The Dales School Infection Control Risk Assessment – updated 11/06/2024

Potential Hazard	Persons Affected				Risk rating High, Med or Low	SCORE: 1 – 8 = LOW RISK 9 – 15 = MEDIUM RISK 16 – 25 = HIGH RISK **Control Measures:**	Risk rating High, Med or Low if controls applied	Notes/ Action plan
	Pupils	Employees	Visitors	Contractor				
Spread of infections within school	x	x	x	x	High	Prompt exclusion of children, young people, staff and visitors/contractors who are unwell with an infectious disease is essential to preventing the spread of infection in education and childhood settings. Children with mild, respiratory symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education or childcare setting. Children who are unwell and showing the symptoms of an infectious disease or have a diagnostic result should be advised to stay away from their education or childcare setting for the minimum period recommended. If a parent or carer insists on a child with symptoms attending school, where they have a confirmed or suspected case of an infectious illness, as part of our reasonable adjustment considerations to ensure that we can protect other children and staff from possible infection, admission of that child will be refused until the end of the stated isolation period. HPT may advise that for some infections, individuals may be advised to remain away from a setting for a longer period of time. As per appendix 12 of the H&S policy: *Due to the vulnerability of many of our pupils, the school follows a strict approach with any child who is unwell (that is not part of their health care plan) and they should not be in school. Any child who does come to school unwell or presents as unwell during the school day will be supported appropriately and parents/carers contacted to collect them. School has a duty of care to all pupils and staff and ask that all stakeholders support us in this*	Low	
Spread of close contact infections	X	X	X	X	Med	Staff or students who are close contacts of people who are unwell with an infectious disease, or an infection do not usually need to be excluded. However, the HPT may contact School to advise differently if there are specific precautions to be taken in response to managing a case or outbreak.	Low	
Ineffective ventilation	X	X	X	X	Med	Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections. School should keep occupied spaces well ventilated to help reduce the amount of respiratory germs.	Low	

SEVERITY [S]
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4. Major Injury
3. > 3 day Injury
2. Minor Injury
1. Property Damage

LIKELIHOOD [L]
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3. Possible
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	Pupils	Employees	Visitors	Contractor				
						If there are areas of the setting identified that may have poor ventilation, there are several simple things that can be done to improve ventilation. These include: • partially opening windows and doors to let fresh air in • opening higher level windows to reduce draughts • opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between lessons, for example • opening every other window instead of all windows when the heating is activated Staff should always balance the need for increased ventilation while maintaining a comfortable temperature.		
Ineffective hand hygiene	x	x	x	x	Med	Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections. We ensure that staff and students have access to liquid soap, warm water and paper towels for at least 20 seconds. Bar soap should not be used. Hand washing is built into daily routines. All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals. Pupils who need it, will receive support to wash their hands. All cuts and abrasions should be covered with a waterproof dressing. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus. Skin friendly wipes can be used as an alternative.	Low	
Ineffective respiratory and cough hygiene	x	x	x	x	Med	Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections. Spitting should be discouraged; where pupils do spit, staff should wash their hands more frequently. Pupils who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' will also need more opportunities to wash their hands and this has been considered and built into plans Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette, specifically:	Med	

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						• 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 Disposable tissues are available in each room for both staff and pupil use. Staff should ensure that they have easy access to wipes and consider emptying bins during the day if used for disposing of tissues.		
Ineffective support for those with impaired immune systems	x	x	x	x	High	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 and young people in this group should continue to attend their education or childcare setting unless advised otherwise by their clinician.	Med	
Ineffective advice in reducing infections in pregnant women	x	x	x	x	High	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.	Med	
Ineffective use of PPE		x	x	x	Med	If there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons should be worn. Gloves and aprons should be disposable, non-powdered vinyl/nitrile or latex-free and CE marked. Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face.	Low	

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						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. Staff should ensure that they have access to PPE to ensure that it is readily available at all times.		
Ineffective management of the environment	x	x	x	x	Med	Keeping education and childcare settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot. All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected Enhanced cleaning during an outbreak or incident Cleaning standards should be monitored regularly by the school; staff should report concerns around cleaning on a C4C Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease. Colour-coded mops and buckets have been purchased for the following uses: • Green – Wensleydale cooking area • Red – for mopping up toilet areas or bodily fluids • Yellow for all other uses Equipment will be marked with their correct usage and a chart on the cleaning cupboard will be used to display correct usage. It is appreciated that cleaning staff will have their own system for cleaning Cleaning equipment used should be disposable or, if reusable, disinfected after each use. Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH).	Low	
Ineffective management of linen and	x	x	x	x	Med	Laundry: we have a designated area on site if there is a need for laundry facilities. This area is: • separate from any food preparation areas • and has appropriate hand washing facilities • have a washing machine with a sluice or pre-wash cycle	Low	

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soft furnishings						Staff involved with 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. 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. Carpets are hoovered daily by cleaning staff Thorough disinfection preceded by cleaning if any dirt is visible, is recommended for cleaning of equipment, hard surfaces, hard toys and sleep mats Single use cloths or paper towel are used for cleaning Where soft toys cannot be avoided, they are machine washed		
Ineffective management of changing routines and facilities	x	x	x	x	Med	**Managing nappies/continence pads:** Children in nappies/pads have a designated changing are which is: • 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 should: • wrap soiled nappies/pads 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 bed after each use	Low	

