settings follow Public Health England’s personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE which is: ○ a FFP2/3 respirator ○ gloves ○ a long-sleeved fluid repellent gown ○ eye protection	N/A		
Face coverings in school	• Face coverings may be worn in school by: ○ Staff as a personal preference or in particular when they have	✓		

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	symptoms of a respiratory illness, **outside the classroom** where they are not a barrier to communication. ○ Visitors in communal areas and in classrooms where they are not a barrier to any communication with pupils (if applicable) (School management may decide this is a mandatory* requirement while cases remain high) * Medical exemptions apply.			
Lack of air changes / ventilation	• All occupied spaces are well ventilated to help reduce the amount of respiratory germs. If there are areas of the setting identified that may have poor ventilation (e.g. by CO_2 monitors), the school looks to improve ventilation by: ○ partially opening windows and doors to let fresh air in ○ opening higher level windows to reduce draughts ○ opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between lessons, for example The school balances the need for increased ventilation while maintaining a comfortable temperature.	✓		
Other risk assessments	• The following risk assessments have also been completed: ○ Dealing with bodily fluids ○ Dealing with discarded needles and syringes ○ Animals (where necessary) ○ Off site visits to farms – risk assessments include hygiene control measures	✓	Risk assessments will be completed for any animals which are brought on to the school premises. Risk assessments will be completed for any visits to farms or places where animals are kept. Guidance for dealing with bodily fluids, needles and syringes will be found within our medical policy.	

Are there any other foreseeable hazards associated with infection control?	**Yes** ☐ **No** ☒

Additional Hazards	**List any additional control measures required**	**Residual Risk rating** High, medium, low

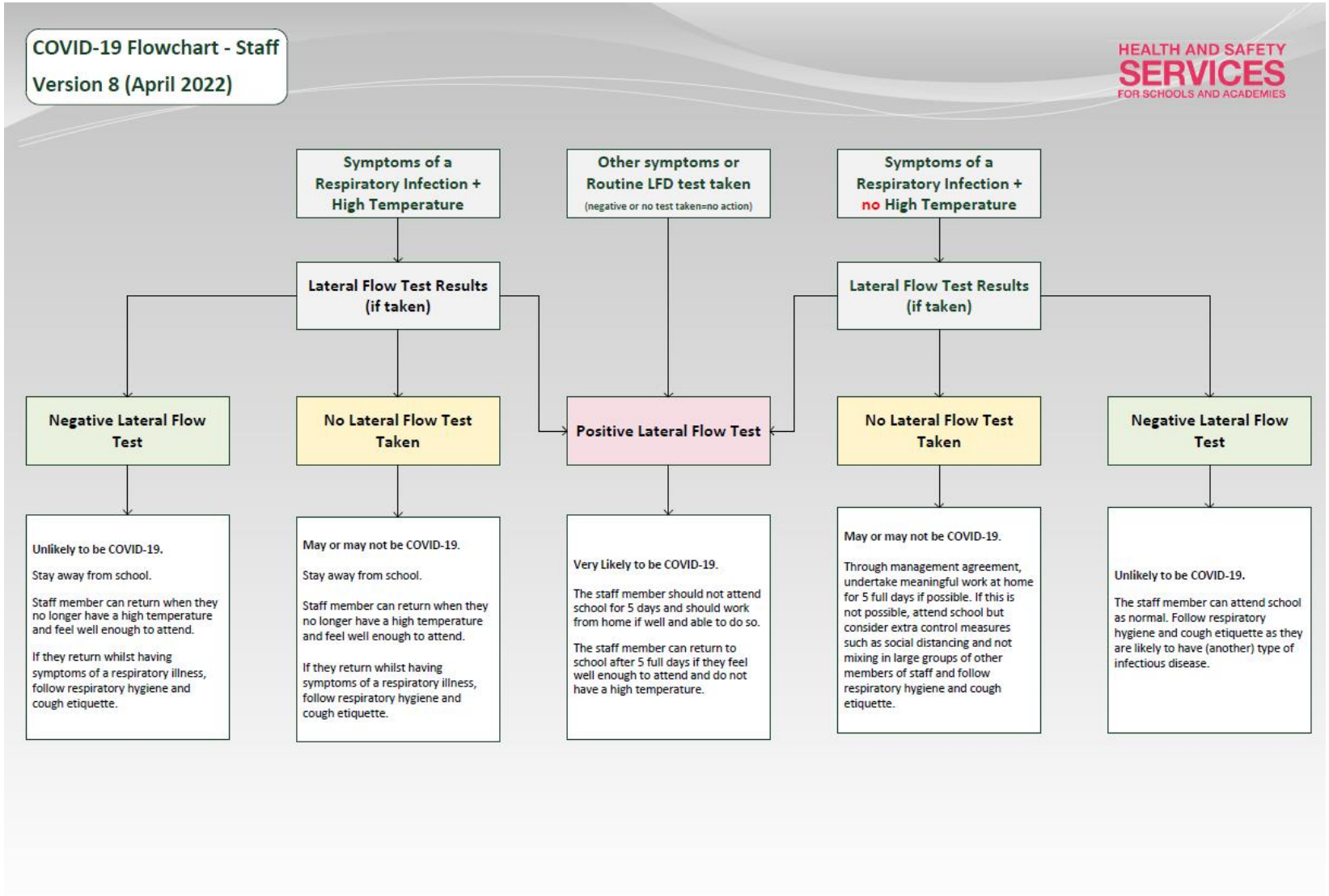
Main Reference:

