



JAMES RENNIE SCHOOL

ADDITION TO HEALTH & SAFETY POLICY

To be read in conjunction with Public Health England: Health protection in schools and other childcare facilities

INFECTION CONTROL PROCEDURES

Category:	Location Specific Policy
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Version:	3
Status:	
Issue Date:	January 2024
Next Review Date:	January 2027

REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

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INFECTION CONTROL PROCEDURES

References and Useful Links

[Public Health England homepage](#)

Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017 available from the GOV.UK website: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

PHE: [Notification of Infectious Diseases \(NOID\)](#)

[E-bug](#)

[Visit My Farm](#)

[Health and Safety Executive](#)

[The Meningitis Research Foundation](#)

[The Meningitis Trust](#)

[National immunisation schedule](#)

[NHS choices](#)

GOV.UK: [Waste Disposal](#)

NHS Professionals: [Standard Infection and Prevention Control Guidelines](#)

[HSE - Blood Borne Viruses in the Workplace](#)

'Preventing or controlling ill health from animal visitor attractions: Code of Practice'

http://www.farmattractions.net/wp-content/uploads/2013/10/Code_of_Practice_v2.pdf

Farming & Countryside Education (FACE) <https://www.face-online.org.uk/for-schools>

PHE factsheet on 'avoiding infections on farm visits'

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1270122184581

Department for Environment, Food and Rural Affairs (DEFRA)

www.gov.uk/government/organisations/department-for-environment-food-rural-affairs

KAHSC General/Medical Safety Series:

[G02 - First Aid in Schools](#)

[G03 - Accident/Incident Reporting and Investigation](#)

[G06 - Farm Visits](#)

[G24 - New and Expectant Mothers](#)

[G28 - Guidance on School Ponds](#)

[G37 - Personal Protective Equipment \(PPE\)](#)

[G38a - Control of Substances Hazardous to Health \(COSHH\)](#)

[G45 - Intimate Care and Toileting](#)

[Sc02 - Keeping and Handling Animals](#)

[M01 – Infection Control in Schools and Other Childcare Settings](#)

[M06 - Protection against Blood Borne Infections/Viruses \(BBIVs\)](#)

[M10 - Managing Scabies in School](#)

School Managing Accidents, Incidents, Ill-Health and Dangerous Occurrences and First Aid Procedures

School Supporting Pupils with Medical Conditions Policy and procedures

School Intimate Care and Toileting Procedures

School Emergency Plan

Infection Control and Waste Disposal - Overview

General Precautions

Safe practice for anyone coming into contact with blood or body fluids that might contain blood borne viruses and infections includes:

- Keeping cuts or broken skin covered with a waterproof dressing.
- Wearing disposable vinyl gloves when contact with blood or body fluids is likely.
- Avoiding direct skin contact with blood or body fluids.
- Washing off blood or body fluids from skin immediately with soap and running water.
- Washing splashes of blood from the eyes or mouth immediately with running water.
- Seeking medical advice promptly if blood or body fluids have splashed into the eyes or mouth, onto broken skin e.g., eczema, or through the skin from a sharps injury.
- Always washing and drying hands thoroughly before and after giving first aid.
- Educating staff and children about avoiding becoming ill from contact with other people's blood and body fluids and how to thoroughly wash and dry their hands before meals and after toileting.

Dealing with Spills of Body Fluids

All body fluid spills like blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately.

Staff present during an incident involving a body fluid spill should:

- Cordon off the affected area to keep people away.
- Cover the spill with an absorber e.g., paper roll, hand towels, absorber from a spill kit etc. to prevent germs becoming airborne before it can be cleaned properly.
- Trigger the cleaning procedure immediately i.e., clean it up or arrange for it to be cleaned by someone else as soon as possible.

