



Activity/ Situation	MANAGEMENT OF SCARLET FEVER OUTBREAKS IN SCHOOLS, NURSERIES AND OTHER CHILDCARE SETTINGS			
Location	Moorside Primary School and Nursery			
Persons at Risk	Pupils <input checked="" type="checkbox"/>	Employees <input checked="" type="checkbox"/>	Visitors <input checked="" type="checkbox"/>	Contractors <input checked="" type="checkbox"/>
HAZARD(S)	<p><i>Note: this list is not exhaustive and must be adapted for your own needs</i></p> <ul style="list-style-type: none"> * Outbreak Management/Co-infection * Inadequate Hand Washing/Personal Hygiene * Inadequate Cleaning/Sanitising 			
CONTROL MEASURES		ADDITIONAL INFORMATION	YES	NO
<p><i>Note: you must amend and adapt this generic risk assessment to suit your own needs by selecting the controls from the examples provided (adding and amending others where necessary) and then evaluate the overall risk for the activity/situation.</i></p>				
<p>Overview of Scarlet Fever: Scarlet fever (sometimes called scarlatina) is bacterial illness caused by <i>Streptococcus pyogenes</i>, or group A streptococcus (GAS). It mostly affects young children. Symptoms vary but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance. The fever lasts 24 to 48 hours. Scarlet fever is highly infectious and is spread by close contact with someone carrying the bacteria. The incubation period is 2 to 5 days. Coughing, sneezing, singing and talking may spread respiratory droplets from an infected person to someone close by. Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to others that use or touch them, particularly if they then touch their nose or mouth.</p>				
Outbreak Management/Co-infection				
Notification				
Schools, nurseries and other child care settings should promptly notify their local Health Protection Team (HPT) of suspected scarlet fever outbreaks.	An outbreak of scarlet fever is defined as a credible report of 2 or more probable or confirmed scarlet fever cases attending the same school / nursery or other childcare setting notified within 10 days of each other (2 maximum incubation periods) with an epidemiological link between cases, for example they are in the same class or year group.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School will need to record the following in cases of outbreaks; <ul style="list-style-type: none"> • 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 		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.gov.uk)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 place that encourages children to wash their hands; <ul style="list-style-type: none"> • start of the school day • after using the toilet • after play • before and after eating • at the end of the school day 	Ensure that staff have sufficient time to wash their hands regularly, as frequently as pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand dryers are taken out of use during an outbreak		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help given to pupils with complex needs to clean their hands properly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	purge the air in the space)			
Consideration given to opening high level windows in preference to low level to reduce draughts		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration given to only opening every other window instead of all windows when the heating is activated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff working with pupils who spit uncontrollably may want more opportunities to wash their hands than other staff.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catch It, Bin It, Kill It				
The 'catch it, bin it, kill it' approach is promoted throughout school		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable tissues are available in each room for both staff and pupil use		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bins (ideally lidded pedal bins) for tissues are available in each room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizontal surfaces are kept clear of unnecessary equipment and ornaments to allow thorough cleaning to occur		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorough disinfection preceded by cleaning if any dirt is visible, is recommended for cleaning of equipment, hard surfaces, hard toys and sleep mats		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpets and soft furnishings are vacuumed daily	The vacuum cleaner should have a high efficiency filter on its exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic entry systems and keypads are regularly sanitised particularly first thing in the morning and where possible after each use		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bins for tissues and other rubbish are emptied throughout the day		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks of cleaning chemicals, liquid soap, paper towels, tissues, toilet roll, bin bags etc. regularly checked and additional supplies requested as necessary		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single use cloths or paper towel are used for cleaning		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where soft toys cannot be avoided, they are machine washed	Hard surface toys are more easily washed and disinfected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration given to replacing low cost items that may be difficult to clean thoroughly for example pencils, crayons, play dough and plasticine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the terminal clean, carpets and rugs are cleaned with a washer-extractor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curtains, soft furnishing covers and all linen are removed, and washed at the hottest compatible temperature	After this they should not be placed in the same laundry basket or other container that was used for the uncleaned items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you consulted with the people/representatives undertaking the activity as part of the preparation of this risk assessment	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
What is the level of risk for this activity/situation with existing control measures	High <input checked="" type="checkbox"/>	Med <input type="checkbox"/>	Low <input type="checkbox"/>	
Is the risk adequately controlled with existing control measures	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
Have you identified any further control measures needed to control the risk and recorded them in the action plan	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
ACTION PLAN (insert additional rows if required)	To be actioned by			
Further control measures to reduce risks <i>so far as is reasonably practicable</i>	Name		Date	
State overall risk level assigned to the task AFTER implementation of control and action plan measures taken as a result of this risk assessment	High <input type="checkbox"/>	Med <input checked="" type="checkbox"/>	Low <input type="checkbox"/>	
Is such a risk level deemed to be as low as reasonably practical?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
Is activity still acceptable with this level of risk?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
If no, has this been escalated to senior leadership team?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Assessor(s):	Claire Rowett	Signature(s):		
Position(s):	Headteacher			
Date:	06.12.22	Review Date:	In line with NYCC updates	
Distribution: All staff and parents				

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

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