

Infection Control Risk Assessment 2022

Frederick Holmes School

Assessment conducted by: RW, PP, JD, NS School Specific: HM, JW, MB, WM	Job title: HET Central Team	Covered by this assessment: <u>staff, governors, pupils, parents, volunteers</u> and <u>visitors</u> .
Date of assessment: 7 April, 2022	Review interval: as and when required	Date of next review: June 2022

Related documents

Health & Safety Policy (inc Infection Prevention and Control, COSHH, Fire and Site Security), First Aid Policy, Business Continuity Plan
Emergency Plan, Medical Policy (inc supporting pupils with Medical Conditions and Administering Medication), Intimate Care Policy, Data
Protection Policy, Behaviour Policy, Attendance Policy.

Risk rating		Likelihood of occurrence		
		Probable	Possible	Remote
Likely impact	Major Causes major physical injury, harm or ill-health.	High (H)	H	Medium (M)
	Severe Causes physical injury or illness requiring first aid.	H	M	Low (L)
	Minor Causes physical or emotional discomfort.	M	L	L

Final checklist	Staff	Pupils	Contractors & suppliers	Other known visitors
The following site users have been informed about agreed control measures (appropriate to each group):				

Overview

We recognise our roles and responsibilities as an employer. We are required by law to protect our employees, and others, from harm. Following the Management of Health and Safety at Work Regulations 1999, our risk assessment is structured as follows:

- Identify what could cause injury or illness in the organisation (hazards).
- Decide how likely it is that someone could be harmed and how seriously (the risk).
- Take action to eliminate the hazard, or if this isn't possible, control the risk.

We will be guided by the local Director of Public Health and the Local Authority Health Protection Team (HPT) and also the UKHSA (United Kingdom Health Security Agency - formerly Public Health England).

As part of the risk assessment process, the school/trust will consult with all recognised trade unions and staff members in order to ensure full involvement, trust and joint problem solving.

Face to face education for children is hugely important for their health and future. We have reviewed our risk assessment in the light of the government's [next steps for living with Covid](#). This infection control risk assessment embraces [living safely with respiratory infections, including Covid-19](#).

Childhood infections are common and for most children the risk of severe disease is low. Infections can be acquired at home or in the community and brought into school, or indeed caught and spread within school.

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

Prevention and Control measures

1. Environment or placement of someone who develops an infection
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment
5. Safe management of the environment
6. Safe management of equipment
7. Safe management of linen or soft furnishings
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety or managing prevention of exposure to infection (including needle stick or sharps injuries, and bites)

How infections spread

A key element of our risk assessment is the understanding of how germs are spread and actions that can be taken to break the chain of infection.

Airborne spread

- Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by. Examples of infections that are spread in this way are the common cold, COVID-19, influenza, and whooping cough.
- Droplets from the mouth or nose may also contaminate hands, cups, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

Direct contact spread

- Infections of the skin, mouth and eye may be spread by direct contact with the infected area to another person's body. Examples of infections spread in this way are scabies, headlice, ringworm and impetigo.
- Gastro-intestinal infections can spread from person to person when infected faeces are transferred to the mouth either directly or from contaminated food, water or objects such as toys or toilet flush handles. Examples of infections spread in this way include hepatitis A and Shiga Toxin-producing Escherichia Coli (STEC).
- Environmental surfaces such as door handles and tables may also be contaminated with infectious particles. This can occur with viral gastroenteritis (for example, norovirus) because vomit contains many infectious virus particles.
- Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and HIV.
- Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Transmission based precautions

Contact precautions

- Used to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This is the most common route of cross-infection from one person to another (transmission of infection).

Droplet precautions

- Measures used to prevent, and control infections spread over short distances (at least one metre) via droplets from the respiratory tract of one person directly onto the eyes, nose or inside the mouth (a mucosal surface or conjunctivae) of another person. Droplets then spread into the respiratory system.

Airborne precautions

- Measures used to prevent, and control infection spread without necessarily having close contact with another person via small respiratory particles (aerosols) from the respiratory tract of one person directly into a mucosal surface or conjunctivae of another person. Aerosols can penetrate deep into the lungs (respiratory system).

Groups at higher risk from infection

- For most children and young people, the risk from common infections is low and few will become seriously unwell.