Staff cleaning up a body fluid spill must:

- Properly don and wear correct Personal Protective Equipment (PPE) such as an apron and gloves, and possibly eye protection and a water-resistant medical face covering if there is concern about aerosol contamination or splashing to the eyes and mouth during cleaning.
- Clean up the spillage i.e., remove the absorber, double bag the waste (see disposal below), and place it in a general waste bin outside the building if possible.
- Clean the area carefully with warm soapy water, using either disposable cloths or wipes.
- Clean the wider affected area, ensuring this includes places like the underside and legs of desks/tables/ chairs etc. and if aerosols are a concern, all frequently touch objects like door handles and light switches.
- Disinfect surfaces and soft furnishings if possible and necessary by wiping or laundering them with a product that claims to kill bacteria and viruses.
- Clean contaminated cleaning equipment afterwards in accordance with the manufacturer's instructions e.g., wash and dry buckets, wash reusable mop heads separately from other laundry items.
- Remove or doff PPE carefully and dispose of it appropriately.
- Wash and dry hands thoroughly.

Spill kits containing biocidal chemicals are likely to be very harmful if ingested and should be kept secure from unauthorised access but not locked away from easy authorised access.

A kit should always comprise:

- Coloured plastic bucket clearly labelled “Spill Kit”;
- Kitchen roll or similar paper to cover the spillage or absorbent granules;
- At least 2 or more plastic bags (without vent holes);
- Apron and gloves (and a medical face covering and eye protection or information about getting them if concerned about splashing and airborne transmission of infection);

Carpets and upholstery

Where spills on carpets or upholstery cannot be laundered:

- Treat as outlined above e.g., remove solids, absorb liquids, and apply a suitable cleaning solution considering first whether the fabric is chlorine resistant and will not be damaged significantly,
- Finish cleaning the spill using a vacuum carpet and upholstery or steam cleaner,
- Clean contaminated cleaning equipment afterwards in accordance with the manufacturer’s instructions.

Disposal of Waste

Waste contaminated with body fluids is ‘clinical waste’ and its disposal is tightly regulated. Small quantities produced through ordinary work activities like first aid should mean no special clinical waste collection is required if waste is disposed of carefully in the general waste bins as follows:

- All flushable waste (faeces, vomit, small quantities of tissue but *not* paper towels etc.) can be disposed of in appropriate amounts down a toilet into the foul water system taking care not to block it.
- Used paper towels and other solid waste materials together with gloves and aprons etc., can be placed in a plastic waste bag or sack (without vent holes in it), top tied and placed in another bag and tied again i.e., double bagged, before being placed in the outside general waste collection bin.

When using absorbing materials from hazard disposal packs or similar products, the manufacturer’s instructions for storage, use and disposal must be followed.

If large or regular amounts of clinical waste are being generated, a contractual disposal arrangement must be put in place with a suitably licensed clinical waste contractor.

For more information refer to KAHSC Medical Safety Series: [M06 - Protection against Blood Borne Infections/Viruses \(BBIVs\)](#) and the UK Health Security Agency (UKHSA) [Health protection in schools and other childcare facilities](#).

1 Definitions

For the purposes of this Policy and procedures a child, pupil or student is referred to as a 'young person' and they are normally under 19 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

2 Introduction

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems;
- have close contact with other children;
- sometimes have no or incomplete vaccinations;
- have a poor understanding of hygiene practices.

These procedures aim to provide information for our staff about managing a range of common and important childhood infections. They are not intended to be used as a tool for diagnosing infectious disease but to help and direct staff about where and when to seek further advice. Staff must be accountable for their own actions and follow safe practices. These procedures provide infection control advice for our school and must be read in conjunction with the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2019 available from the GOV.UK website: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>.

Tasks and workplaces are assessed via our Risk Assessment Procedures (held separately).

The School expects staff to adhere to these procedures and documented risk assessments in line with our obligations under equality legislation. The Head teacher will ensure that all reasonable adjustments or supportive measures are considered to allow equality of access and opportunity regardless of age, gender, ethnicity, sexual orientation, disability, faith or religion, gender identity, pregnancy or marital status.

The way to prevent and manage infectious disease in our setting is to:

- promote immunisation;
- promptly exclude the unwell child or member of staff;
- check that effective handwashing is being carried out routinely.

