Activity/ Situation	MANAGEMENT OF SCARLET FEVER OUTBREAKS IN SCHOOLS, NURSERIES AND OTHER CHILDCARE SETTINGS						
Location	Hemingbrough CP School						
Persons at Risk	Pupils ⊠	Emp	loyees⊠	Visitor	s 🛛	Contrac	tors 🗵
HAZARD(S)		Managem e Hand W		ction sonal Hygi			
CONTROL ME	ASURES		ADDITIC INFORM		YES	NO	N/A
, <u>——</u>	d and adapt this generic risk g and amending others whe			•	•		,
the skin a sandpape The fever lasts 24 to Scarlet fever is highl incubation period is Coughing, sneezing, someone close by. Droplets from the mo items and spread to	y infectious and is spre	ongue has ead by clos ay spread contamina	a strawberry- se contact wit respiratory dr ate hands, eat	like appearant hisomeone of the someone of the someone of the someone of the some of the s	ance. carrying the an infected king utens	ne bacteria. d person to	The
Notification							
settings should pro	and other child care omptly notify their loo Feam (HPT) of susp eaks.	al	An outbrea scarlet fever defined as report of 2 probable or confirmed set fever cases attending the school / nu other children setting notiful days of other (2 maincubation with an epidemiolobetween casexample the same of year group.	er is a credible or more crearlet secarlet secar	×		

	School will follow HTP advice in this event		
If a child displays symptoms, parents are encouraged to take them to see their GP for a clinical diagnosis and appropriate testing.	Scarlet Fever Symptoms Diagnosis Treatment Parents have been informed by emailed letter. School will ring parents to take children home if a case is suspected.	\boxtimes	
School will need to record the following in cases of outbreaks; • approximate number of cases, including where possible the number of clinically confirmed cases • age of cases • class and year group affected • date of onset of symptoms (or use date reported to school as a proxy) • date of next school holiday • numbers at risk, age breakdown	A log will be kept in the school office	\boxtimes	
The school/nursery will need to report to the HPT specifically whether there is co-circulation of chickenpox or influenza (at least 2 or more cases contemporaneous to the scarlet fever) or if they are aware of any complications or hospitalisations, which may trigger a stepped-up response	There is an increased risk of symptom severity due to co-infection with circulating viral illnesses	\boxtimes	
Exclusion and Isolation			
Staff and parents need to be reminded that children and adults with scarlet fever should not return to nursery or school until at least 24 hours after starting treatment with an appropriate antibiotic.	Communicated to parents		
In outbreak situations, HPTs should provide a standard letter (Appendix 5) and Scarlet Fever Frequently Asked Questions for schools to cascade to parents or guardians and staff, advising on the signs and symptoms of scarlet fever and the need for symptomatic children to stay off school, see their GP and remain at home until they have taken at least 24 hours of antibiotics.	Management of scarlet fever outbreaks in schools (publishing.service.g ov.uk)	×	
Inadequate Hand Washing/Personal Hygiene			
Hand Washing			
Hand washing remains the most important step in preventing such infections. Good hand hygiene should be enforced for all pupils and staff and a programme should be put into	Ensure that staff have sufficient time to wash their hands regularly, as frequently as pupils	⊠	

place that encourages children to wash their hands; • start of the school day • after using the toilet • after play • before and after eating • at the end of the school day	Children and adults in school will be required to follow this procedure		
The school has considered whether they have enough hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly		\boxtimes	
Hands are washed with liquid soap & water for a minimum of 20 seconds throughout the day and always after coughing, sneezing, using the bathroom for example.	This will be reiterated regularly	⊠	
Liquid soap via a soap dispenser should be made available and there should be a plentiful supply of paper towels	The e-bug website contains free resources for schools, including materials to encourage good hand and respiratory hygiene e-bug resources will be utilised in all classes as a nonnegotiable	×	
The preferred method of washing hands is through the use of soap and water for at least 20 seconds. Where this may be impractical or difficult to achieve (e.g. due to time constraints in between lessons) then this can be supplemented with the use of alcohol based hand cleansers/gels. However, the use of such gels is not a substitute for hand washing. Such gels MUST ONLY BE USED UNDER CLOSE SUPERVISION. In normal circumstances pupils should not be using alcohol based hand cleansers unsupervised because of the risk of ingestion and/or misuse	Skin friendly cleaning wipes can be used as an alternative The handwashing regime will be followed and school has a plentiful supply of resources and facilities	×	
Hand dryers are taken out of use during an outbreak			\boxtimes
Clearly outlined plans for frequency of hand washing for staff and pupils in timetables and/or lesson plans. Time will need to be incorporated for this.	Hands will be washed as follows: • start of the school day • after using the toilet • after play • before and after eating • at the end of the school day	×	

School has embedded hand washing routines into school culture, supported by behaviour expectations to help ensure younger pupils and those with complex needs understand the need to follow them	Remind whole school about the importance of hand washing and hygiene practices	⊠	
Help given to pupils with complex needs to clean their hands properly	Assistance will be given to any child as required	×	
Respiratory Hygiene			
Children and adults should be encouraged to cover their mouth and nose with a tissue when they cough and sneeze and to wash hands after sneezing and after using or disposing of tissues.	This will be reiterated regularly	⊠	
In cold weather where the school heating system is activated, windows are open to provide trickle ventilation rather than being fully open	natural ventilation – opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space) Windows in occupied rooms will be opened		
Consideration given to opening high level windows in preference to low level to reduce draughts		×	
Consideration given to only opening every other window instead of all windows when the heating is activated		×	
Whilst there is no explicit requirement in guidance for face coverings to be worn you should support staff and pupils who choose to wear face coverings to do so safely		⊠	
Staff working with pupils who spit uncontrollably may want more opportunities to wash their hands than other staff.			⊠
Risk assessments for pupils with complex needs that may struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant, have been updated in order to support these pupils and the staff working with them			×
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			⊠