- Some people have impaired immune defence mechanisms in their bodies either as a result of a medical condition or due to treatment they are receiving (known as immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.
- Most people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. Children in this group should continue to attend school unless advised otherwise by their clinician.
- Usually the school will be aware of these children and young people and it is important this information is shared with the school nurse.
- If a child who may be at higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles in the school setting, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.
- Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation. Pregnant women should consult their midwife or GP immediately if they come into contact with positive cases of measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby.
- They should also avoid contact with animal litter trays due to the risk of toxoplasmosis.

Area for concern	Risk rating prior to action H/M/L	Controls	In place? Yes/ No	By whom?	Deadline	Risk rating following action H/M/L
<p>Failure to prevent and control potential infection</p>	<p style="background-color: red; color: red;">High</p>	<p>General</p> <ul style="list-style-type: none"> Headteachers must ensure that all staff are aware of how germs are spread and the actions that can be taken to break the chain of infection. UKHSA - Introduction to infections Headteachers must follow the guidance contained in UKHSA-infection-prevention and control Headteachers must follow the UKHSA - Exclusion due to infectious diseases promptly Headteachers must ensure that all school staff are aware of the symptoms of an infectious disease <p>Hand washing</p> <ul style="list-style-type: none"> Headteachers should ensure that: Staff and pupils have access to liquid soap, warm water and paper towels. <i>Bar soap is not to be used.</i> All staff and pupils are advised to wash their hands (WHO) 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. Alcohol hand gel could be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. <p>Respiratory and cough hygiene</p> <ul style="list-style-type: none"> Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections. Spitting should be discouraged. Headteachers should ensure that anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow Catch it, bin it, kill it advice, specifically: <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 lidded 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 Lidded bins must be provided in key locations (classrooms, toilets etc.). These bins must be emptied at the end of each day by the Site Team/Cleaners. 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 The Headteacher must consider pupils who struggle to maintain as good respiratory hygiene as their peers, for example those who spit <u>uncontrollably</u> or use saliva as a sensory stimulant. The Headteacher must ensure that individual risk assessments are designed/implemented in order to 				<p style="background-color: green; color: green;">Low</p>

<p><u>Failure to prevent and control potential infection</u></p>		<p>support these pupils and the staff working with them. Face to face education must be provided to these pupils.</p> <p>Personal protective equipment</p> <ul style="list-style-type: none"> • Headteachers must ensure that all children, including those with complex or additional health needs, are supported to continue their education and care in school. • Headteachers should only need to access PPE for use in their school in limited scenarios. • Headteachers must ensure that if there is a risk of splashing or contamination with blood or bodily fluids during an activity, disposable gloves and plastic aprons are available and worn. • Headteachers must ensure that gloves and aprons are disposable, non-powdered vinyl/nitrile or latex-free and CE marked. • Headteachers must ensure that staff wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face. <p>Face Coverings</p> <ul style="list-style-type: none"> • Wearing a facemask or face covering can reduce the number of particles containing viruses that are released from the nose and mouth of someone who is infected with a respiratory disease. Face coverings also protect the person wearing the face covering from infection from some viruses. • When to wear a face covering <ul style="list-style-type: none"> • When you are coming into contact with someone at higher risk of becoming seriously ill from a respiratory infection. • When infection 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 when you will be in close contact with other people in crowded and enclosed spaces. <p>Aerosol generating procedures (AGPs)</p> <ul style="list-style-type: none"> • Additional PPE in education and childcare settings should be used when performing aerosol generating procedures (AGPs). The UK Health Security Agency (UKHSA) guidance has been updated as to what is considered an AGP. • Headteachers must register for additional PPE on the PPE portal for staff performing AGPs as described in the UK Health Security Agency (UKHSA) guidance <p>Safe management of the environment</p> <ul style="list-style-type: none"> • Keeping schools clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot. • Headteachers must ensure that cleaning schedules clearly describe the activities required, the frequency of cleaning and who will carry them out. • The Headteacher should regularly monitor cleaning standards in school. • The Headteacher must ensure that cleaning staff are appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks. 				