If we are informed of a case of an notifiable infectious disease in a pupil or staff member, we will report it to our local [Health Protection Team \(HPT\)](#) as soon as possible as not all infections require exclusion. Our local team can also provide additional advice and support as needed:

Cumbria and Lancashire Health Protection Team:

Lancashire County Council
Pitt Street Reception County Hall
Preston
PR1 8XB
4819

Tel: 0344 225 0562 option 2

Fax: 01772 251789

Out of office: 0151 434

3 Responsibilities

3.1 Head teacher

The Head teacher will ensure that adequate risk assessments and safe systems of work are in place in line with these procedures. The Head teacher will also ensure that all staff are aware of these procedures and of their responsibility to follow the documented safe working practices.

3.2 Staff

Staff are responsible for familiarising themselves with these procedures, and for following the documented safe working practices.

Any staff/volunteers suffering from certain illnesses/infectious diseases may need to be absent from work and the guidance contained in the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2019 available from the GOV.UK website:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> will be applied on each individual basis.

3.3 Parents

If a child is absent through illness, it is the responsibility of the parents to inform the school of the reasons for absence. If no contact is made by 9:20am the school will contact the parents. Any ailments are then reported to the school. Parents should seek professional medical advice regarding the date a child can return to school without fear of infecting other pupils (refer to the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2019:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> and Section 5.1 regarding exclusion).

If doubt is expressed regarding a child's health during school hours or a school activity including off-site visits, parents will be contacted and requested to take the child home. If the condition of a child's health gives cause for concern, medical advice may be suggested and a request that information is relayed to the school as soon as possible. Should there be difficulty in obtaining parental contact and a condition is considered serious, consent has been provided from parents/guardians for hospital treatment to be obtained.

4 How Infections Spread

Infections are spread in many different ways but the most important of these are through:

4.1 Respiratory spread

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example a used tissue or on an object in the environment, and then touching your nose or mouth.

4.2 Direct contact spread

By direct contact with the infecting organism, for example contact with skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

4.3 Gastrointestinal spread

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).

4.4 Blood borne virus spread

By far the most all round effective way, including cost effectiveness, is to educate 'at risk' employees about the risks involved and to encourage all to maintain appropriate preventative measures. It is only when appropriate preventative measures are not deemed adequate to reduce risk to an acceptable level that immunisation will be considered.

The national schedule of Immunisation changes periodically so it is important to check the [NHS Choices website](#) for up to date details. It is important that all staff are up to date with the current immunisation schedule.

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.

There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

The most important BBV's to consider for employment purposes are Hepatitis B, C and HIV. It is not normally necessary for first aiders or those involved in intimate care in the workplace to be immunised against hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs. Currently, immunisation is only available for Hepatitis A and B and is not available for Hepatitis C or D or HIV. Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation. In such circumstances it is the responsibility of the employer to finance the vaccine programme.

Employees who come into contact with blood and bodily fluids in the course of their work or who risk being scratched and bitten could be at risk from blood borne viruses. We are responsible for managing the risk to school employees from blood borne viruses. This is considered as part of the school's risk assessment processes. Those employees deemed to be at significant risk of contracting BBV's, despite taking all reasonable precautions. This may include the following:

- groups at risk from hepatitis B;
- employees in 'healthcare roles' who are likely to have direct contact with infected blood or body fluids;
- carers or support staff for pupils with severe learning/behavioural problems, where there is a significant risk of the employees being bitten, scratched or otherwise sustaining blood injuries from the clients in the course of their work.

Most GP's will provide immunisation for their patients **where they are at risk from blood-borne viruses in their work**. The cost of this service varies from GP to GP but each immunisation should cost no more than the price of a prescription. Staff who, by means of our risk assessment, are advised to seek immunisation, can claim reasonable immunisation costs back from the school.

No employee should be forced or required to have an immunisation. Offers for immunisation

5 Prevention and Control

5.1 Exclusion

Prompt exclusion is essential to preventing the spread of infection in childhood settings. There should be a local policy for exclusion of staff and children while they are infectious and a procedure for contacting parents or carers when children become ill at school.

When pupils are suffering from infectious diseases they should be excluded from school on medical grounds for the minimum period recommended. Formal exclusion of pupils from school on medical grounds is enforceable by the Head teacher only, acting on behalf of the local authority or the managers or governors of a school.

In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others.

Exposure to infectious disease is not normally a reason for medical exclusion. However, our local HPT can advise.

