Infection Reduction Measures (Strep A)

Risk Assessment

Infection Reduction Measures (Strep A)

Date of risk assessment: December 2022

What are the hazards?	Who might be harmed and how?	What are you planning to do?	Do you need to do anything else to control this risk?	Action by who?
Spread of Strep A within the School	Pupils, Staff and Parents Poor hand and respiratory hygiene, lacking in fresh air/poor ventilation, lacking in cleaning regime, touch point contact infection, staff and pupils coming into the school with Strep A leading to an increased risk of the infection spreading	 The control measures below are very similar to those offered during 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 norrovirus Advise all individuals to clean their hands after using the toilet, before eating or handling food and after playtime. 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 Good ventilation is strongly recommended. Opening windows or doors is the simplest way of improving ventilation in classrooms and office spaces. If possible, maintain openings throughout the day to allow a constant flow of fresh air into the classroom or office. The more people occupying an area that is poorly ventilated, and the longer they remain in it, the greater the risk of spread of respiratory infections. Where the weather is not conducive to windows and doors being left open, even a 10-minutuperiod of open windows between lessons will reduce the risk of airborne transmission.<td>Good communication is key with all members of staff and facilities team.</td><td>ALL STAFF</td>	Good communication is key with all members of staff and facilities team.	ALL STAFF

Spread of Strep A within the School	Pupils, Staff and Parents Poor hand and respiratory hygiene, lacking in fresh air/poor ventilation, lacking in cleaning regime, touch point contact infection, staff and pupils coming into the school with Strep A leading to an increased risk of the infection spreading	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. 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.	Ensure cleaning staff are comfortable with requirements and have been sufficiently communicated to.	Operations Team
Change in government advice not followed / adhered to	Pupils, Staff and Parents	Government advice will be closely followed and this risk assessment will be updated when new or further information is available, as soon as is practicable.	ISBA and UKHSA website to be regularly reviewed for updates	Operations Bursar
Changes to this risk assessment are not communicated	Pupils, Staff and Parents	Any updates to this risk assessment will be communicated via all-staff email and where necessary via parent comms.		Operations Bursar
Local Health Protection Team (HPT) are not made aware of an outbreak	Pupils, Staff and Parents	The School will contact their UKHSA HPT 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. If there are confirmed or suspected cases in The School, there is no reason for children to be kept at home if they are well.		Operations Bursar
No plan in place for dealing with an outbreak of Strep A or other respiratory infection	Pupils, Staff and Parents	The School Living Safely with Respiratory Infections Operational Policy has a section on "Action in the event of an outbreak". This guidance will be followed if necessary. An outbreak is classified as an incident in which 2 or more people experiencing similar illnesses 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.		Operations Bursar
Children and adults return to The School before a minimum of 24 hours after starting antibiotic treatment	Pupils, Staff and Parents	If a child has scarlet fever, parents are advised to keep the child at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.		Parents and Staff
No active arrangements in place to monitor whether the controls are effective and working as planned	Pupils, Staff and Parents	School Office to inform Operations Bursar of any absences due to suspected or confirmed cases of scarlet fever		School Office



Signed by:______ Date: 12.12.22