**Failure to
prevent and
control
potential
infection**

Cleaning

- Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease.
- Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules.
- Headteachers should consider using a colour coding system. Although there is no legislative requirement to use a colour coding system it is good practice and recommended by the Health and Safety Executive.
- Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).
- Headteachers should ensure that cleaning equipment is disposable or, if reusable, disinfected after each use.
- Headteachers must consider situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out. (see Emergency Plan)
- Headteachers must ensure that a nominated member of staff should monitor cleaning standards and discuss any issues with cleaning staff, or contractors employed by the school.
- Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.
- Effective cleaning and disinfection are critical in any education or childcare setting, particularly when food preparation is taking place. The Food Standards Agency strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils.
- All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected. Training should be provided for the use of any equipment and chemicals. Operation and maintenance of equipment should be according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

Enhanced cleaning during an outbreak or incident

- UKHSA define an outbreak as:
 - An incident in which 2 or more people experience a similar illness which 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
- In the event of an outbreak of infection Headteachers must follow the advice of the UKHSA HPT team, including enhanced or more frequent cleaning, to help reduce transmission.
- Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.
- Headteachers should develop plans for such an event on how the school might carry this out which could also include during term time.
- Dedicated cleaning equipment should be colour coded according to area of use.

Failure to prevent and control potential infection

Sanitary facilities

- Good hygiene practices depend on adequate facilities. Headteachers should ensure that hand wash basins with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, are available.
- Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated wastepaper bin.
- Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If the school experience problems with over-use, they could consider installing paper dispensers to manage this.
- Suitable sanitary disposal facilities should be provided where there are females including children aged 9 or over.
- Resources that are shared between classes, such as sports, art and science equipment should be cleaned frequently and meticulously **by each class team following their use and before being shared with another class.**
- Furniture (eg. fabric) and resources (eg.soft toys) which are important for the delivery of education should be used.
- All cutlery and cups must be thoroughly cleaned before and after use. Cups and cutlery should be cleaned in accordance with normal cleaning arrangements. **The class teams are responsible for cleaning all cups and cutlery after each use.**
- Outdoor playground equipment should be shared with other classes and should be cleaned frequently and meticulously **by each class team following their use and before being shared with other classes.**
- Pupils must limit the amount of equipment they bring into school each day, to essentials such as bags, lunch boxes, hats, coats, books, stationery.
- Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. This will include pupils' work, homework and reading books.
- Home reading books should be sent home.

Keep occupied spaces well ventilated [HSE - Assessing the risk of poor ventilation - Ventilation in the workplace](#)

- Headteachers and staff must ensure a balance between the need for increased ventilation and a comfortable working temperature.
- Staff should partially open external windows (when they are not fire doors and if it safe to do so) to improve natural ventilation, and in addition, opening internal doors (when they are not fire doors and if safe to do so) in order to assist with creating a throughput of air.
- Mechanical ventilation systems that use a fan to draw fresh air, or extract air from a room should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.
- Where mechanical ventilation systems exist, Headteachers should ensure that they are maintained in accordance with the manufacturers' recommendations. Headteachers must consider HSE guidance when considering whether to use air conditioning systems. [HSE - ventilation in the workplace](#)

Failure to prevent and control potential infection

- CO2 monitors and guidance have been provided by the DfE and so staff can quickly identify where ventilation needs to be improved. [HSE - using CO2 monitors](#)

Air Quality Parameter for Reference					
Status	Good	Moderate	Unhealthy (sensitive groups)	Unhealthy	Very unhealthy
CO2 (ppm)	≤700	700-1000	1001-1500	1501-2500	2501-5000

- Poorly ventilated spaces **Rebound, Primary Library, 4D, Soft Play, KHa Quiet Room, Pool area and upstairs areas including upstairs offices** have been identified. Leaders will take the following steps to improve fresh air flow in these areas: **Air Purifier to be used upstairs, limiting number of people in rooms where possible, propping windows and doors open where it is safe to do so, allowing the air to circulate.**
- Spaces used for events for visitors, such as parents attending school plays, must be well ventilated in order to ensure sufficient fresh air flow in these areas.
- Headteachers must ensure that standards of cleanliness, hygiene and ventilation are 'suitable and sufficient' ([HSE - Assessing the risk of poor ventilation - Ventilation in the workplace](#)) to minimise the transmission of diseases in general circulation
- Senior leaders must monitor these arrangements throughout the day.