5.1.1 Exclusion table

The revised PHE Exclusion Table can be accessed at: [Health Protection for Schools, Nurseries and Other Childcare Facilities: Exclusion Table](#). This is displayed on the health and safety notice board and in the Healthcare managers office.

5.2 Hand Hygiene

5.2.1 Hand washing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

We advise all staff and pupils to wash their hands:

- Before and after each work shift or work break;
- During infectious conditions (i.e. D&V) hands should be washed before and after physical contact with any infected person (if carrying out personal care, remember to enable and or assist that person to wash their hands too);
- After performing cleaning tasks, using cleaning equipment/chemicals or after handling contaminated items, (dressings, bedpans, urinals and laundry) using/emptying refuse bins, or animal waste etc.;
- Before putting on and after removing protective clothing;
- After using the toilet, blowing the nose, coughing or covering a sneeze – encourage everyone to cough or sneeze into a tissue, dispose of the tissue and then wash their hands. (Catch it, bin it, kill it);
- Whenever hands become visibly soiled;
- Before eating, drinking or handling food and before and after smoking;
- After touching animals / pets – particularly important for staff and pupils/young people on farm visits;
- Before and after any personal care tasks or duties;
- Before and after visiting a hospital ward (alcohol-based hand rubs will usually be provided in these situations – but be aware alcohol rubs are not effective against all infectious conditions such as Norovirus or Clostridium difficile).

Before washing hands, all wrist, and ideally hand jewellery (rings) should be removed. Cuts and abrasions should be covered with waterproof dressings. Those carrying out personal care tasks, fingernails should be kept short, clean and free from nail polish or nail extensions in order to reduce risk of transmission.

Hand washing should be performed as follows:

- Wet hands up to and including the wrists before applying ideally un-perfumed mild liquid soap (mild domestic non-perfumed type anti-bacterial liquid soap could be used in food preparation areas).
- Apply the liquid soap.
- Smooth it evenly all over the hands, and lather well rubbing vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers.
- Hands should be washed under hot running water by systematically rubbing all parts of the hands and wrists.
- Dry thoroughly with paper towels, taking special care between the fingers.

If hands are particularly dirty e.g. after gardening you may need to repeat the process.

Drying your hands thoroughly is especially important.

5.2.2 Alcohol Hand Gel/Rub

Effective hand washing and drying, using liquid soap and hot running water and drying thoroughly with soft paper towels is the single most effective method of infection control. This must **not be substituted** by the use of alcohol hand rubs when suitable hand washing facilities are present. Alcohol hand gels can be used as an additional process or when suitable hand washing facilities are not available i.e. outdoor activities.

Alcohol hand rub has its place when other facilities are unsuitable and for additional protection, but it must be understood that it only works on already clean hands i.e. free from dirt or grime. It is also not effective against all infections (e.g. Norovirus and Clostridium difficile) and effective hand washing using liquid soap and hot water is always preferable.

Should alcohol hand rub be made available for visitors to premises, staff must be made aware that they must still follow the correct hand washing procedures at all times. There is a risk when alcohol hand rubs are introduced that staff will use these instead of washing their hands. Adequate supervision and monitoring must be in place to ensure that staff understand the limitations of alcohol hand rubs and that correct hand washing using un-perfumed liquid soap and hot water is key to good infection control.

When applying alcohol hand rub, a similar process to washing your hands should be adopted to ensure all areas are coated with the substance.

Some environments may not have adequate / suitable provision for hand washing. In such environments, alcohol hand cleanser should be made available. Even when the conditions are dire, if there is running water, using this is still preferable to not washing your hands – and the use of alcohol gel upon leaving the premises would be advisable as an additional precaution. Staff should wash their hands immediately they can get to suitable facilities and in the interim practice good hygiene measures by avoiding placing their hands in or around the mouth area.

5.2.3 Nail brushes

These can be a reservoir of infection if not kept clean and can also damage skin leaving it prone to infection. Due to this the school does not allow the use nail brushes routinely. However, where learning activities involve high levels of dirt e.g. gardening / farm work, it may be advisable to use a nail brush. It is important that where nail brushes are in use, they are kept clean and replaced regularly.