Catch It, Bin It, Kill It			
The 'catch it, bin it, kill it' approach is promoted throughout school Posters will be displayed around school and the message reiterated regularly	Germs spread easily. Always carry tissues and use them to catch your cough or sneeze. BIN IT Germs can live for several hours on tissue. Dispose of your tissue as soon as possible. KILL IT Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.	×	
School has embedded the 'catch it, bin it, kill it' approach to ensure younger pupils and those with complex needs get this right, and that all pupils understand that this is now part of how the school operates	The e-bug website contains free resources for schools, including materials to encourage good hand and respiratory hygiene	×	
Disposable tissues are available in each room for both staff and pupil use		\boxtimes	
Bins (ideally lidded pedal bins) for tissues are available in each room		\boxtimes	
Additional considerations			
Breaching the skin barrier provides a portal of entry for the organism, therefore children and staff should be reminded that all scrapes or wounds, especially bites, should be thoroughly cleaned and covered. Ensure this advice is communicated to all first aiders on site.		×	
Cleaning/Sanitising			
Daily			
Touch points such as taps, toilet flush handles, and door handles, are cleaned regularly throughout the day	These will be cleaned at lunchtime by school staff and at the end of each day by cleaning staff	×	
Horizontal surfaces are kept clear of unnecessary equipment and ornaments to allow thorough cleaning to occur		⊠	
Thorough disinfection preceded by cleaning if any dirt is visible, is recommended for cleaning of equipment, hard surfaces, hard toys and sleep mats		×	
Carpets and soft furnishings are vacuumed daily	The vacuum cleaner should have a high efficiency filter on its exhaust Cleaning staff will be responsible for this	×	

Electronic entry systems and keypads are regularly sanitised particularly first thing in the morning and where possible after each use			×		
Bins for tissues and other rubbish are emptied throughout the day	emptied necess school cleaning	should be d at lunch (if ary) by staff and by g staff at the each day	×		
Stocks of cleaning chemicals, liquid soap, paper towels, tissues, toilet roll, bin bags etc. regularly checked and additional supplies requested as necessary			×		
Single use cloths or paper towel are used for cleaning					
During an Outbreak					
Cleaning of the environment, including toys and equipment, should as a minimum be carried out daily during an outbreak and a very thorough terminal clean should be undertaken when the outbreak is declared over			×		
Where soft toys cannot be avoided, they are machine washed			×		
Consideration given to replacing low cost items that may be difficult to clean thoroughly for example pencils, crayons, play dough and plasticine			×		
During the terminal clean, carpets and rugs are cleaned with a washer-extractor			\boxtimes		
Curtains, soft furnishing covers and all linen are removed, and washed at the hottest compatible temperature	in the s basket contain used fo	not be placed ame laundry or other er that was	×		
Soft furnishings without removable covers should be steam cleaned taking care to hold the nozzle of the steam cleaner sufficiently close to the surface and for long enough for all surfaces (particularly contact areas) to ensure they heat up thoroughly			×		
Have you consulted with the people/representat activity as part of the preparation of this risk ass	essment	_	Yes [No □
What is the level of risk for this activity/situation measures	with exis	sting control	High □	Med ⊠	Low
Is the risk adequately controlled with existing co	ntrol mea	asures	Yes 2	◁	No □
Have you identified any further control measure the risk and recorded them in the action plan	s needed	to control	Yes [No ⊠
ACTION PLAN (insert additional rows if require	-d)	To	be action	ned by	

Further contr	rol measures to reduce risks so fa reasonably practicable	ar as is	Name	Date		e
	k level assigned to the task A lon plan measures taken as a		on of Hig		ed]	Low
Is such a risk le	Is such a risk level deemed to be as low as reasonably practical?			Yes □		No 🗆
Is activity still ad	cceptable with this level of risk	?	Ye	es 🗆	ı	No 🗆
If no, has this be	een escalated to senior leader	ship team?	Ye	es 🗆	ı	No 🗆
Assessor(s): Position(s):	Sarah Chappell Head teacher	Signature(s):	S. Chappe	ell		
Date:	7/12/22	Review Date:	,	As requi	red	
Distribution:						
Rick rating	A 15					

Risk rating	Action
HIGH	Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice)
MEDIUM	Review/add controls (as far as reasonably practicable) & monitor
LOW	Monitor control measures

OTENTIAL O	UTCOME	LIKELIH	IOOD
Catastrophic	Fatal injury/permanent disability	Highly likely	More likely to occur
Major	RIDDOR reportable Specified Injury/ Disease/Dangerous Occurrence	Likely	
Moderate	RIDDOR reportable over 7 day injury	Possible	
Minor	Minor injury (requiring first aid)	Unlikely	
Insignificant	Minor injury	Remote	Less likely to occur

			LIKELIHOOD		
	Remote	Unlikely	Possible	Likely	Highly Likel
Insignificant					
Minor					
Moderate					
Major					
Catastrophic					