



INFECTION REDUCTION MEASURES (IRM) AND RISK ASSESSMENT

**This risk assessment is used to help us document the risk control measures we have introduced within the workplace to control the spread of infection.
This Risk Assessment has been modified to ensure it reflects our school activities and the specific risks and controls we have in place.**

Location:	St Hilda's School (Harpenden)	Date Assessed: 10/01/23	Assessed by: D Taylor
Activity:	Operation of the school and the potential for Group A Strep infection	Review Date:	Assessed by: D Sayers
Persons at Risk:	Employees, Pupils, Contractors, Visitors		

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Context

- On 2nd December 2022 The UK Health Security Agency (UKHSA) published data showing that Group A Strep infection (and scarlet fever):
 - are currently circulating at higher levels than we would typically see at this time of year.
 - there is no evidence that a new strain is circulating. The increase is most likely related to high amounts of circulating bacteria and social mixing.
 - this is a very common bacteria that can be treated with antibiotics, and serious complications from the infection are rare.
 - parents will naturally have concerns about news reports
 - and as always, if parents and staff are worried about their child's health, they are urged to seek medical assistance from a pharmacist, their GP or by calling 111 as a first port of call.

- This is against a background of a large number of viral infections circulating this winter causing sore throats, colds and coughs. The vast majority of these are self-limiting and simply need medicines to treat the fever and pain relief for a sore throat.
- However, occasionally children can develop a more serious bacterial infection which can make them very unwell, and parents and staff are encouraged to speak to a health professional (as above) if their child is showing signs of deteriorating after a bout of scarlet fever, a sore throat, or a respiratory infection.

Symptoms and Actions

- **What are scarlet fever and Strep A?**
 - Scarlet fever is caused by bacteria called Group A streptococci (Strep A).
 - The bacteria usually cause a mild infection that can be easily treated with antibiotics.
 - In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS).
- **What are the symptoms of Strep A and Scarlet Fever?**
 - Strep A infections can cause a range of symptoms that parents should be aware of, including:
 - Sore throat
 - Headache
 - Fever
 - A fine, pinkish or red body rash with a sandpapery feel
 - On darker skin the rash can be more difficult to detect visually but will have a sandpapery feel
- **Actions on discovering symptoms:**
 - If a child becomes unwell with these symptoms, please advise parents to contact their GP practice or contact NHS 111 (which operates a 24/7 service) to seek advice.
 - If a child has scarlet fever, advise they stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.
 - Encourage parents to trust their own judgement and if their child seems seriously unwell call 999 or go to A&E if:
 - a child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
 - there are pauses when a child breathes
 - a child's skin, tongue or lips are blue
 - a child is floppy and will not wake up or stay awake.
- **Managing confirmed cases**
 - Early years settings and schools should contact their UKHSA health protection team if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group.
 - Further information for staff on how and when to do this can be found at:
 - Managing outbreaks and incidents – GOV.UK (www.gov.uk)
 - If there are confirmed or suspected cases in an education or childcare setting, there is no reason for children to be kept at home if they are well.

Precautions

- To prevent the spread of Strep A, UKHSA advises children and staff to implement good hand and respiratory hygiene practices which should be read in detail.
- For more information visit the UKHSA website or the Education Hub.
- Resources will be made available in due course on the online resource centre.

- The following control measures to interrupt the transmission of infections are offered (and are very similar to previous covid measures):
 - Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.
 - Ensure all individuals have access to liquid soap, warm water, and paper towels.
 - Bar soap should not be used. Alcohol hand gel can be used if hands are not visibly dirty. Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus.
 - Advise all individuals to clean their hands after using the toilet, before eating or handling food, after playtime and after touching animals.
 - All cuts and abrasions should be covered with a waterproof dressing.
 - Discourage spitting.
 - Encourage all individuals, particularly those with signs and symptoms of a respiratory infection to follow respiratory hygiene and cough etiquette, specifically, to:
 - cover nose and mouth with a tissue when coughing and sneezing,
 - dispose of used tissue in a waste bin, and clean hands
 - cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
 - keep contaminated hands away from their eyes, mouth and nose
 - clean hands after contact with respiratory secretions and contaminated objects and materials
 - Educate children on why hand hygiene and respiratory hygiene is so important.
 - Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at e-bug.eu.
- Effective cleaning and disinfection are critical particularly when food preparation is taking place. Detergent and water is normally all that is needed as it removes most germs that can cause diseases. Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules. Further information on cleaning services is available. Cleaning schedules should include:
 - Clean surfaces that people touch a lot.
 - Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids.
 - Ensure cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.
 - Use colour-coded equipment in different areas with separate equipment for kitchen, toilet, classroom, and office areas.
 - Cleaning equipment used should be disposable or, if reusable, disinfected after each use.
 - Nominate a member of staff to monitor cleaning standards
 - Have a system in place for staff to report issues with cleaning standards.