5.2.4 Oxygen Cylinder and Hand Washing

When medicinal oxygen is in use, only moisturisers suitable for use with oxygen (un-perfumed non-oil-based hand moisturisers) should be used. Alcohol hand rubs should not be applied prior to working with people who are using medical oxygen, due to a possible fire risk.

5.3 Coughing and Sneezing

Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting is discouraged.

5.4 Personal Protective Equipment (PPE)

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Gloves must be suitable for the task and for the user:

- The correct size;
- The correct type – will withstand the rigours of the task;
- The wearer must be able to perform the task whilst wearing the gloves.

5.4.1 General-purpose Utility Gloves

General-purpose utility gloves e.g. rubber household gloves, should be used for cleaning. The gloves should be washed with general-purpose detergent and hot water and dried between use. All gloves should be personal and not shared. They should be discarded if the gloves become torn or damaged. Wash hands after removing gloves.

5.4.2 Disposable Gloves

Wearing gloves creates a barrier between the wearer and the contamination. This along with standard principles prevents cross-infection and gives adequate protection.

People with reduced immunity (or immunocompromised) are unable to fight off infection easily, these precautions will further protect them from infection.

None powdered approved disposable gloves (unless another type has been assessed due to sensitivity/ allergy) must be worn at all times where there is a potential to come into contact with blood or bodily fluids. Examples of when to wear such gloves:

- Risk of contact with bodily fluids (blood, faeces, vomit, urine etc.);
- Handling dressings from an open wound;
- Changing / disposing of incontinence pants/Pads/pads, dealing with drainage bags etc.;
- Handling soiled linen;
- Cleaning soiled / contaminated areas;
- Some personal care duties;
- When there is a suspected case of Norovirus or Clostridium difficile, disposable aprons should also be worn during any contact with an infected person; these will need to be changed before and after delivering personal care.

Personal care - washing a person. (Gloves are not generally required when undertaking bathing/showering duties unless there is likely to be contact with bodily fluids or the person has a skin infection (i.e. Impetigo), infestation (i.e. scabies or lice), diarrhoea illness (i.e. Norovirus or Clostridium difficile).

Disposable gloves must be worn as single-use items. They must be put on immediately before carrying out the task for which they have been assessed and removed as soon as the activity is completed. Gloves must be changed between caring for different pupils. They are not a substitute for hand washing. Gloves must be disposed of and hands washed after the gloves have been removed. Gloves should **not** be washed between activities as the gloves may be damaged by the soap solution and, if punctured unknowingly, may cause body fluid to remain in direct contact with skin for prolonged periods – simply get a new pair.

Gloves for personal care should not be worn for more than 2-3 hours without being changed, however it is unlikely that any individual care task will last anywhere near this length of time.

Sensitivity to the approved gloves in pupils/staff required to wear disposable gloves for work tasks, must be documented. Alternative gloves must be available.

Care should be taken when removing used gloves to avoid contamination. The wrist end of the glove should be handled and the glove should be pulled down gently over the hand, turning the outer contaminated surface inward while doing so, i.e. the gloves are then disposed of inside out, preferably with the second glove also pulled over the first while removing it so that they are wrapped together.

5.4.3 Disposable Plastic Aprons

These should be worn when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions, with the exception of sweat. Plastic aprons should be worn as single use items for one procedure or episode of personal care and then discarded and disposed of.

Remove aprons promptly after use, avoiding contact with most likely contaminated areas, e.g. the front surface, and avoiding contamination of undergarments. The outer contaminated side of the apron should be turned inward, rolled into a ball and then disposed of.

5.4.4 Face Masks

There are a few occasions when facemasks **may** be considered as an additional precaution. This may be recommended during Pandemic Flu outbreaks for example.

5.5 Managing Contamination with Body Fluids - cuts, bites and nose bleeds

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites and bleeds according to this policy. The school has identified training and nominated first aiders.

If contamination with blood or other body fluids does occur, the following action should be taken without delay:

5.5.1 If skin is NOT broken

1. Clean with soap and running water.
2. No further action is needed.

5.5.2 If the skin IS broken

1. Encourage the wound to bleed, do not suck the wound – clean immediately with soap and running water;
2. Wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water;
3. Record the source of contamination;
4. Report the incident to your line manager as appropriate;
5. Seek medical advice as soon as possible (on the same day):
 - to treat potential infection;
 - to protect against hepatitis B;
 - for reassurance about HIV.