UKHSA: Health protection in schools and other childcare facilities: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities: An awareness poster for display in the medical room / staff room is available here:

- Chapters 1 and 2: introduction and infections in childcare settings
- Chapter 3: prevention and control
- Chapter 4: what to do if you suspect an outbreak of infection
- Chapter 5: immunisation
- Chapter 6: cleaning the environment
- Chapter 7: staff health
- Chapter 8: pets and animal contact
- Chapter 9: managing specific infectious diseases
- Appendix 1: Health Protection Teams contact details
- Appendix 2: list of notifiable diseases
- Appendix 3: diarrhoea and vomiting outbreak checklist
- Appendix 4: further resources

ASSESSED BY (Print name)	**SIGNED**	**DATE**
David Edwards	D. Edwards	15.6.2022
LINE MANAGER	**SIGNED**	**REVIEW DATE**
Shahida Chowdhury		

Appendix A


COVID-19 Flowchart - Staff
Version 8 (April 2022)
HEALTH AND SAFETY SERVICES FOR SCHOOLS AND ACADEMIES
Symptoms of a Respiratory Infection + High Temperature
Other symptoms or Routine LFD test taken
(negative or no test taken=no action)
Symptoms of a Respiratory Infection + no High Temperature
Lateral Flow Test Results (if taken)
Lateral Flow Test Results (if taken)
Negative Lateral Flow Test
No Lateral Flow Test Taken
Positive Lateral Flow Test
No Lateral Flow Test Taken
Negative Lateral Flow Test
Unlikely to be COVID-19.
Stay away from school.
Staff member can return when they no longer have a high temperature and feel well enough to attend.
If they return whilst having symptoms of a respiratory illness, follow respiratory hygiene and cough etiquette.
May or may not be COVID-19.
Stay away from school.
Staff member can return when they no longer have a high temperature and feel well enough to attend.
If they return whilst having symptoms of a respiratory illness, follow respiratory hygiene and cough etiquette.
Very Likely to be COVID-19.
The staff member should not attend school for 5 days and should work from home if well and able to do so.
The staff member can return to school after 5 full days if they feel well enough to attend and do not have a high temperature.
May or may not be COVID-19.
Through management agreement, undertake meaningful work at home for 5 full days if possible. If this is not possible, attend school but consider extra control measures such as social distancing and not mixing in large groups of other members of staff and follow respiratory hygiene and cough etiquette.
Unlikely to be COVID-19.
The staff member can attend school as normal. Follow respiratory hygiene and cough etiquette as they are likely to have (another) type of infectious disease.

Appendix B

Guidance
Exclusion table
Updated 11 April 2022

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 their setting (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
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 their setting.
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
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT (https://www.gov.uk/health-protection-team)	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
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

Infection	Exclusion period	Comments
Head lice	None	
Hepititis 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
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 (https://www.gov.uk/health-protection-team) 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
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 (https://www.gov.uk/health-protection-team) 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
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) 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

Infection	Exclusion period	Comments
Rubella* (German measles)	5 days from onset of rash	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
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
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
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

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.