



INFECTION REDUCTION MEASURES (IRM) AND RISK ASSESSMENT (as at 12th December 2022)

Introduction

- Given the Group A Strep infections are increasing at greater levels than normal and a number of children have sadly died of the infection the following guidance on Infection Reduction Measures and Template Risk Assessment is offered to schools.
- The information is taken from a number of sources which are shown as links so schools may utilise appropriate factors according to their local circumstances such as location and infection rates etc.
- This guidance and accompanying Risk Assessment Template will be updated in early January 2023 prior to the beginning of the Lent term.

Content

- This document includes
 - [Context](#)
 - [Symptoms and Actions](#)
 - [Precautions](#)
 - [Further Advice](#)
 - [Infection Reduction Measures - Risk Assessment Template](#)

Context

- On 2nd December 2022 The UK Health Security Agency (UKHSA) published data showing that Group A Strep infection (and scarlet fever):
 - are currently circulating at higher levels than we would typically see at this time of year.
 - there is no evidence that a new strain is circulating. The increase is most likely related to high amounts of circulating bacteria and social mixing.
 - this is a very common bacteria that can be treated with antibiotics, and serious complications from the infection are rare.
 - parents will naturally have concerns about news reports
 - and as always, if parents and staff are worried about their child's health, they are urged to seek medical assistance from a pharmacist, their GP or by calling 111 as a first port of call.
- This is against a background of a large number of viral infections circulating this winter causing sore throats, colds and coughs. The vast majority of these are self-limiting and simply need medicines to treat the fever and pain relief for a sore throat.
- However, occasionally children can develop a more serious bacterial infection which can make them very unwell and parents and staff are encouraged to speak to a health professional (as above) if their child is showing signs of deteriorating after a bout of scarlet fever, a sore throat, or a respiratory infection.



Symptoms and Actions

- What are scarlet fever and Strep A?
 - Scarlet fever is caused by bacteria called Group A streptococci (Strep A).
 - The bacteria usually cause a mild infection that can be easily treated with antibiotics.
 - In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS).
- What are the symptoms of Strep A and Scarlet Fever?
 - Strep A infections can cause a range of symptoms that parents should be aware of, including:
 - Sore throat
 - Headache
 - Fever
 - A fine, pinkish or red body rash with a sandpapery feel
 - On darker skin the rash can be more difficult to detect visually but will have a sandpapery feel
- Actions on discovering symptoms:
 - If a child becomes unwell with these symptoms, please advise parents to contact their GP practice or contact NHS 111 (which operates a 24/7 service) to seek advice.
 - If a child has scarlet fever, advise they stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.
 - Encourage parents to trust their own judgement and if their child seems seriously unwell call 999 or go to A&E if:
 - a child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
 - there are pauses when a child breathes
 - a child's [skin, tongue or lips are blue](#)
 - a child is floppy and will not wake up or stay awake.
- Managing confirmed cases
 - Early years settings and schools should [contact their UKHSA health protection team](#) 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.
 - Further information for staff on how and when to do this can be found at:
 - [Managing outbreaks and incidents – GOV.UK \(www.gov.uk\)](#)
 - If there are confirmed or suspected cases in an education or childcare setting, there is no reason for children to be kept at home if they are well.

Precautions

- To prevent the spread of Strep A, UKHSA advises children and staff to implement good [hand and respiratory hygiene](#) practices which should be read in detail.
- For more information visit the UKHSA [website](#) or the [Education Hub](#).
- Resources will be made available in due course on the [online resource centre](#).
- The following control measures to interrupt the transmission of infections are offered (and are very similar to previous covid measures):



- o 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.
- o Ensure all individuals have access to liquid soap, warm water, and paper towels.
- o 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 [norovirus](#).
- o Advise all individuals to [clean their hands](#) after using the toilet, before eating or handling food, after playtime and after touching animals.
- o All cuts and abrasions should be covered with a waterproof dressing.
- o Discourage spitting.
- o 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
- o Educate children on why hand hygiene and respiratory hygiene is so important.
- o Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at [e-bug.eu](#).
- 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. Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules. [Further information on cleaning services](#) is available. Cleaning schedules should include:
 - o Clean surfaces that people touch a lot.
 - o Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids.
 - o Ensure cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.
 - o Use colour-coded equipment in different areas with separate equipment for kitchen, toilet, classroom, and office areas.
 - o Cleaning equipment used should be disposable or, if reusable, disinfected after each use.
 - o Nominate a member of staff to monitor cleaning standards
 - o Have a system in place for staff to report issues with cleaning standards.