5.6 Safe Handling of Sharps

Sharps include: needles, razor blades, broken glass or other items that may cause a laceration or puncture of the skin or mucous membrane **and** which may have been contaminated by blood or bodily fluids.

Care should be taken to avoid accidental needlestick injury, as exposure to contaminated blood, and blood-stained body fluids may be associated with transmission of blood-borne viruses. Always take extreme care when using and disposing of sharps.

If assisting a pupil:

- Sharps must not be passed directly from hand-to-hand and handling should be kept to a minimum;
- Used needles **must not** be manually re-sheathed, bent or broken, prior to disposal;
- Used sharps must be discarded into a sharps container at the point of use by the user whenever possible.

All sharps containers must be correctly assembled and correctly and clearly labelled to identify their source and used according to manufacturers' instructions.

- Sharps containers must not be filled above the mark indicated on the container;
- Close the aperture to the sharps container when carrying or, if left unsupervised, to prevent spillage or tampering;
- Carry sharps containers by the handle - do not hold them close to the body;
- Never leave sharps lying around;
- Do not try to retrieve items from a sharps container;
- Do not try to press sharps down in the sharps box to make more room;
- Lock the container when it is $\frac{3}{4}$ full using the closure mechanism;
- Place damaged sharps containers inside a larger container - lock and label prior to disposal. Do **not** place sharps inside a clinical or other waste bag;

Sharps bins in use and prior to disposal must be kept in a location that precludes unauthorised access, especially by children.

5.6.1 How to avoid injury

- Never use bare hands to clear rubbish or unblock toilets;
- Never put hands into a small opening;
- Do not put hands down the side of chairs / settees or anywhere you cannot see;
- Do not 'plump' cushions in high risk areas (suspected drug abusers' homes);
- Do not try to compact rubbish in bins;
- Wear suitable protective clothing;
- Use a pencil or pen to use a lift call button or put on a light switch when necessary.

5.6.2 What to do if you find a used needle or syringe

If the needle is in a public place you should report it to the local District Council or local Police. Unless you are equipped to deal with making it safe, do not put it in a dustbin/litter bin, kick it down a drain or touch it in any way.

If the needle is on school property:

- Training and advice in a safe system of work is given to all employees who may come into contact with hypodermic needles as a result of their duties.
- Pupils are advised to alert a member of staff as soon as possible must they discover discarded hypodermic needles or syringes.
- Ensure that the following equipment is available:
 - Heavy duty gloves
 - Bactericidal wipes
 - “Sharps” box, hypodermic needle cylinder or similar receptacle which will not puncture
 - Litter picker or magnetic picker
 - Hypochlorite-based (bleach) spray
 - Plastic bags
 - Clinical waste bags
- Unless the syringe is floating in water, spray syringe, hypodermic needles, and the immediate area with hypochlorite-based liquid.
- Put on gloves, carefully pick up syringe by hand, or, if difficult to reach, use the litter picker.
- Place the syringe in the “sharps” box or other similar container. Arrange delivery of syringe to local doctor’s surgery or hospital as soon as possible. **Prior warning of delivery is essential.**
- Peel off the gloves and place in a plastic bag. Clean hands with wipes and place wipes in plastic bag and seal the bag. If a picker has been used, spray the contact area with hypochlorite-based product.
- Check the area for further needles or syringes. If a number are found, cordon off the area and contact the Police without delay.
- Record the incident in the incident book.

5.6.3 What constitutes an Injury?

A significant exposure is defined as an exposure to blood or any body fluids containing blood or high risk body fluids (high risk body fluids include: discharge from wounds, vaginal secretions, semen, cerebrospinal fluid, pleural fluid, breast milk, amniotic fluid, peritoneal fluid).

- skin puncture causing bleeding or visible skin puncture e.g. needle stick injury;
- mucous membrane exposure e.g. splashes into eyes or mouth.

If an injury occurs **always** follow the emergency procedures for dealing with needle-stick injuries, human bites / scratches and spillages of blood (see Section 5.7 for further details). Report it to your line manager and report the incident following the school Accident Reporting Procedures.