Laundry

There should be a designated area on site for any laundry facilities –**Independent Living Area/Swimming area when Independent Living area is in use for food preparation.**

- This should be separate from any food preparation areas
- Have appropriate hand washing facilities
- Have a washing machine with a pre-wash cycle

Headteachers should ensure that staff involved undertaking laundry services should ensure that:

- Manual sluicing of clothing is not carried out as there is a risk of inhaling fine contaminated aerosol droplets;
- Soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- Gloves and aprons should be worn when handling soiled linen or clothing
- Hands should be thoroughly washed after removing the gloves and aprons

Dealing with contaminated clothing

- Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent on how to launder the contaminated clothing.

Failure to prevent and control potential infection

- Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

Managing nappies

Headteachers must ensure that children in nappies have a designated changing area. This should:

- Be away from play facilities and any area where food and/or drink is prepared or consumed
- Have appropriate hand washing facilities available
- Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.
- Staff involved in managing nappies should:
 - Wrap soiled nappies in a plastic bag before disposal in the general school waste
 - Clean children's skin with a disposable wipe (flannels should not be used)
 - Label nappy creams and lotions with the child's name and do not share with others
 - Wipe changing mats with soapy water or a mild detergent wipe after each use
 - Clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day
 - Check mats weekly for tears and discard if the cover is damaged
- A designated sink for cleaning potties (not a hand wash basin) 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.
- Hands should be washed using soap and warm water and dried after removing disposable gloves.

Children with continence aids

- Children and young people who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible.
- Headteachers must ensure that the principles of basic hygiene are applied by both children and staff involved in the management of these aids.
- Continence pads should be changed in a designated area.
- Appropriate PPE (disposable gloves and a disposable plastic apron) should be worn and changed after every child. Hand washing facilities should be readily available.

Safe management of blood and bodily fluids - cleaning blood and body fluid spills

- Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately, wearing PPE. Use gloves and an apron if anticipate splashing and risk assess the need for eye protection.
- 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.
- 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.

Managing cuts, bites, nose bleeds and bodily fluid spills

- Headteachers must ensure that precautions are taken when dealing with any cuts/abrasions that involve a break in the skin or body fluid spills. This is because it is uncertain if an individual has an infection or not.

		<ul style="list-style-type: none"> • Headteachers must ensure that all staff are aware of and understand the school's Health and Safety Policies and manage incidents such as cuts, bites, bleeds and spills accordingly. • These policies should include having nominated first aiders who are appropriately trained. • Standard Infection Prevention and Control (SIPC) precautions should be used for everyone to reduce the risk of unknown (and known) disease transmission. (How to treat cuts and grazes) • 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 if possible • Carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry • Covering all exposed cuts and grazes with waterproof plasters • Keep the dressing clean by changing it as often as is necessary • Managing all spillages of bodily fluids (HSE) • 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. <p>Safe management of waste (including sharps)</p> <ul style="list-style-type: none"> • Headteachers must ensure that procedures comply with the waste management duty of care, and must ensure that all waste produced is dealt with by a licensed waste management company. • Any used PPE should be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter. • Settings that generate clinical waste should continue to follow usual waste policies. • Nappy waste, although considered non-hazardous can, in quantities, be considered offensive. Headteachers must ensure that nappies are disposed of sensibly, safely and do not cause such offense. <p>Occupational safety and managing prevention of exposure to infection (including needle-stick or sharps injuries, and bites)</p> <ul style="list-style-type: none"> • Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely to avoid the same thing happening to someone else. • This can be done by either contacting your local authority or school nurse. • Headteachers must ensure that if someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin: <ul style="list-style-type: none"> • The wound is washed thoroughly with soap and warm running water • The wound is covered with a waterproof dressing • The incident is recorded via the school's accident reporting procedure • Medical attention or advice is sought from the local accident and emergency department 				
<p>Failure to prevent and control</p>		<p>People with symptoms of a respiratory infection, including Covid-19 Headteachers and staff must familiarise themselves with UKHSA - Guidance for people with symptoms of a respiratory infection, including Covid-19</p>				

potential infection

People with symptoms of a respiratory infection (including Covid 19)