Further Advice

- ISBA
 - o Further information is in ISBA's Reference Library ([Document 2971](#)) on:
 - communicating with parents (with sample template letters)
 - Strep A and Scarlet Fever Considerations for Schools



- Contingency Framework
 - All schools are advised to revise their contingency plans (sometimes called outbreak management plans) detailing how they may temporarily reintroduce any Infection Reduction Measures (IRM) described to manage risk and minimise disruption to face-to-face education.
- Advice and Guidance
 - ISBA aims to continue to provide up to the minute advice and guidance to the independent school's community through the bursar and their staff. There is no monopoly on good ideas and practice. Key is generating confidence across the school community and having all the resources to ensure the safety of all.
 - Do please email any comments and suggestions to office@theisba.org.uk so as to support others and develop best practice. The feedback we have received has been hugely useful.
 - This document identifies likely hazards but leaves the school to decide which risks are applicable, scored and mitigated according to their own settings. An example HSE format is:

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to control risks?	Who needs to carry out the action?	When is the action needed by?	Done
-----------------------	------------------------------	--	---	------------------------------------	-------------------------------	------

- Further information is available from <https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm>
- The risk assessment template below provides advice and guidance in identifying, assessing and describing methods of controlling hazards. It aims to prompt the thought and decision-making processes but with the normal caveat: that it is only as good as for the minute it is published. Risk assessments (and there may be a number for different age groups, activities, buildings etc) must be dynamic and be updated whenever advice, circumstances, or any of the assessed risk factors have changed. The resulting measures should be available on school websites. Further reference documents are available in ISBA's bulletins.
- All employers are required by law to protect their employees, and others, from harm. Under the Management of H&S at Work Regulations 1999, the minimum employers must do is:
 - 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.
- Running the School - Assessing the Risk
 - With any epidemic some risk assessments may require regular and perhaps daily revision depending on circumstances in school and should include but not be limited to:
 - A. Updating Safeguarding policy and procedures and ensuring staff and pupils feel safe.
 - B. Is government advice being regularly accessed, assessed, recorded and applied?



- C. Are changes regularly communicated to staff, their unions, pupils, parents and governors?
- D. Are changes, training, process and details reviewed by governors?
- E. Are changes, training, process and details shared with insurers?
- F. Is there active engagement with the local Health Protection Team (HPT).
- G. Is the process of reporting an outbreak of 2 or more scarlet fever cases within 10 days known?
- H. Is specific guidance in SEND settings and Alternative Provision implemented and checked?
- I. Are there measures in place to reduce anxiety and stress in case of a local epidemic?
- J. Is an outbreak management plan prepared and ready to be deployed if necessary?
- K. Is there a plan, if it is necessary, to reintroduce remote learning?
- L. Are occupied spaces appropriately ventilated given temperature and weather conditions?
- M. Are control and hygiene measures regularly communicated, understood, applied and checked?
- N. Is the cleaning regime enhanced, regularly re-assessed and checked?
- O. Is PHE advice understood and implemented?
- P. Are Children with scarlet fever returning to school/nursery, and adults to work, before a minimum of 24hrs after starting antibiotic treatment
- Q. Are contractors and visitors briefed on school infection protocols?
- R. Are there sufficient supplies of hygiene materials including PPE and are they well placed?
- S. Is there a protocol in school to ensure symptom vigilance?
- T. Are there active arrangements to monitor whether controls are effective and working as planned.
- U. Dependent on risk assessments are staff equipped with PPE for certain activities with:
 - a. Face coverings including, where appropriate, transparent face coverings.
 - b. Gloves.
 - c. Eye protection.
 - d. Aprons.
 - e. Shields (for lecterns, desk separators, staff desks, reception, servery).
 - f. Sanitisers (gel and tissues).
- V. Ensuring good hygiene and enhanced cleaning for all pupils and staff which may include:
 - a. Toilets, door handles, knobs, locks, entry devices, taps, plugs, switches, handrails and regularly used hard surfaces.
 - b. Shared teaching equipment: keyboards, pens, remotes, copiers, printers
 - c. Musical instruments, balls, bats, bails, batons etc
 - d. Kettles, biscuits tins, milk containers, Aprons, towels (if used) cloths, mops etc
- W. Are pre-existing medical conditions including extremely clinically vulnerable and clinically vulnerable fully declared?
- X. Are plans for school events including plays, parent and teacher meetings appropriate?
- Y. Are those working / schooling at home provided with sufficient information and training to work safely?

- **Conclusion**

- Ultimately, it is the school governing body's responsibility to ensure, so far as is reasonably practicable, for the health and wellbeing of their staff, pupils, and others on site, including



visitors and contractors. Therefore, decisions may have to be made that cannot appease everyone (and if that is the case the reasons for any divergence ought to be recorded).

- o Now, more than ever, schools must regularly review and update their risk assessments - treating them as 'living documents' - as circumstances at school and the public health advice changes.
- o If appropriate do update your insurance company or brokers with your plans. Your risk assessments are an important indication and record of your decision-making process and approach to risk.