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	Pupils	Employees	Visitors	Contractor				
						Appropriate PPE (disposable gloves and a disposable plastic apron) should be worn and changed after every child. Hand washing facilities should be readily available.		
Ineffective management of blood and bodily fluids	x	x	x	x	Med	Cleaning blood and body fluid spills Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately. Staff should use gloves and an apron if anticipate splashing and risk assess the need for eye protection. Use disposable paper towels or cloths to clean up blood and body fluid spills, then wipes surfaces, floors etc with anti-bac wipes that is effective against both bacteria and viruses. These should be disposed of immediately and safely after use. Managing cuts, bites, nose bleeds and bodily fluid spills: Standard precautions should be taken when dealing with any cuts/abrasions that involve a break in the skin or body fluid spills. This is because we do not always know if an individual has an infection or not. A first aider should be consulted. Standard Infection Prevention and Control (SIPC) precautions should be used for everyone to reduce the risk of unknown (and known) disease transmission. These include: • 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 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.	Low	
Ineffective management of a suspected	x	x	x	x	Med	If an outbreak or incident is suspected, we will review and reinforce the baseline infection prevention and control measures they already have in place. This will include:	Low	

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outbreak or incident.						• ensuring that all staff and students who are unwell do not attend the setting and follow recommended exclusion periods. • ensuring occupied spaces are well ventilated and let fresh air in • reinforcing good hygiene practices such as frequent cleaning, • consider 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 or school nurse about the support they can offer. **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 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 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.		

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						We may consider seeking specialist advice from the relevant UKHSA HPT if we 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 • evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital • more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever We 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) School will support the UKHSA HPT in recording and reporting incidents as requested and will share information and template letters as directed. 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. Being admitted to hospital is generally an indication of severe illness where this requires at least an overnight stay (note: where we are informed that assessment and discharge from a		

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<table>
<tr><th rowspan="2">Potential Hazard</th><th colspan="4">Persons Affected</th><th rowspan="2">Risk rating High, Med or Low</th><th rowspan="2">SCORE:
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<tr><th>Pupils</th><th>Employees</th><th>Visitors</th><th>Contractor</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>hospital ward have occurred on the same day this is not the same as being admitted and does not indicate a more severe illness)
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.</td><td></td><td></td></tr>
<tr><td>Breach of confidentiality</td><td>x</td><td>x</td><td>x</td><td>x</td><td>Med</td><td>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.</td><td>Low</td><td></td></tr>
<tr><td>Ineffective promotion of Immunisation programmes</td><td>x</td><td>x</td><td>x</td><td>x</td><td>Med</td><td>School has a vital role to play to support the routine immunisation programme through sharing of information with parents about the routine immunisations their children should be up to date with at key contact points. Settings or parents and carers may wish to speak to their health visitor or school nurse about the support they can offer
Vaccines offered in schools:
<table>
<tr><th>Vaccine</th><th>School Years eligible</th><th>Diseases protected against</th></tr>
<tr><td>Seasonal Influenza vaccine</td><td>Reception to Year 6</td><td>Protects against the influenza virus</td></tr>
<tr><td>Human papillomavirus (HPV) vaccine</td><td>Year 8 and Year 9</td><td>Protects against genital warts and HPV related cancers such as cervical cancer, cancers of the head and neck and cancers of the genital area</td></tr>
<tr><td>MenACWY vaccine</td><td>Year 9</td><td>Meningococcal groups A, C, W and Y</td></tr>
<tr><td>Td/IPV (3-in-1 booster)</td><td>Year 9</td><td>Tetanus, diphtheria and polio</td></tr>
<tr><td>MMR check and offer</td><td>At all opportunities</td><td>Measles, mumps, rubella</td></tr>
</table>
In support of the immunisation programme, we will:</td><td>Low</td><td></td></tr>
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						Support the SAIS team who can access the agreed space before the school day starts so they can set up, discussing in advance suitable spaces and requirements for the process to take place. Encourage low pupils to wear loose fitting short sleeved tops on the day of vaccination. Help to keep disruption and noise to a minimum. Avoid any unscheduled fire drills etc to be schedule the same day as vaccinations. **Staff immunisation** It is important that all staff are up to date with the routine immunisation schedule. Staff may wish to speak to their health visitor or school nurse for support or advice.		
Educational visits	x	x	x	x	High	**Water based activities** 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. It should be made clear to parents and carers 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. No one should swim in public or the school swimming pools for 2 weeks after diarrhoea and vomiting has stopped. **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. Even a small number of bacteria can cause infection, so it is essential to follow hygiene recommendations such as:	Med	

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Control Measures:

- washing hands thoroughly with soap and water immediately after contact with animals. Younger children should be 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

Pets and animals in education and childcare settings:
Contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites.
Some people may be at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to children and to staff.
Pets/animals visiting site should be mature, and toilet trained. A knowledgeable person needs to be responsible for the animal or animals.
This individual will need to abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met. In addition we will ensure:

- animals are always supervised when in contact with students
- students and staff are advised to wash their hands 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 is not consumed within 20 minutes and is taken away or covered to prevent attracting pests

Teaching https://www.e-bug.eu/

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.

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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)
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
Diptheria*	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
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	
Hepititis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT 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
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
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing