

Moorgate Primary Academy

Risk assessment for safe working in education during outbreaks of infection, and the management of infection control.

Assessors: Jonathan Williams

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Useful contact information

DFE Incident Support Helpline - 0800 046 8687

Staffordshire County Council Health and Safety Service - 01785 355777

UKHSA - 0344 225 3560

NHS – 111

Appendices

Appendix A – Waste disposal guidance

Appendix B – Exclusions table

Appendix C – Actions to take in the event of an outbreak

Useful links and guidance:

[Advice for people with symptoms of a respiratory infection](#)

[Guidance for people whose immune system means they are at higher risk](#)

[GermDefence](#)

[Living safely with respiratory infections including covid](#)

[Reducing the spread of respiratory infections, including covid, in the workplace](#)

[Health protection in schools and other childcare facilities](#)

[Coronavirus guidance](#)

[Exclusion guidance](#)

[Immunisation](#)

[Educational visits](#)

[Introduction to infections](#)

[Infection prevention and control](#)

[Public health management of specific infections](#)

[Actions in the event of an outbreak](#)

[Diarrhoea and vomiting outbreak checklist](#)

[Health protection resources](#)

| What are the hazards? | Who might be harmed? | What are you already doing? List the control measures already in place | Academy Specific Control Measures | Risk Rating (H/M/L) | What further action, if any, is necessary, if so what action is to be taken by whom and by when? |
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| Managing and supporting individuals who are unwell or classed as vulnerable | | | | | |
| 1.1 People attending the setting who have a respiratory infection / illness, including those who have tested covid positive – spreading the infection | Pupils Staff Parents Visitors | <p>1.1a All staff/pupils/parents/visitors understand the symptoms of COVID-19, flu and common respiratory infections:</p> <ul style="list-style-type: none"> • <i>continuous cough</i> • <i>high temperature, fever or chills</i> • <i>loss of, or change in, your normal sense of taste or smell</i> • <i>shortness of breath</i> • <i>unexplained tiredness, lack of energy</i> • <i>muscle aches or pains that are not due to exercise</i> • <i>not wanting to eat or not feeling hungry</i> • <i>headache that is unusual or longer lasting than usual</i> • <i>sore throat, stuffy or runny nose</i> • <i>diarrhoea, feeling sick or being sick</i> <p>1.1b Government guidance advises that those who are feeling unwell with these symptoms should get plenty of rest, drink water to keep hydrated and use relevant medications to help in managing the symptoms.</p> <p>If individuals have symptoms of a respiratory infection, such as COVID-19, and have a high temperature or do not feel well enough to go to work/carry out normal activities, UKHSA guidance advises them to try to stay at home and avoid contact with other people, until they no longer have a high temperature (if they had one) or until they no longer feel unwell.</p> <p>Avoid close contact with anyone who is known to be at higher risk of becoming seriously unwell if they are infected with COVID-19 and other respiratory infections,</p> | | | |

especially those whose immune system means that they are at higher risk of serious illness, despite vaccination.

1.1c The following actions will reduce the chance of passing on the infection to others:

- Wearing a well-fitting face covering made with multiple layers or a surgical face mask
- Avoiding crowded places such as public transport, large social gatherings, or anywhere that is enclosed or poorly ventilated
- Covering your mouth and nose when you cough or sneeze; wash your hands frequently with soap and water for 20 seconds or use hand sanitiser after coughing, sneezing and blowing your nose and before you eat or handle food; avoid touching your face
- Ventilate rooms you have been in by opening windows and leaving them open for at least 10 minutes after you have left the room
- Regularly clean frequently touched surfaces, such as door handles, and shared areas such as kitchens and bathrooms
- Advise anyone that does need to come into contact with you that you have symptoms, so they can take precautions to protect themselves such as wearing a well-fitting face covering or a surgical face mask, keeping their distance if they can, and washing their hands regularly
- Try to work from home if you can. If you are unable to work from home, talk to your line manager about options available to you

1.1d Children who have symptoms of a respiratory infection, including COVID-19

Children with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend the Academy.

Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where possible. They can go back to school and resume normal activities when they no longer have a high temperature and they are well enough to attend.

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| | | <p>All children with respiratory symptoms are encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands thoroughly after using or disposing of tissues.</p> <p>1.1e Managing a COVID-19 positive test result</p> <p>The UKHSA guidance advises those with a positive covid 19 test result to try to stay at home and avoid contact with other people for 5 days after the day they took their test. If individuals are unable to work from home, they must talk to their line manager about options available to them to reduce the spread of infection.</p> <p>At the end of this period, if individuals have a high temperature or feel unwell, they should continue to follow the UKHSA guidance until feel well enough to resume normal activities.</p> <p>Avoid meeting people at higher risk of becoming seriously unwell from COVID-19, especially those whose immune system means that they are at higher risk of serious illness from COVID-19, despite vaccination, for 10 days after the day the test was taken.</p> <p>Follow the steps described in 1.1c regarding reducing the spread of infections.</p> <p>Children aged 18 years and under who have a positive test result</p> <p>It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.</p> <p>If a child 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.. 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.</p> <p>1.1f Managing those who are a close contact of individuals with covid 19</p> <p>Reduce the risk to other people by taking the steps detailed in 1.1c. If the individual develops symptoms of a respiratory infection, they should try to stay at home and avoid contact with other people and follow the guidance for people with symptoms.</p> | | | |
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| | | <p>1.1g When to wear a face covering</p> <ul style="list-style-type: none"> • When in close contact with someone at higher risk of becoming seriously unwell from COVID-19 or other respiratory infections • When COVID-19 rates are high and you will be in close contact with other people, such as in crowded and enclosed spaces • When there are a lot of respiratory viruses circulating, such as in winter, and you will be in close contact with other people in crowded and enclosed spaces <p>1.1h Reducing the spread of respiratory infections, including COVID-19</p> <ul style="list-style-type: none"> • Participation in the vaccination scheme • Let fresh air in, to help to reduce the concentration of respiratory particles, lowering the risk of airborne transmission of respiratory viruses. The Health and Safety Executive provides guidance on how to assess and improve ventilation in line with health and safety requirements under Workplace (Health, Safety and Welfare) Regulations 1992 • Maintain a clean workplace through regular cleaning and disinfecting of surfaces, soft furnishings, toys, electronics, PE equipment, bathrooms, frequently touched points etc. Staff have cleaning products, soap and hot water, and/or sanitiser which are readily accessible • Maintain hand and respiratory hygiene in accordance with UKHSA guidance | | | |
| <p>1.2 Individuals who are classed by the UKHSA as at higher risk or previously clinically extremely vulnerable</p> | <p>Pupils Staff Parents Visitors</p> | <p>1.2a People who are at higher risk from COVID-19 and other respiratory infections include:</p> <ul style="list-style-type: none"> • 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 <p>Individual risk assessments can be implemented to support those who are at higher risk from infections, detailing control measures which are specific to their role, duties and work areas.</p> <p>Those who are at higher risk from respiratory infections should follow the UKHSA guidance as a minimum.</p> | | | |