5.6.4 Emergency Procedures for Needlestick Injuries

In the event of a skin puncture, or even the suspicion of one, the following procedure is essential:

- Encourage bleeding from the puncture wound;
- Wash thoroughly any injury or abrasion that has been contaminated with infected blood for 5 minutes with warm running water and soap;
- Cover with a dry waterproof dressing;
- Report incident immediately to line manager. An entry must also be made in the School Accident Book;
- Seek medical advice as soon as possible. **Go immediately to the local hospital for treatment taking the syringe that caused the damage with you (in sharps box or other suitable receptacle).**
- A protective injection against Hepatitis B (but not HIV) can be given, but needs to be done within 48 hours.
- Record the incident and the action taken.

The Head teacher will follow up when such wounds occur to ensure procedures have been followed and provide staff with any support required (i.e. counselling and Occupational Health referral).

5.7 Dealing with Spills of Body Fluids

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. Staff should have easy access to a spillage kit in the event there is a blood or body fluid spill. Spillage kits should be kept in an area that is accessible to all staff (preferably not in a locked room) in line with your current policy, especially if it contains spillage granules. Spillage kits don't have to be costly and the kit can be made up at the school.

Suggestions for the kit:

- Coloured plastic bucket – clearly labelled "Spillage Kit";
- Kitchen roll or similar paper to place on spillage;
- Plastic bag;
- Apron and Gloves;
- Spillage granules – not compulsory, but can speed up the cleaning process.

It is best practice that whenever possible staff member/s exposed to the spill continue to clear the spillage. This help to reduce exposure and therefore transmission of infection. If support is required the site technician will support as they are the most experienced person and know how to deal with cleaning materials and disinfectants.

Staff should be aware that it is the responsibility of everyone to try to minimise the risk to others by ensuring appropriate first aid measures are initiated.

- Cordon off the affected area.
- Cover the spillage with absorbent paper (such as kitchen roll/paper hand towels) as germs can become airborne in vomit and diarrhoea and by placing absorbent paper on top this will minimise the germs rising into the air.
- Inform school caretaker/cleaner as soon as possible **if on duty**.
- Wear Personal Protective Equipment (PPE) such as an apron and gloves when dealing with spillages.
- Clean up the spillage, remove the paper towels, double bag the spillage and place in the plastic bag in the waste bin.
- Clean area carefully with warm soapy water, using either disposable cloths or wipes.
- Clean the affected area, ensuring this includes aspects such as the underside and legs of desks/tables/chairs etc.
- Consider disinfecting the dry clean surface with either disinfectant wipes or by using an appropriate disinfectant that states that it will kill bacteria and viruses.
- Always ensure that the equipment used is cleaned afterwards.

If disposable mop heads are used, place them in a plastic bag after use and put into the waste bin. If reusable mops heads are used, place them into an empty washing machine, follow the washing instructions and thoroughly dry.

- After use, clean any buckets with detergent and water then use a disinfectant and thoroughly dry.
- After use PPE must be removed and disposed of into the foot operated bin.

Always wash your hands after dealing with spillages.

5.7.1 Carpeted areas:

- Where a spillage has occurred in a carpeted area, treat as outlined above.
- Ensure that the carpet is domestically cleaned using a carpet suction cleaner after the spillage has been treated.
- Remember disinfectants that are chlorine based may bleach carpet.

5.8 Sanitary Facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

5.9 Managing Pads

Children in Pads must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities must be available in the room so that staff can wash and dry their hands after every Pad change, before handling another child or leaving the Pad changing room. Soiled Pads should be double wrapped in a plastic bag before disposal in the general school waste.

Clean children's skin with a disposable wipe. Flannels should not be used to clean bottoms. Label Pad creams and lotions with the child's name and do not share with others.

Wipe changing mats with disinfectant spray that is provided in each changing area after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Check 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. Wear gloves to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down. Staff must wash and dry hands after taking gloves off.

Only persons who are employed by The Eden Academy Trust, and as such are subject to DBS checks, are allowed to bathe and change pupils. Under no circumstances should volunteers be permitted to carry out such duties. Modern apprentice, teaching and NVQ 2 & 3 students aged over 18 years may assist in toileting activities providing that DBS checks are in place and they have read the school personal and intimate care policy.