Further Advice

- <https://pharos-response.co.uk/strep-a-and-scarlet-fever-considerations-for-schools/>

Annex A: Risk Assessment for Infection Reduction Measures in the event of an outbreak

Hazard/Risk	Controls in place	Severity (1-5)	Likelihood (1-5)	Risk/ Priority	Additional controls required
Contact with persons suffering from 'Strep A' or other serious bacterial infections	<p>If there is an outbreak of 2 potentially harmful bacterial infection cases within 10 days of each other and the affected individuals have a link, such as being in the same class, further advice will be sought from the PHE East of England Health Protection Team.</p> <p>Once symptomatic, all surfaces that the person has come into significant contact with will be cleaned, including:</p> <ul style="list-style-type: none"> • All surfaces and objects which are visibly contaminated with body fluids; and • All potentially contaminated high-contact areas such as toilets, door handles, telephones, etc. <p>If a person becomes ill in a shared space, these will be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice.</p> <p>The SLT will be kept informed of any children or staff with symptoms and keep records</p>	5	2	10	https://www.gov.uk/government/news/ukhsa-update-on-scarlet-fever-and-invasive-group-a-strep-1
Contact with persons who may have been exposed to Strep A' or other serious bacterial infections	<p>There is no current guidance that recommends any isolation for those in contact, but good hygiene is best practice.</p>	5	1	5	
Contracting and spreading of infection	<p>Infection control measures will be followed as recommended by the government.</p> <p>Staff and pupils must:</p> <ul style="list-style-type: none"> • Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. • Put used tissues in a pedal bin straight away. 'catch it, bin it, kill it'. 	5	2	10	

	<ul style="list-style-type: none"> • Wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available. • Try to avoid close contact with people who are unwell. • Do not touch your eyes, nose or mouth if your hands are not clean. • Reduce contacts and maximise distancing between those in school whenever possible. <p>The school will:</p> <ul style="list-style-type: none"> • Minimise contact with individuals who are unwell by ensuring that those who have symptoms do not attend school for at least 24 hours. • Minimise contact between individuals and maintain social distancing wherever possible. • Ensure hand sanitiser is available in each classroom, entrances and exits of buildings and toilets. • Clean and disinfect frequently touched objects and surfaces twice a day. • Clean the school buildings each evening, including frequently touched surfaces (railings, tables, sports equipment, door and window handles, toys, teaching and learning aides). • Ensure up-to-date emergency contact details for staff and children are held. • Windows will be opened to allow ventilation (on restrictors). Doors will be kept open wherever possible but with strict management controls in place. Fire door guards fitted where possible to restrict touching of doors. • Ensure regular family contact to ensure that those children from families with symptoms do not attend school. • Staff can avoid close face to face contact and minimise time spent within 1 metre of anyone if they feel vulnerable. • Ensure adequate supplies of facemasks, eye protection, gloves and aprons are available for pupils who become unwell at school and need direct personal care – 2m cannot be maintained. • The usage of play equipment is supervised and cleaned as appropriate. 				
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	<ul style="list-style-type: none"> Shared materials/resources limited for those pupils/staff that need to take these home. Carry out new and expectant mothers risk assessment where appropriate. Close liaison between families regarding symptoms, the school will not monitor temperatures. Contact insurer to determine further requirements. <p>Persons worried about symptoms should use the NHS 111, only call if they cannot get help online, and NOT go to their GP or other healthcare centre.</p>				
Welfare					
Hand-contact points	<ul style="list-style-type: none"> Toilets have a regular supply of hot and cold water complete with soap and towels. Hand sanitiser is available (where required). Hand-contact points cleaned daily. Toilets will be regularly cleaned throughout the day. Teaching staff to implement controls to prevent overcrowding. 	5	2	10	
Poor hygiene and welfare conditions leading to staff discomfort or illness					
Infection control	<ul style="list-style-type: none"> Refer to and ensure all staff are aware of its contents and new protocols. Decontamination – following advice/guidance from the Health Protection Team. Refer to guidance and posters (where required). PPE will be available for intimate care needs of children, first aid and looking after symptomatic children. This will include gloves, apron and a face mask. If there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. 	5	2	10	https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe
Lack of awareness	All staff will receive this risk assessment, our policy and HMRC briefing. Regular communication with staff.	5	1	5	

Fire drills/evacuations	Fire drills will be carried out as normal, but children will line up in their cohorts with their teacher. Social distancing will be adhered to where reasonably practical.	5	1	5	
Inability to maintain staffing ratios due to staff sickness	Where a cohort's teacher(s) is unavailable due to general sickness a supply teacher will be found if possible.	5	1	5	
Vulnerable staff and children	Prior to return of Staff and children who are vulnerable an individual risk assessment will be carried out.	5	1	5	
Lack of hygiene	<p>Pupils will be instructed to wash their hands as follows:</p> <ul style="list-style-type: none"> • Before leaving home in the morning • On arrival at school • After using the toilet • After breaktimes • Before they eat • After coughing, sneezing or blowing their nose • Before leaving school at the end of the day 	5	1	5	