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| | | <p>1.2b Those with an immune system which means that they are at higher risk of serious illness:</p> <p>If individuals have been advised by the NHS that they are in one of these groups, they are advised by the government to:</p> <ul style="list-style-type: none"> • Ensure they have had all of the vaccines they are eligible to receive • Continue to follow any condition-specific advice given by their specialist <p>UKHSA guidance advises individuals to avoid meeting with someone who has tested positive for COVID-19 (and anyone in their household) until 10 days after they received a positive test. Also, try to avoid people who have symptoms of COVID-19 or other respiratory infections and have a temperature or feel unwell.</p> <p>Ventilate the work area and consider asking visitors to exercise precautionary behaviours such as keeping their distance. Face coverings may also be considered for the individual and any visitors to their work area.</p> <p>Undertake regular cleaning to their work area and the areas in use by the individual, such as toilets and kitchen facilities.</p> <p>Follow hand and respiratory hygiene - wash hands regularly and avoid touching face, use tissues and dispose in a lined and lidded bin which is subject to daily emptying.</p> <p>Implement an individual risk assessment if required and follow guidance from medical professionals and occupational health practitioners.</p> <p>Staff with certain conditions (immune system means they are at higher risk) may be provided with lateral flow tests and are encouraged to use these if symptomatic and report the results.</p> <p>The Academy discusses any concerns that staff may have and implement control measures as required.</p> <p>1.2c Those previously classed as CEV</p> | | | |
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| | | <p>There is no longer separate guidance for people previously identified as CEV, although the UKHSA recommends that anyone with underlying health conditions takes care to avoid routine coughs, colds and other respiratory viruses.</p> <p>Continue to follow the same guidance as the general public on staying safe and preventing the spread of COVID-19.</p> <p>The Academy discusses any concerns that people previously considered CEV may have and implement control measures and individual risk assessments as required. Follow guidance from medical professionals and occupational health practitioners.</p> <p>Advice is sought from the Occupational Health and HR services to support staff, as required.</p> | | |
| <p>1.3 Pregnant members of staff attending the setting, where there individuals who are known to be unwell / potentially infectious</p> | <p>Staff</p> | <p>1.3a Individual risk assessments are implemented for staff who are pregnant.</p> <p>This supports in managing the risks of covid 19 and respiratory infections, along with any other infections and viruses that can affect pregnant individuals adversely. Individuals to inform their line manager if they become pregnant, to allow a risk assessment and appropriate control measures to be implemented.</p> <p>There is a process in place for informing pregnant staff of infections and viruses in the setting to allow the risks to be managed appropriately.</p> <p>Individuals follow formal medical advice and guidance, and the risk assessment is updated regularly, especially following any changes in guidance or health/medical conditions of the individual.</p> <p>All employers must undertake a workplace risk assessment for their pregnant employees, regardless of Covid. Pregnant workers are supported by their Academy with appropriate risk mitigations in line with recommendations provided by the workplace risk assessment. The Academy ensures that the controls identified by a risk assessment are applied strictly.</p> <p>Pregnant workers continue working where the risk assessment advises it is safe to do so after suitable control measures have been put in place. Pregnant workers are involved in the risk assessment process. Where a significant health and safety risk is identified for pregnant workers, the Academy adjusts the working conditions to remove the risk, where reasonably practicable to do so.</p> <p>The Academy offers support by having individual discussions around pregnant workers concerns, (see HSE guidance on protecting new and expectant mothers at work. See further advice on health and safety for pregnant workers from HSE).</p> | | |

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| | | <p>1.3b Follow advice about how to avoid catching and spreading COVID-19. Follow the measures in 1.1c and 1.2b.</p> <p>1.3c If pregnant staff members get any symptoms of COVID-19:</p> <p>Individuals are advised to stay at home and avoid contact with other people if they have a high temperature or feel unwell – take extra care to avoid close contact with anyone who is at higher risk of getting seriously ill from COVID-19.</p> <p>Individuals are advised to speak to their midwife or maternity team – they will advise what to do.</p> <p>Individuals may go back to their normal activities when they feel better or do not have a high temperature.</p> <p>Advice is sought from the Occupational Health and HR services to support staff, as required.</p> | | | |
| <p>1.4 Supporting people with an illness, people attending the setting risk spreading this on to others and making them unwell</p> | <p>Pupils Staff Parents Visitors</p> | <p>1.4a Steps to reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk include:</p> <ol style="list-style-type: none"> 1. Getting vaccinated. 2. Let fresh air indoors. 3. Practise good hygiene: <ul style="list-style-type: none"> • wash your hands • cover your coughs and sneezes • clean your surroundings frequently 4. Wear a face covering or a face mask. 5. Maintaining a clean working environment 6. Social distancing from those who are unwell, or social distancing from others if you are unwell 7. Avoiding work and contact with others if you are unwell, adhering to exclusion periods accordingly (see links to exclusion periods contained within this risk assessment) | | | |
| <p>Managing infections in educational settings</p> | | | | | |