Symptoms of respiratory infections, including COVID-19 are very similar and include: ([NHS website](#))

- High temperature, fever or chills
- Continuous cough
- Loss of, or change in, your normal sense of taste or smell
- Shortness of breath
- Unexplained tiredness, lack of energy
- Muscle aches or pains that are not due to exercise
- Not wanting to eat or not feeling hungry
- Headache that is unusual or longer lasting than usual
- Sore throat, stuffy or runny nose
- Diarrhoea, feeling sick or being sick

Actions you can take to protect other people if you are unwell with symptoms of a respiratory infection, including COVID-19 and have not taken a test for COVID-19.

- Stay at home until you no longer have a high temperature (if you had one) or until you no longer feel unwell. You should avoid contact with other people, particularly those who are known to be at higher risk of becoming seriously ill.
- If you do not have a high temperature and are not feeling unwell you can attend work. Consider wearing a mask in close proximity to others to support the wellbeing and general health of colleagues.

Asymptomatic testing for Covid-19 is no longer in place so it is unlikely that many people who feel unwell, will know whether this is due to Covid-19 or not. It is important therefore to be mindful of the guidance above.

Actions to take if you receive a positive Covid-19 test result

- Adults - stay home and avoid contact with other people for 5 days after the day you took your test.
- Children aged 18 and under - stay home and avoid contact with other people for 3 days after the day you took your test. [Advice for children and young people aged 18 and under.](#)

Actions to take when children aged 18 and under have symptoms of a respiratory infection

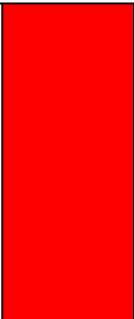
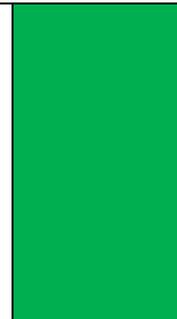
- Children with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend school.
- Children who are unwell and have a high temperature should stay at home and avoid contact with other people, where possible.
- Children can return to school and resume normal activities when they no longer have a high temperature and they are well enough to attend.
- All children with respiratory symptoms should be encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands after using or disposing of tissues.
- It can be difficult to know when to seek help if a child is unwell. If you are worried about a child, especially if they are aged under 2 years old, then you should seek medical help.

<p>Failure to prevent and control potential infection <i>People with symptoms of a respiratory infection, (including Covid-19)</i></p>		<ul style="list-style-type: none"> • The risk of becoming seriously unwell from COVID-19 and other respiratory infections is very low for most children and young people. • Some children aged under 2 years, especially those with a heart condition or born prematurely, as well as very young infants, are at increased risk of hospitalisation from respiratory syncytial virus (RSV) People at higher risk of becoming seriously unwell from a respiratory infection, including COVID-19 <p>Adults over 18 at high risk of becoming seriously ill should follow the same guidance as everyone else alongside the separate guidance for people who have been informed by the NHS that they are at highest risk.</p> <p>Reduce the spread of infection in your household While you are unwell there is a high risk of passing your infection to others in your household. These are :</p> <ul style="list-style-type: none"> • Try to keep your distance from people you live with • In shared areas wear a well-fitting face covering made with multiple layers or a surgical face mask, especially if you live with people who is at higher risk of serious illness. • Ventilate rooms you have been in by opening windows and leaving them open for at least 10 minutes after you have left the room • Wash your hands regularly and cover your mouth and nose when coughing or sneezing • Regularly clean frequently touched surfaces, such as door handles and remote controls, and shared areas such as kitchens and bathrooms • Advise anyone that does need to come into your home 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 • GermDefence is a website that can help you identify simple ways to protect yourself and others in your household from COVID-19 and other viruses. People who use GermDefence are less likely to catch flu and other infections and are less likely to spread them at home. <p>Reduce the spread of infection in your household While you are unwell, there is a high risk that others in your household will catch it from you. There are simple things you can do to help prevent the spread (UKHSA):</p> <ul style="list-style-type: none"> • GermDefence is a useful resource that helps identify simple ways to protect yourself and others in your household from COVID-19 and other viruses 				
<p>Failure to prevent potential spread of infection <i>Not following public health advice</i></p>		<p>What to do if you suspect an outbreak or incident</p> <ul style="list-style-type: none"> • All schools 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, schools should review and reinforce the baseline infection prevention and control measures they already have in place. • This will include: <ul style="list-style-type: none"> • Ensuring that all staff and pupils who are unwell do not attend school. UKHSA guidance on specific infections • Ensuring all eligible groups are enabled and supported to take up the offer of national immunisation programmes including coronavirus (COVID-19) and flu 				