Annex A: [Template Risk Assessment for Infection Reduction Measures](#)

[Back to Top - Introduction](#)



Template Risk Assessment for Infection Reduction Measures

	Hazard	Control measures	Outcome	Remarks / Re-assessment
A	Safeguarding policy and procedures not updated and / or staff and pupils not feeling safe.			
B	Government advice not being regularly accessed, assessed, recorded and applied.			
C	Changes not regularly communicated to staff, their unions, pupils, parents, visitors, contractors and governors			
D	Changes to assessments, procedures and other important matters not reviewed by Governors			
E	Insurers and / or brokers not briefed if school's plans revised			
F	Insufficient liaison with local authority and Health Protection Team (HPT)			
G	Process of reporting an outbreak of 2 or more scarlet fever cases within 10 days to HPT not understood or known?			
H	Insufficient specific guidance (if provided) on SEND and / if Alternative Provision implemented and checked?			
I	No measures in place to reduce anxiety and stress in case of a local epidemic?			
J	No contingency or outbreak management plan in case of an outbreak in school or local area?			
K	No contingency plan, if it is necessary, to switch to remote learning for a temporary period.			
L	Control and hygiene measures not regularly communicated, understood, applied and checked			
M	Ventilation rules given temperature and weather conditions not sufficiently robust, communicated, applied or checked.			
N	Unsuitable enhanced cleaning regime, not regularly re-assessed or revised for areas such as toilets, door handles, keypads, switches, handrails and often used hard surfaces.			
O	PHE advice not understood and implemented.			
P	Are pupils with scarlet fever returning to school/nursery, and adults to work, before a minimum of 24hrs after starting antibiotic treatment?			
Q	Are contractors and visitors briefed on school infection protocols?			



R	Insufficient supplies of hygiene materials and not readily available, suitably stored or located.			
S	No formal protocol in school to ensure symptom vigilance			
T	No active arrangements in place to monitor whether the controls are effective and working as planned.			

Infection Reduction Measures (IRM) - Pupils, Parent & Staff Risk Assessment

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Communication channels not working and not reviewed. (Email, text, facebook etc).			
2	New staff, parents and pupils joining school not provided or updated with full induction process or aware of changes and potential hazards.			
3	Lack of a robust feedback and reply system to ensure best practice and two-way communications for pupils, parents, staff and governors			
4	No Governor and / or SLT member for school / department responsible for IRM matters. Governor / SLT members' contact details not known and not on call.			
5	No school representative identified to liaise with local authorities and local health protection team.			
6	Local authorities and health protection teams not engaged prior to re-opening (and the benefit of their services in case of infection).			
7	No plan to inform local health protection team if two or more confirmed cases within 10 days or there is an overall rise in sickness absence.			
8	No system to communicate with staff who are unable or have not returned to school for fear of infection.			
9	Lack of mechanism for parents of pupils with significant risk factors to discuss concerns and provide reassurance of the measures put in place to reduce the risk in school.			
10	No staff, pupil and / or parent health declaration implemented or recorded.			
11	Lack of robust rules for hygiene standards for staff and pupils – and failure to adequately enforce standards			
12	Class and activity rooms not properly and regularly ventilated with fresh air.			



13	Staff not trained or regularly updated in symptoms and how these rules apply to teaching?			
14	Strategy to keep children safe online not re-assessed and insufficient consideration of supervising access to the internet, checking apps, websites and search results etc			

Infection Reduction Measures (IRM) - Staff Risk Assessment

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Lack of review, update or sharing of safeguarding, code of practice, and staff handbook policies.			
2	Inset and staff briefings do not reflect required IRM training.			
3	Staff have insufficient instruction and training on identifying and supporting vulnerable pupils, parents and other staff.			
4	No consideration of SEND and Vulnerable pupils and staff precautions and routine (health, care plans or SEN support).			
5	Policy and / or measures not updated to reflect IRM such as hygiene, feeding, hydration, well-being etc.			
6	Supply, peripatetic, ITT trainees, volunteers and temporary staff not informed or observing IRM.			
7	IRM control measures for sport, adventure play, Forest School, gardening etc not regulated or considered			
8	Indoor sports and activity areas not appropriately ventilated with fresh air (given temperature and weather conditions).			
9	Sports equipment not sufficiently cleaned as for hygiene and IRM control measures			
10	If required or appropriate added IRM where there is singing, chanting, playing wind or brass instruments not reviewed.			
11	If required or appropriate staff meetings and staff rooms unregulated in terms of hygiene, equipment, resources (copiers, kettles, biscuits tins etc).			
12	Staff unable to manage the provision of both in school and remote learning.			
13	Appropriate IRM measures not in place for wraparound childcare for both indoor and outdoor provision.			
14	Hand washing not part of school culture or routine e.g. no regular breaks for hand washing during the school day.			
15	Insufficient hygiene stations at entrances, exits, toilets, classrooms, play areas, common rooms, staff areas etc			
16	Hygiene stations (including bins) not stocked, checked, emptied and cleaned regularly.			