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| <p>2.1 Spreading infections in the workplace, including outbreaks, and the management of these</p> | <p>Staff Pupils Parents Visitors</p> | <p>2.1a There are 10 elements of Standard Infection Prevention and Control Precautions which when carried out effectively help reduce the risk of transmission of infections:</p> <ul style="list-style-type: none"> • Environment or placement of someone who develops an infection • Hand hygiene • Respiratory and cough hygiene • Personal protective equipment • Safe management of the environment • Safe management of equipment • Safe management of linen or soft furnishings • Safe management of blood and body fluids • Safe disposal of waste (including sharps) • Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites) <p>2.1b Environmental management</p> <p>Prompt exclusion of those who are unwell with an infectious disease prevents the spread of infection (UKHSA).</p> <p>Children with mild, respiratory symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend the setting.</p> <p>Children who are unwell and showing the symptoms of an infectious disease or a diagnostic result should be advised to stay away from the setting for the minimum period recommended in the government's exclusion table.</p> <p>The health protection team (HPT) will advise if there are specific precautions to be taken in response to managing a case or outbreak.</p> <p>Cleaning schedules clearly describe the activities required, the frequency of cleaning and who will carry them out. Cleaning standards are monitored regularly. Staff undertaking cleaning are appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks.</p> <p>Those who are unwell and cannot remain in school will be housed in a designated space of the Academy until they are collected. Access to toilet and handwashing facilities, and medical support is provided as needed. This will be in a designated room, where possible, which the individual can be supported from, where doors can be closed and windows in the room opened. The isolation room will be deep</p> | | | |
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| | | <p>cleaned by an individual wearing appropriate PPE, once the unwell individual has parted. The room is signed as out of use until cleaned.</p> <p>2.1c Hand hygiene</p> <p>Staff and students have access to liquid soap, warm water and paper towels. Bar soap should not be used.</p> <p>All staff and pupils wash their hands after using the toilet, before eating or handling food, after play/break time, after touching animals, after supporting an individual with intimate care or first aid. All cuts and abrasions are covered with a waterproof dressing.</p> <p>Alcohol hand gel can be used if appropriate hand washing facilities are not available but will not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting.</p> <p>2.1d Respiratory and cough hygiene</p> <p>Staff and children are advised to cover their nose and mouth during sneezing and coughing as this can reduce the spread of infections. Spitting is discouraged.</p> <p>Anyone with signs and symptoms of a respiratory infection, regardless of the cause, follows respiratory hygiene and cough etiquette, specifically:</p> <ul style="list-style-type: none"> • Cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene • Cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand • Keep contaminated hands away from the mucous membranes of the eyes and nose • Carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials <p>Lined and lidded bins are provided for waste disposal, and are emptied on a daily basis.</p> | | | |
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| | | <p>2.1e Personal protective equipment</p> <p>If there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons must be worn as a minimum</p> <p>Gloves and aprons are disposable, non-powdered vinyl/nitrile or latex-free and CE marked.</p> <p>Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face.</p> <p>Wash hands following use of PPE, for 20 seconds, with soap and water.</p> <p>2.1f Cleaning</p> <p>Cleaning with detergent and water removes the majority of germs that can cause disease. The Academy maintains stocks of detergents and cleaning materials, and a designated staff member orders further materials when stocks are running low.</p> <p>A colour coding system is in place for cleaning resources and materials. Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas.</p> <p>Cleaning equipment used is disposable or, if reusable, disinfected thoroughly after each use in a designated washing facility.</p> <p>Enhanced cleaning is undertaken during an outbreak. Regular cleaning takes place (daily) of areas in regular use and high frequency touch points. Cleaning takes place by Hi Spec cleaning staff at the end of each day.</p> <p>Staff monitor cleaning standards and discuss any issues with cleaning staff, or contractors employed by the Academy.</p> <p>Cleaning solutions are stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.</p> <p>In the event of an outbreak of infection, more frequent, deep cleaning will take place including twice daily cleaning of areas (with particular attention to door handles,</p> | | | |
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| | | <p>toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.</p> <p>2.1g Sanitary facilities</p> <p>Hand wash basins with warm running water along with a mild liquid soap, wall mounted with disposable cartridges, are available throughout the school.</p> <p>Disposable paper towels are stocked next to basins in wall mounted dispensers, together with a nearby foot-operated wastepaper bin which is emptied daily.</p> <p>Toilet paper is available in each cubicle. Suitable sanitary disposal facilities are provided where there are females including children aged 9 or over, and there is a contract in place with a supplier, who compliantly disposes of this waste on a regular basis.</p> <p>2.1h Occupied spaces are well ventilated</p> <p>Occupied spaces are kept well ventilated to help reduce the amount of respiratory germs. This includes:</p> <ul style="list-style-type: none"> • Opening windows and doors to let fresh air in (with due regard to safeguarding, security and fire safety requirements) • Opening windows, or higher level windows to reduce draughts as needed • Using ventilation systems that are present in the school <p>Ensure that windows / doors are closed when the space is not occupied, for security reasons.</p> <p>2.1i Safe management of linen and soft furnishings</p> <p>There is a designated area on site where there is a need for laundry facilities which:</p> <ul style="list-style-type: none"> • Are separate from any food preparation areas • Are near appropriate hand washing facilities • Have a washing machine with a sluice or pre-wash cycle <p>Staff involved with laundry services ensure that:</p> <ul style="list-style-type: none"> • Manual sluicing of clothing is not carried out as there is a risk of inhaling fine contaminated aerosol droplets; soiled articles of clothing | | | |
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| | | <p>should be rinsed through in the washing machine pre-wash cycle, prior to washing</p> <ul style="list-style-type: none"> • Gloves and aprons are to be worn when handling soiled linen or clothing • Hands are thoroughly washed after removing the gloves and aprons <p><u>Dealing with contaminated clothing</u> Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing is removed as soon as possible and placed in a plastic bag. It is sent home with the child with advice for the parent on how to launder the contaminated clothing.</p> <p>Any contaminated clothing is washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.</p> <p>Posters displayed in each building regarding infection control, to inform parents and visitors of hygiene requirements and the symptoms of infectious illnesses</p> <p>Parents provided with information regarding infection control through Academy newsletters, updates to the website</p> <p>Government and PHE guidance is sought and adhered to regarding the control of infections</p> | | | |
| <p>2.2 Food hygiene – spread of infections through catering and cooking activities</p> | <p>Staff Pupils Parents</p> | <p>2.2a Effective cleaning and disinfection are critical 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.</p> <p>All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected.</p> <p>Training is provided for the use of any equipment and chemicals.</p> <p>Operation and maintenance of equipment is according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.</p> <p>Handwashing takes place before and after cooking, and during as necessary. No participants put their hands in their mouth whilst cooking.</p> | | | |