		<ul style="list-style-type: none"> • 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. <p>When to seek advice from the UKHSA health protection team</p> <ul style="list-style-type: none"> • Most infectious diseases in schools can be managed by following the advice provided UKHSA • Registered medical practitioners 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. • Schools may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen: <ul style="list-style-type: none"> • A higher than previously experienced and/or rapidly increasing number of staff or pupil absences due to acute respiratory infection or diarrhoea and vomiting • Evidence of severe disease due to an infection, for example if a pupil or member of staff is admitted to hospital • More than one infection circulating in the same group, for example chicken pox and scarlet fever • Headteachers should contact their UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example: <ul style="list-style-type: none"> • E.coli 0157 or E coli STEC infection • Food poisoning • Hepatitis • Measles, mumps, rubella (rubella is also called German measles) • Meningococcal meningitis or septicaemia • Scarlet fever (if an outbreak or co-circulating chicken pox) • Tuberculosis (TB) • Typhoid • Whooping cough (also called pertussis) • Headteachers should support and encourage UKHSA guidance relating to immunisation including facilitating staff release for routine vaccinations and accommodating immunisation of children. 				
<p>Failure to respond quickly and effectively to infection</p>		<ul style="list-style-type: none"> • The Headteacher (or designated senior leader) must follow UKHSA guidance Public Health management of specific infectious diseases and also seek advice from UKHSA protection team and liaise with their local health protection team if they identify: • A prevalence of an infectious disease in a group 				

<p><i>Failure to contain any outbreak</i></p>		<ul style="list-style-type: none"> Evidence of severe disease due to an infection, for example if a pupil or member of staff is admitted to hospital More than one infectious disease is evident within a group of pupils <p><i>(A group is likely to be different across settings eg a class, bus, breakfast club, sports team, friendship group)</i></p>				
<p>Failure to take action in the event of an outbreak or incident <i>Site visitors</i></p>		<ul style="list-style-type: none"> The Headteacher (or designated senior leader) must follow UKHSA guidance Action in the event of an outbreak or incident which includes period of exclusion for infectious diseases Review and reinforce the baseline protection and control measures that are in place Ensure that all eligible groups are enabled and supported to take up vaccines Ensure occupied spaces are well ventilated Reinforce good hygiene practices <i>Visitor protocol</i> guidance (including parents) must be reviewed to reflect control measures Maintain high levels of communication with parents and carers and reinforce key messages, including the use of clear hand and hygiene measures within the school eg E-Bug resources 				
<p>Failure to maintain a high standard of education for all pupils <i>Poor attendance</i></p>		<p>Attendance</p> <ul style="list-style-type: none"> School attendance is mandatory and all schools within HET must follow the Trust's Attendance Policy. The Headteacher must make it a priority to ensure that as many children as possible regularly attend school DfE School Attendance Guidance - main guidance must be followed 				
<p>Failure to support staff and pupils' well-being and health</p>		<ul style="list-style-type: none"> HET has signed up to the DfE - staff well-being charter which must be embraced by all Headteachers Headteacher could share the DfE webinar - living with Covid which offers support, reassurance and answers FAQs The Headteacher should ensure that all staff have access to sources of support on mental health and well-being Headteachers must offer risk assessments and embrace guidance for those staff who are deemed to be at higher risk of becoming seriously ill from a respiratory infection (UKHSA - Covid-19: Guidance for people whose immune system means they are at higher risk) Individual staff (including pregnant staff) must be able to request that an adapted risk assessment, specific to their role and circumstances, be carried out by the Headteacher (if required). Effective communication and a clear audit trail will be maintained. Additional PSHE curriculum time could be allocated to support pupils if appropriate. Headteacher must ensure that contact and support is maintained with vulnerable pupils, including those who are LAC and those with social workers. 				