17	Classroom resources, such as books, games, frequently touched surfaces, which are shared not regularly cleaned.			
18	Catering staff rota not configured to avoid all catering staff having to self-isolate in case of infection and kitchen closing			
19	Insufficient chefs, supervising staff and cleaners to maintain high standards of hygiene.			
20	Servery and dining room rules inadequate including wiping table, chairs and hard surfaces between sittings.			
21	Insufficient drinking supplies and hydration available in dining room and around the school.			
22	Those working / schooling at home not provided sufficient information and training to work safely.			
23	Those working /schooling at home do not have an emergency point of contact or know how to gain help if needed.			
24	Insufficient transport details including seating, queuing, boarding, ventilation and cleaning regime and driver briefing.			
25	Insufficient cancellation, travel insurance and adequate financial protection.			

Last reviewed by K.Howard on 12.12.2022

[Back to Top - Introduction](#)



Infection Reduction Measures (IRM) - Medical Risk Assessment

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Sickness management rules and the “don’t come to work if you are ill” not understood or observed.			
2	Staff and pupils who are ill or tested positive not following recommendation (where appropriate) to stay at home.			
3	No isolation room and separate bathroom available, for those waiting collection and no access to PPE for those attending to unwell staff and pupils.			
4	Procedures for reporting illness instances to external authorities not known or applied.			
5	Procedure for washing hands thoroughly with soap and running water or using hand sanitiser after any contact with someone who is unwell is not understood or applied.			
6	Young children not supervised using hand sanitiser (risk of ingestion). Note: Skin friendly cleaning wipes an alternative.			
7	Young children and those with complex needs not supported in understanding importance of hygiene rules.			
8	Lack of information on control measures e.g. how to react to coughing and sneezing using tissues (and their disposal), crock of arm and immediately cleaning hands.			
9	Pupils not aware of behaviours which may increase the risk of transmission (such as biting, licking, kissing or spitting).			
10	Procedure for cleaning, with normal household bleach, the area around a person with symptoms after they have left (to reduce the risk of infection) is not understood or applied.			
11	Medical staff have insufficient or unsuitable PPE, cleaning materials and training for tasks.			
12	Staff are not aware those with symptoms should go to a GP surgery, pharmacy, urgent care centre or hospital.			
13	Insufficient or no procedure for summoning emergency services, lack of safe RV and cleared routes in and out.			
14	No early liaison with local health protection teams and Local Authorities who provide advice			
15	Insufficient First Aid trained personnel (ratio) for pupils in school and on activities and sport.			
16	Actions for using first aid on those with symptoms unclear and not briefed.			



17	Medical policy, procedures and appropriate response to spectrum of medical issues not revised or shared			
18	Clinically Extremely Vulnerable (CEV) staff and pupils have not been advised whether to work from home or go to school during period of temporary restrictions.			



Infection Reduction Measures (IRM) - Boarding Risk Assessment

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Boarding policies and procedures not updated, regularly reviewed and communicated.			
2	Boarding staff have inappropriate PPE, cleaning materials and training for tasks.			
3	Communication and procedures for welcoming back boarders and part-time boarders not applied.			
4	Lack of IRM consideration and precautions for flexi and weekly boarders.			

Infection Reduction Measures (IRM) - Dedicated School Transport and Drivers Risk Assessment

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Pupils do not know to board dedicated transport or public transport if they have symptoms requiring them to stay at home due to the risk of them passing on an infection.			
2	Drivers not regularly briefed on changes and revised cleaning and transport schedules.			
3	Drivers have insufficient / inappropriate PPE, cleaning materials and training.			
4	Vehicles not ventilated when occupied (balance between ventilation and maintaining a comfortable temperature).			
5	If required or appropriate insufficient or no use of hand sanitiser upon boarding and/or disembarking.			
6	No plan for measures, in case of emergency, for the movement of a symptomatic pupil by school transport.			

Infection Reduction Measures (IRM) - Support Staff Risk Assessment

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Support and contract staff not regularly briefed on changes to school operation.			
2	Support staff and cleaners not fully considered or supported (particularly relating to age and vulnerability).			
3	Support staff have insufficient PPE, cleaning materials and training particularly regarding cleaning bodily fluids.			



4	Cleaning regimes not enhanced, regularly reviewed, inspected or conforming to revised hygiene rules.			
5	Insufficient arrangements for the operation and additional cleaning of facilities including the swimming pool.			
6	<p style="text-align: center;">How often is this Risk Assessment reviewed? When circumstances change? Daily? Weekly? Monthly? Termly? Annually?</p>			

[Back to Top - Introduction](#)

[Back to Top of Annex A](#)