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| | | <p>Staff handling food, working in food prep areas.EYFS, and leading catering lessons are trained in food hygiene.</p> <p>2.2b There is a catering specific risk assessment (for lessons) which considers and implements control measures to prevent infections spreading, and cross contamination.</p> <p>The Academy has risk assessments from their Hi Spec catering team which implements measures to prevent infections spreading, and cross contamination.</p> <p>Food hygiene requirements must be adhered to. Staff are trained to the appropriate levels of food hygiene.</p> <p>Those who are subject to S&D related illnesses are not involved in cooking activities and isolate for the designated time period. Food that has been cooked during catering lessons is not shared.</p> | | | |
| <p>2.3 Grounds and facilities maintenance</p> | <p>Staff Pupils Parents Visitors</p> | <p>2.3a Grounds are checked and inspected on a daily basis, removing animal waste and other hazardous materials / sharps.</p> <p>Hazardous materials to be disposed of in accordance with the infection control policy.</p> <p>Those undertaking this work wear closed toe shoes and PPE such as gloves. Litter pickers may also be used to prevent touching such hazardous materials / sharps.</p> <p>Waste and hazardous materials are disposed of in accordance with sharps and infection control policy guidance.</p> <p>Pest control may be contacted if this becomes a regular occurrence.</p> <p>2.3b Staff notify the designated staff member of any issues of this nature within the grounds.</p> <p>Areas to be cordoned as out of use where they are not safe to use or not immediately able to be cleared.</p> <p>Outdoor play equipment and grounds are visually checked before use, to ensure and support safety.</p> <p>Children are supervised at all times when undertaking outside activities.</p> | | | |

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| | | <p>2.3c Cleaning materials, soap, water and sanitiser can be accessed with ease, by all staff members.</p> <p>Pupils can wash their hands regularly and are given opportunities to do so.</p> <p>Individuals report issues with the hygiene or cleanliness of school facilities to the designated person.</p> <p>Facilities in school are fit for purpose, to support hygiene requirements.</p> <p>Regular site tours address hygiene and safety issues, and restock hygiene supplies.</p> | | | |
| <p>2.4 Educational visits – inside and outside of the UK</p> | <p>Staff Pupils Parents Volunteers</p> | <p>2.4a The relevant insurance checks are made prior to making a booking for school visits, particularly where this is abroad / residential.</p> <p>2.4b The Academy will undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.</p> <p>The Academy seeks safety information from the venue, to assess suitability of the visit prior to attending, and ensure that appropriate control measures can be implemented and documented.</p> <p>Appropriate levels of first aid equipment and PPE are taken on the visit.</p> <p>Evolve is used for risk managing visits. Staff are trained in the use of Evolve, and there is a trained EVC for the Academy.</p> <p>2.4c There is a contingency plan in place should a child or staff member become ill during a visit.</p> <p>First aid equipment is taken on the visit and it is established as to what first aid is accessible at the venue, too. First aid kits are taken on all educational visits, and first aid trained staff members attend.</p> <p>Guidance educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP)</p> | | | |

2.4d There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds.

Further details on health considerations and actions to take before, during and after the activity can be found in the [OEAP guidance](#) .

Parents and carers made aware 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. This is recorded on My Health and Safety.

[Children should not swim](#) in public swimming pools or participate in school swimming lessons for 2 weeks after diarrhoea and vomiting has stopped.

2.4e Educational visits to locations such as farms and zoos

There are a number of diseases that can be passed on to pupils and staff 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.

In order to protect their own health and that of their unborn child, those who are, or may be, pregnant should be advised to [avoid close contact with livestock animals that are giving birth](#).

People can become infected through direct contact with animals, contact with an environment containing animal faeces or consuming contaminated food or drink. The Academy follows hygiene recommendations such as:

- Washing hands thoroughly with soap and water immediately after contact with animals. Younger children are 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

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| | | Further information relating to visiting farms is available on the Access to Farms website. | | | |
| 2.5 Pets and animal management | Staff Children Animals | <p>2.5a Contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites.</p> <p>Pets on site are mature and toilet trained. A knowledgeable person is responsible for the animal/s and the animal/s on site are fully risk assessed.</p> <p>This individual abides by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met.</p> <p>Risk management documentation details:</p> <ul style="list-style-type: none"> • The types of animals allowed in the setting • How to manage them and permitted behaviour whilst on the premises • Where they can go and where they cannot go when in the setting • Insurance liability of owners and handlers • Control measures to manage the risks presented by animals on site <p>2.5b Specific advice for all pets on site is followed, ensuring:</p> <ul style="list-style-type: none"> • Animals are always supervised when in contact with children • Children and staff are advised to wash their hands with soap and water, for 20 seconds, 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 that is not consumed within 20 minutes is taken away or covered to prevent attracting pests | | | |

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| | | <p>2.5c There are some additional considerations for cats in education settings, such as:</p> <ul style="list-style-type: none"> • Cat litter trays should be cleaned daily wearing disposable gloves • Litter trays are not be placed near food preparation, storage or eating areas • Hands are washed immediately after cleaning litter trays • Pregnant staff do not clean litter trays due to a risk of toxoplasmosis <p>There is a full risk assessment in place and animal welfare plan.</p> <p>2.5d Reptiles in education and childcare settings</p> <p>Reptiles are not suitable as pets in education and childcare settings as all species can carry salmonella which can cause serious illness.</p> <p>Children under 5, those who are pregnant, the elderly and those with weaker immune systems are particularly at risk from salmonella infection.</p> | | | |
| <p>2.6 Lettings using the premises</p> <p>Wraparound providers using the premises</p> | <p>Staff Pupils Letting attendees Wraparound attendees</p> | <p>2.6a The Academy may hire out their premises for use by external bodies or organisations, such as external coaches or after-school or holiday clubs or activities. In doing so, the Academy ensures that they work with providers to consider how they can operate within their wider protective measures and should also have regard to any other relevant UKHSA and government guidance.</p> <p>The Academy ensures that the organisation letting the room/building has considered the relevant UKHSA/government guidance for their sector and have put in place protective measures/infection control.</p> <p>Where lettings of internal rooms and facilities are requested, the Academy ensures that all infection control measures have been implemented to ensure that the risk of transmission is not increased with particular reference to enhanced cleaning regimes.</p> <p>Where lettings are using outside areas for sporting activities the risk of interaction with Academy premises is assessed.</p> | | | |