<p>Failure to provide continued education for all pupils. Staff shortages</p>		<ul style="list-style-type: none"> • Supply teachers, peripatetic teachers and other agency staff must be utilised in order to support the continued education and development needs of pupils. • No class / group closures or rotas should be implemented without first discussing this with the CEO. 				
<p>Lack of awareness of policies and procedures</p>		<ul style="list-style-type: none"> • The Headteacher must ensure they maintain a staff signing record enabling staff to confirm they have read and understand their role in implementation the risk assessment, If staff refuse to sign, this must be recorded as 'refused to sign'. • The Headteacher should maintain a written record of staff attendance at any related training/consultation events. • All staff, pupils, parents, governors, visitors and volunteers should be aware of all relevant policies and procedures including, but not limited to, the following: <ul style="list-style-type: none"> • Health and Safety Policy • Educational Visits • UKHSA - Educational Visits involving water based activities, to locations such as farms and zoos, Pets and animal management • Infection Control Policy • First Aid Policy • UKHSA Exclusion table for infectious diseases • All staff must have regard to all relevant guidance and legislation including, but not limited to, the following: <ul style="list-style-type: none"> • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 • The Health Protection (Notification) Regulations 2010 • UKHSA -(2022 update) 'Health protection in schools and other childcare facilities' • The school must keep up-to-date with advice and guidance issued by, but not limited to, the following: <ul style="list-style-type: none"> • DfE • NHS • Department for Health and Social Care • UKHSA • The LA's local health protection team (HPT) • High levels of communication should be maintained with parents. • The Data Protection Policy is followed at all times (Both covered under the academy's GDPR policy) – this includes withholding the names of staff, volunteers and pupils with either confirmed or suspected cases of an infection. 				

<p>Emergencies</p>		<ul style="list-style-type: none"> • Headteachers must adhere to guidance within DfE - Emergency planning and response in education, childcare and children's social care settings • A designated senior leader must always be on-site to lead responses to emergency situations. • All staff and pupils' emergency contact details must be kept up-to-date, including alternate emergency contact details, where required. • Pupils' parents must be contacted as soon as practicable in the event of an emergency. • Staff and pupils' alternative contacts are contacted where their primary emergency contact cannot be contacted. • The school must have an up-to-date First Aid Policy in place that outlines the management of medical emergencies – medical emergencies are managed in line with this policy. 				
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Useful links and documents referred to in risk assessment

[Gov.uk - Next steps for living with Covid-19](#)

[UKHSA -Health protection in education and childcare settings](#)

[DfE webinar - living with Covid](#)

[UKHSA - living safely with respiratory infections, including Covid-19](#)

[UKHSA - ventilation of indoor spaces to stop the spread of Covid-19](#)

[NHS - Main Covid-19 symptoms in adults](#)

[NHS - Main Covid-19 symptoms in children](#)

[UKHSA - Guidance for people with symptoms of a respiratory infection, including Covid-19](#)

[UKHSA- Guidance on reducing the spread of respiratory infections, including COVID-19, in the workplace](#)

[ESFA - Educational setting status guidance](#)

[DfE - Incident support helpline](#)

[DHSC - PPE Portal](#)

[DfE - Emergency planning and response in education, childcare and children's social care settings](#)

[UKHSA - Covid-19: Guidance for people whose immune system means they are at higher risk](#)

[DfE - staff well-being charter](#)

[HSE - using CO2 monitors](#)

[Control of Substances of Hazardous to Health \(COSHH\)](#)

[Food Standards Agency](#)

Contact details:

Yorkshire and Humber Health Protection Team

Blenheim House, West One Duncombe Street,
Leeds,
LS1 4PL

Phone: 0113 386 0300

Out of hours advice: 0151 9091219

Local Health Protection Team

In hours:

Megan Doran (Health Protection Lead in the local Public Health Team at Hull City Council), email

megan.doran@hullcc.gov.uk

Tel: 07703 885761

DfE helpline

Covid helpline will be accessible into the new academic year. This will signpost schools with public health questions to the relevant UKHSA guidance

Telephone: 0800 046 8687

Monday to Friday, 8am to 6pm

Saturday to Sunday, 10am to 6pm