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| | | <p>All lettings follow the guidance in Health and Safety for Lettings, including carrying out and recording the hazard exchange process and implementing specific risk assessments.</p> <p>Keyholders for lettings are staff, for insurance purposes, and to limit cross handling of keys.</p> <p>2.6b Out of school activities and settings follow the same system of controls detailed in this risk assessment.</p> <p>Where they are run by organisations outside of schools, the Academy agrees the control measures to be implemented and ensures copies of risk assessments are obtained.</p> <p>The system of controls includes:</p> <ul style="list-style-type: none"> ○ Ensuring good hygiene for everyone ○ Maintaining appropriate cleaning regimes, using standard products such as detergents ○ Keeping occupied spaces well ventilated ○ Following public health advice | | | |
| First aid and care of individuals | | | | | |
| 3.1 Providing intimate care – staff supporting pupils/students | Staff Pupils/students | <p>3.1a There is an intimate care policy in place which staff have access to and follow when intimate care is required. The safeguarding policy is also adhered to.</p> <p>Care plan in place for pupils / individual risk assessment.</p> <p>PPE to be worn should intimate care be required e.g. glove, face masks, eye protection (if there is a risk of splashing).</p> <p>Parents may be contacted to collect child/bring a change of clothes/support changing in some instances. Main office to arrange this. Follow guidance in section 2.1 also.</p> <p>Facilities used for intimate care are cleaned with antibacterial agents following use. Staff undertaking the cleaning wear PPE to do so.</p> <p>3.1b Children in nappies have a designated changing area which is:</p> | | | |

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| | | <ul style="list-style-type: none"> • Away from play facilities and any area where food and/or drink is prepared or consumed • Next to appropriate hand washing facilities <p>Staff wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.</p> <p>Staff involved in managing nappies:</p> <ul style="list-style-type: none"> • Wrap soiled nappies in a plastic bag before disposal in the general waste • Clean children’s skin with a disposable wipe (not flannels) • 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 <p>A designated sink for cleaning potties (not a hand wash basin) should be located in the area where potties are used. Disposable gloves should be worn to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.</p> <p>Hands washed using soap and warm water and dried after removing disposable gloves.</p> <p>3.1c Children and young people who use continence aids are encouraged to be as independent as possible.</p> <p>The principles of basic hygiene are applied by both children and staff involved in the management of these aids.</p> <p>Continence pads are changed in a designated area. Appropriate PPE (disposable gloves and a disposable plastic apron) are worn and changed after every child. Hand washing facilities are readily available.</p> | | | |
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| | | <i>Although nappy waste is considered non-hazardous, in quantity it can sometimes be offensive and cause handling problems. If the setting produces significant amounts of used nappies, it will contact the local authority to discuss appropriate disposal arrangements.</i> | | | |
| 3.2 Providing first aid – staff supporting pupils / students, other employees, volunteers, visitors | Staff Pupils Volunteers Visitors Parents | <p>3.2a Staff wear protective gloves when providing first aid treatment</p> <p>Open wounds (especially on the hands) are covered</p> <p>Further PPE (masks, eye coverings) is worn where there is a risk of splashing or where risk assessment deems necessary</p> <p>PPE is stocked and checked regularly to ensure that it does not run out</p> <p>PPE is of the appropriate British standard/grade/quality and is hypoallergenic, and is disposable</p> <p>Sterile plasters / bandages and other coverings are used</p> <p>3.2b Medical waste is disposed of in accordance with the infection control policy and this risk assessment</p> <p>Access to medical / hazardous / sanitary waste bins is not permitted by children – staff monitor this and ensure that it is inaccessible</p> <p>Other hazardous waste is disposed of in accordance with the infection control policy / this risk assessment</p> <p>3.2c Any spills are cleared in accordance with the relevant risk assessments, the infection control policy and safety guidance</p> <p>Disposable bowls are used for vomit</p> <p>Materials to support with cleaning spills are stocked and assessed in accordance with COSHH</p> <p>Spill kits are readily available in the setting</p> <p>PPE is used for clearing spills</p> <p>3.2d If children are not well enough to remain in the Academy, parents / carers collect the pupil/student.</p> | | | |

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| | | <p>Where required they will be isolated in a room (where they can be suitably monitored) i.e. the first aid room until collected. This room will be deep cleaned afterwards.</p> <p>Parents / carers are informed of the period of time that pupils need to be kept off school for when they are ill, in accordance with the government's exclusion table (see appendices).</p> <p>3.2e Occupational safety and managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)</p> <p>Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely. This can be done by either contacting the local authority or school nurse.</p> <p>If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:</p> <ul style="list-style-type: none"> • Wash the wound thoroughly with soap and warm running water • Cover the wound with a waterproof dressing • Record it in the accident book and complete the accident form • Seek immediate medical attention or advice from the local accident and emergency department or occupational health provider | | | |
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| <p>3.3 Management of blood and bodily fluids</p> | <p>Staff Pupils</p> | <p>3.3a Cleaning blood and body fluid spills</p> <p>Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned immediately, wearing PPE. Use gloves and an apron if splashing is anticipated and risk assess the need for eye protection.</p> <p>Spillages must be cleaned using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed.</p> <p>Use disposable paper towels or cloths to clean up blood and body fluid spills. These should be disposed of immediately and safely after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.</p> <p>Cleaning of any spillages must be done through the use of correct cleaning materials, detailed in the infection control policy and appendices of this risk assessment</p> <p>Refer to the cleaning section of this risk assessment also.</p> <p>3.3b Managing cuts, bites, nose bleeds</p> <p>Standard precautions are taken when dealing with any cuts/abrasions that involve a break in the skin or body fluid spills.</p> <p>There are nominated first aiders who are appropriately trained to manage issues such as this.</p> <p>Standard Infection Prevention and Control (SIPC) precautions are used for everyone to reduce the risk of unknown (and known) disease transmission. These include:</p> <ul style="list-style-type: none"> • Wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron • Carefully cleaning the wound under running water or using a disposable container with water and wipes; carefully dab dry • Covering all exposed cuts and grazes with waterproof plasters | | | |
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| | | <ul style="list-style-type: none"> Keep the dressing clean by changing it as often as is necessary Managing all spillages of blood or body fluids <p>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 immediately.</p> | | | |
| 3.4 Waste management | Staff Pupils Visitors Waste management companies | <p>3.4a Safe management of waste</p> <p>The Academy ensures that waste produce is dealt with by, as relevant to the type of waste, a licensed waste management company. Follow the infection control policy and associated risk assessments.</p> <p>Any used PPE is 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. Wear appropriate PPE during cleaning and disposal. Hands must be washed with soap and water for at least 20 seconds after PPE has been removed.</p> <p>Change gloves before proceeding to take the waste to the correct receptacle due to the risk of transference to touch points such as door handles.</p> <p>Those wearing PPE are trained in how to remove it safely.</p> <p>See Appendix A.</p> <p>3.4b Waste segregation</p> <p>All wastes produced must be placed in appropriately coloured / labelled bag. Each bag must be filled to no more than two thirds capacity.</p> <p>Each bag must be securely fastened with adhesive tape or plastic security grips to prevent risks of spillage of contents.</p> <p>Ensure waste is appropriately stored and not accessible to others whilst waiting collection. Waste to be stored safely and kept away from children.</p> <p>Bins to be sanitised regularly / have pedals.</p> | | | |

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| <p>3.5 Support for physical needs</p> | <p>Staff Pupils</p> | <p>3.5a PPE is worn by staff, where required, to enable them to safely provide support, in accordance with the child's individual needs.</p> <p>The PPE will be dependent on the nature of the support provided and the risk assessment for the child.</p> <p>Once completed, all disposable protective equipment is disposed of and hands should be thoroughly washed by the staff member and child for at least 20 seconds after PPE has been removed. Non-disposable PPE is cleaned thoroughly.</p> <p>3.5b Individual risk assessments are provided according to the needs of the individual.</p> <p>The Academy's procedures and risk assessments for delivering care of this nature are reviewed regularly.</p> <p>There are policies in place for supporting children with medical conditions, which can be accessed via the website.</p> <p>Staff are adequately trained in providing this support.</p> <p>Wherever possible, staff to encourage children to undertake self-care and staff supervise as necessary in accordance with safeguarding and intimate care policies.</p> <p>The Academy follows the guidance provided on supporting pupils at school with medical conditions.</p> <p>3.5c Staff wash hands thoroughly before and after supporting a child.</p> <p>Enable regular sanitisation of mobility aids and other such resources, such as walkers.</p> <p>Care to be undertaken in a facility which is local to handwashing facilities, or should as a minimum provide sanitiser which the staff member will use before accessing handwashing facilities.</p> <p>The area in which the care has been undertaken to be sanitised following use.</p> <p>Waste to be disposed of in accordance with the infection control policy and risk assessments.</p> | | | |
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| <p>3.6 Aerosol generating procedures risk the transfer of infections</p> | <p>Staff Children Parents</p> | <p>(For academies who support children who require AGPs). Standard PPE includes eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.</p> <p>The room in which AGPs take place is ventilated to reduce the risk of transmission.</p> <p>Staff supporting with AGPs are fully trained.</p> <p>AGPs will take place in a designated room and will be deep cleaned on a regular basis and after each procedure.</p> <p>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.</p> <p>There is a designated risk assessment in place for AGPs.</p> | | | |
| <p>Cleaning and hygiene</p> | | | | | |
| <p>4.1 Staff and child adherence to good hygiene practices</p> | <p>Staff Children Visitors Volunteers</p> | <p>4.1a Hand hygiene</p> <p>Signage used in toilets to remind staff and pupils to wash their hands to prevent the spread of germs.</p> <p>Pupils are taught about the importance of washing their hands, and techniques to do so. Posters displayed in prominent places as a reminder.</p> <p>Hands are washed with soap at key times throughout the day including:</p> <ul style="list-style-type: none"> • Before and after personal contact • Following cleaning activities • Before handling food • Before eating or drinking • Before taking medication • Before inserting contact lenses • After contact with body fluids • After removing gloves • Whenever hands are visibly dirty | | | |

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| | | <ul style="list-style-type: none"> • After any activity or contact that contaminates the hands including using the toilet, coughing, sneezing, handling waste etc. even if gloves have been worn <p>Hands washed with soap before (where required) and after activities such as forest school, art, DT and cooking.</p> <p>Anti-bacterial soap is available in all toilets and catering facilities, topped up at regular intervals (daily checks). In the absence of immediate access to hand washing facilities, alcohol hand sanitiser is available for use and is regularly stocked and topped up</p> <p>Hand sanitisers are available for use</p> <p>Staff trained in putting on and taking off PPE correctly</p> <p>Staff wash hands after removing gloves</p> <p>Children using sanitiser to be supervised and any spillages to be signed (where appropriate) and cleaned.</p> <p>4.2a Respiratory hygiene</p> <p>Catch it, bin it, kill it guidance is followed. Children are taught about good hygiene. Tissues and lidded bins are provided in the building</p> <p>Tissues are topped up regularly.</p> <p>Bins are emptied daily.</p> <p>4.1c Sharing resources / work areas</p> <p>Hot desking is minimised, as is the sharing of other resources around the Academy</p> <p>Shared resources and equipment are sanitised regularly.</p> <p>Children and staff use their own resources</p> <p>Classrooms and offices / other work areas kept clean and tidy, cleanliness monitored by department staff. Touch points are cleaned by staff throughout the day, with antibacterial agents</p> | | | |
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| | | <p>Resources which have the potential to have been contaminated are taken out of use and cleaned using antibacterial agents and those undertaking cleaning wear PPE</p> <p>Resources which cannot sufficiently be cleaned will either be steamed or disposed of appropriately</p> <p>Shared desks and resources are cleaned before / after use</p> <p>Shared areas and touch points are sanitised regularly e.g. toilets, staff room, kitchenette, reprographics rooms, signing in points</p> <p>4.1d Cleaning areas known to have housed an infectious person</p> <p>Academy areas which are known to have housed staff/pupils/visitors with infections should be cleaned with antibacterial agents after use e.g. first aid room</p> <p>This will be undertaken in accordance with the infection control policy</p> <p>Staff wear appropriate PPE whilst cleaning (gloves, apron, eye protection if there is a risk of splashing) and follow the designated processes for PPE removal and disposal</p> | | | |
| <p>4.2 Cleaning of the site by Hi Spec cleaning staff</p> | <p>Staff Pupils Visitors</p> | <p>4.2a Cleaning standards</p> <p>Cleanliness of the Academy is to be kept to high standards by cleaning staff. The Academy is audited regularly by the cleaning contract manager / cleaning supervisor.</p> <p>Appropriate cleaning products to be used for each area with extra care being taken in high risk areas such as toilets, medical areas, kitchens, touch points.</p> <p>Cleaning staff have a specification to adhere to, paying particular attention to high risk areas which could cause the spread of infection such as toilets, bannisters, door handles and pupil tables.</p> <p>Cleanliness of the kitchen to be upheld by the catering staff with interim deep cleans to be carried out throughout the year. The nature of the cleaning and</p> | | | |

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| | | <p>materials used are determined by the catering service provider / staff in accordance with environmental hygiene requirements.</p> <p>Offices and classrooms are to be kept clean and tidy, cleanliness is monitored by all staff.</p> <p>The cleaning schedule ensures more frequent cleaning of all rooms / shared areas, surfaces that are frequently touched, toilets are cleaned regularly and pupils are encouraged to clean their hands thoroughly after using the toilets. All touch points and shared areas will be thoroughly cleaned at the start/end of each day using anti-bacterial agents / detergents.</p> <p>The Academy will be deep cleaned during holiday periods and following infection outbreaks in the setting. Areas are taken out of use as required.</p> <p>Frequently touched surfaces should be wiped down twice a day, and one of these is at the beginning or the end of the working day where there has been an outbreak.</p> <p>Cleaning is more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities.</p> <p>Surfaces are sanitised following coughs / sneezes and hands are washed for 20 seconds</p> <p>Avoid creating splashing and spray when cleaning. Use dispensers which help to avoid this</p> <p>When items cannot be cleaned or laundered using detergents e.g. soft items, these should be steam cleaned or disposed of</p> <p>4.2b Cleaning products</p> <p>COSHH is produced to support the safe use of the products. Cleaning is undertaken in accordance with the relevant risk assessments and specifications.</p> <p>Cleaning equipment for different areas must be stored separately to avoid cross contamination.</p> | | | |
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| | | <p>Cover all new and existing cuts and grazes with waterproof dressings or gloves prior to cleaning any hazardous waste.</p> <p>Cleaning products are provided in classrooms and offices to ensure on the spot cleaning can be provided as required.</p> <p>All areas that house cleaning products purchased by the Academy are checked regularly and stocks ordered before they run out. Staff report low cleaning stocks to Hi Spec.</p> <p>Cleaning items are single use where possible.</p> <p>PPE is provided for cleaning. Staff report low stocks of products and PPE to Val Swindell who will arrange re-stocking of the items.</p> <p>Items that have been used to clean such as wipes and mop heads must be placed in a double lined and lidded bin, which is disposed of daily.</p> <p>COSHH is kept on file for the use of hand sanitisers, soaps and other cleaning materials. This is shared with staff as relevant.</p> <p>Gloves are disposed of following each use and are changed between cleaning areas e.g. gloves are changed after cleaning toilet areas and before moving onto another area of the Academy building.</p> <p>Cleaning staff use a colour code system when using cleaning materials to avoid cross contamination.</p> <p>Cleaning equipment for different areas must be stored separately to avoid cross contamination (e.g. toilets and kitchen).</p> <p>Academy staff should not use contractor equipment and visa-versa.</p> <p>Avoid mixing cleaning products together as this can create toxic fumes. Avoid creating splashes and spray when cleaning.</p> <p>Any cloths and mop heads used must be disposed of and should be put into waste bags. Cleaning materials used where there is known to be a case of COVID-19 or other respiratory infection will be disposed of in accordance with the waste section of this risk assessment.</p> | | | |
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| | | <p>4.2c Cleaning contaminated areas</p> <p>The minimum PPE to be worn for cleaning an area after a person with symptoms of an infection has left the setting, is disposable gloves and an apron</p> <p>Wash hands with soap and water for 20 seconds after all PPE has been removed</p> <p>Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, are cleaned thoroughly as normal</p> <p>All surfaces that the infectious person has come into contact with are cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells</p> <p>Disposable cloths or paper roll and disposable mop heads are used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – one site, one wipe, in one direction.</p> <p>Products used are:</p> <p>a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)</p> <p>or</p> <p>a household detergent followed by disinfection (1,000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants</p> <p>or</p> <p>if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses</p> <p>Areas of the building may be fogged as part of the deep cleaning process, where the risks of transmission are high. This will be undertaken on advice of the local authority or UKHSA</p> <p>4.4 COSHH</p> | | | |
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| | | <p>COSHH assessments and MSDS are in place for any cleaning substances/ substances hazardous to health in use.</p> <p>Any new substances brought to site must be risk assessed, this requires a Material Safety Data Sheet (MSDS) to be obtained and a risk assessment of the use of the substance to be carried out.</p> <p>Staff undertake cleaning (e.g. their own workspaces) therefore a COSHH assessment for substances used is in place and communication of the control measures in a COSHH assessment is given to all staff using the substances.</p> <p>Individual staff may also wish to bring substances to school to clean their personal belongings. In this situation, if Academy leaders permit these substances to be brought to site, all good practice and usual arrangements must apply, and permission granted for their use once a COSHH assessment has taken place.</p> <p>Some pupils may wish to have their own hand sanitiser with them for personal use. This may be beneficial for pupils with allergies etc. The Academy policy on this is clearly communicated to parents. Pupils should be self-sufficient in being able to use and apply these safely.</p> | | | |
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This risk assessment will be reviewed at least termly to reflect any changes in guidance.

Signature of assessor:

Print name:

Signature of approver:

Print name:

Date approved

Appendix A - Waste Disposal Routes

| Type of Waste | Storage | Method of Disposal |
|---------------|-------------------------------------|---------------------------|
| Sharps | Yellow sharps bin in first aid room | Approved contractor - PHS |

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| Hazardous/infectious waste | Yellow bag within the hazardous waste bin in the first aid room | Approved contractor - PHS |
| Sanitary waste | Sanitary bin in female toilets | Approved contractor – Hygienic Concepts |
| Offensive waste | Yellow bag within the hazardous waste bin in the first aid room | Approved contractor - PHS |
| Pharmaceutical waste | Original or suitable protective container | Return to pharmacist/family/carer |

Spillage Clearance Routes

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| Spillage | Cleanser |
| All body fluids except blood i.e. vomit, urine, faeces | Disinfecting detergent |
| Blood | Sanitiser to be used according to manufacturer's instructions |
| Body spills | Body spill pack |

Cleaning Materials to be Utilised

| Agent | Preparation | Use |
|---------------------------|---|--|
| General purpose detergent | As supplied | Routine and environmental cleaning |
| Disinfecting detergent | Follow manufacturer's instructions | Cleaning all body fluids except blood |
| Sanitiser | Follow manufacturer's instructions | Blood and body fluid spillages except urine. Hot water and detergent will be adequate for urine |
| Hypochlorites (bleach) | As per COSHH and MSDS – must be approved prior to use | Disinfection of hard surfaces and equipment, especially toilets – must be discussed with the Head Teacher prior to use |

Appendix B – Exclusions Table

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 |
| 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) |

| Infection | Exclusion period | Comments |
|---|---|---|
| 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. |
| 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 |

| Infection | Exclusion period | Comments |
|---|------------------|--|
| 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 |
| Head lice | None | |

| Infection | Exclusion period | Comments |
|---------------------|---|--|
| 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 |
| 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 |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more |

| Infection | Exclusion period | Comments |
|---------------------------|----------------------------------|--|
| 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. 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 |

| Infection | Exclusion period | Comments |
|--|--|---|
| 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 |

| Infection | Exclusion period | Comments |
|-----------------------------|--|---|
| 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.

The NHS website has a [useful resource](#) to share with parents.

Appendix C – Outbreak management – [link to government guidance](#)

What to do if you suspect an outbreak or incident

All settings should have in place baseline infection prevention and control measures that will help to manage the spread of infection.

If an outbreak or incident is suspected, education and childcare settings should review and reinforce the baseline infection prevention and control measures they already have in place.

This will include:

- Ensuring that all staff and students who are unwell do not attend the setting. Further guidance on the management of specific infectious diseases, including advised exclusion periods can be found in Appendix 2
- Ensuring all eligible groups are enabled and supported to take up the offer of [national immunisation](#) programmes including coronavirus (COVID-19) and flu
- Ensuring occupied spaces are well ventilated and let fresh air in
- Reinforcing good hygiene practices such as frequent cleaning
- Considering communications to raise awareness among parents and carers of the outbreak or incident and to reinforce key messages, including the use of clear hand and respiratory hygiene measures within the setting such as [E-Bug](#)

Settings or parents or carers may wish to speak to their health visitor (childcare settings) or school nurse (all schools) about the support they can offer.

When to seek advice from your UKHSA health protection team

Most infectious diseases in education and childcare settings can be managed by following the advice provided in the link above – public health management of specific infectious diseases, and ensuring children, young people and staff follow the recommended exclusion periods.

Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local UK Health security Agency (UKHSA) health protection team ([HPT](#)) of suspected cases of certain (notifiable) infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism. Education and childcare settings will be contacted if there are actions required within the setting as part of public health management.

Education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- 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

Education and childcare settings are also asked to contact their UKHSA HPT as soon as possible 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 septicemia
- scarlet fever (if an outbreak or co-circulating chicken pox)
- tuberculosis (TB)
- typhoid
- whooping cough (also called pertussis)

What information may be asked for

If you are wishing to contact your UKHSA HPT due to concerns about an outbreak or incident in your setting, then it will be useful to have the information listed below available. This will help the health protection team to assess the size and nature of the outbreak or incident and advise on any recommended actions. Contact details are provided in the resources link above.

Information includes:

- type of setting, for example nursery or special needs school
- total numbers affected (staff and pupils)
- total numbers attending (staff and pupils)
- any food handlers affected
- number of classes, rooms, year groups affected (including nursery if applicable)
- symptoms experienced

- date when symptoms started including a brief overview of the sequence of numbers of new cases since the outbreak started.
- any indications of severe disease such as overnight admissions to hospital
- were there any events or trips in the week prior to the start of the outbreak
- if known whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

You can find the contact details of your local UKHSA HPT on [GOV.UK](https://www.gov.uk).

What actions will be recommended

If you need to contact your UKHSA HPT, they will conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will then inform the need for any further actions which may include:

- reinforcement of baseline infection prevention and control measures
- communication to parents and carers
- exceptionally, temporary advice to reduce mixing among a targeted group
- exceptionally, the temporary use of face coverings in communal areas

Your UKHSA HPT will advise on whether any of these actions are recommended.

They may consider holding an incident management team (IMT) meeting which would bring together local stakeholders and the appropriate local authority. If, in exceptional circumstances and as a last resort, limiting the number of children or young people attending the setting is considered necessary for public health reasons^{[footnote 31](#)}, this should be discussed at an IMT meeting before being implemented.

Classification of an outbreak

An outbreak or incident may be defined in epidemiological terms as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

For example:

- 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people with respiratory symptoms

These definitions should not be taken as a threshold for reporting or action. Please follow the guidance [above](#) for when to seek help or report infections in your setting.

Confidentiality

It is important to note that health protection teams are bound to manage personal case details in strict confidence. Therefore, information given to settings from the team for distribution during an outbreak will never name cases or give out any personal details.

Organisations where cases are identified are also bound to manage personal case details in strict confidence.

Read further information on the Personal Information Charter which can be found on [GOV.UK](#).

1. It is acknowledged that all education and childcare settings have a baseline level of absences and that it is not always possible to know what children are ill with but that a setting may be able to identify where there is a noticeable change in absences over a few days or successive weeks, for example, 'a rapidly increasing number' may look like a doubling of absences across the setting or in a year group in a short space of time. [↪](#)
2. Being admitted to hospital is generally an indication of severe illness where this requires at least an overnight stay (note: where you are informed that assessment and discharge from a hospital ward have occurred on the same day this is not the same as being admitted and does not indicate a more severe illness) [↪](#)
3. Any decision for education or childcare settings to temporarily limit attendance for business continuity reasons, such as staff shortages, is for the setting management and local authority. Any communication to parents, carers and staff should make clear that this decision has not been made on public health grounds. [↪](#)