Soiled clothes should be washed in school or placed in a tied red alginate bag for return home. Red alginate bags are available from the school Healthcare Plan Manager and parents should be advised that the bag can be placed into the washing machine with the clothes inside to launder the clothes.

Pad waste can be produced in large quantities. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Soiled and wet Pads or pads should be put through the macerator or if the macerator is unavailable, they should be wrapped (soiled double wrapped) made as small as possible and fastened in plastic sacs and placed in the Pad bin. The school has an arrangement with a qualified disposal company who are responsible for the appropriate disposal of waste.

5.10 Children with Continence Aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads must be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities are readily available in all these areas. Contact the school health team for further advice.

5.11 Laundry

There should be a designated area on site if there is a need for laundry facilities. This area should:

- be separate from any food preparation areas;
- have appropriate hand washing facilities;
- have a washing machine with a sluice or pre-wash cycle.

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale 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 are worn when handling soiled linen or clothing;
- hands are thoroughly washed after removing gloves.

5.11.1 Dealing with Contaminated Clothing

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible. Items of clothing that may become soiled should not be swilled out or left to soak (faecal material can become airborne and can be the cause of contamination on surfaces). Care should be taken to wipe away any faecal matter with wipes/toilet paper and the soiled article should then be placed in a red plastic bag and sent home. These bags can be placed directly into the washing machine without the need to open them. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

5.12 Vulnerable Groups at Particular Risk from Infection

Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent).

Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor.

There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually nurseries and schools are aware of such vulnerable children through information given by their parents or guardians.

If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents or guardians of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate.

It is important that these children are also made known to the school nurse on entry to the school.

6 What to Do If You Suspect an Outbreak of Infection

6.1 Classification of an Outbreak

An outbreak or incident may be defined as:

- an incident in which two 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.

6.2 When to Report

Head teachers should contact the local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children);
- symptoms;

- date(s) when symptoms started;
- number of classes affected.

If you suspect cases of infectious illness but are unsure if it is an outbreak, contact your local HPT (refer to Section 2).

6.3 How to Report

Childcare settings should telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)

The **full list** of Notifiable Diseases can be accessed at: [PHE: Notifiable Diseases and Causative Organisms](#).

Our local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

6.4 Confidentiality

It is important to note that health protection teams are bound to manage personal case details in strict confidence. Therefore, information given to schools 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.

Read further information on [patient confidentiality and how information is used by the HPT](#).

7 Immunisation

Immunisations should always be checked at school entry and at the time of any vaccination and this is carried out by school nurses. Parents will be encouraged to have their child immunised and any immunisation missed or further catch-up doses required should be organised through the child's GP. The national schedule changes periodically so it is important to check the [NHS Choices website](#) for up to date details. Alternatively the school health service can advise on the latest national immunisation schedule.

Children who present with certain risk factors may require additional immunisations. Our local community NHS health team can provide further information if required.

7.1 Staff Immunisation

It is important that all staff are up to date with the current immunisation schedule (see above). In addition to this, the following risk areas should be considered:

7.1.1 Hepatitis B

Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation. In such circumstances it is the responsibility of the employer to finance the vaccine programme.

7.1.2 Rubella

Women of childbearing age should check with their GP that they are immune to the rubella (German measles) virus. Those who are not immune should be immunised with MMR vaccine. The vaccine should not be given during pregnancy.

8 Cleaning the Environment

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards will be monitored regularly by the school. Cleaning staff should be appropriately trained and have access to personal protective equipment.

Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease. Disinfection reduces the number of germs still further and can be carried out after adequate cleaning has been done when there is a particular risk of infection (e.g. when there is an outbreak of diarrhoea and vomiting). There are many disinfectants that are safe to use around children and pets, (e.g. Milton Solution) and policy is in place for use of these products. When using such solutions, check the label to ensure that it is used in line with directions and make sure that it states that it can kill both viruses and bacteria.

8.1 Cleaning contract

Cleaning is contracted out. The school business manager is responsible for the monitoring of the cleaning contract including but not exhaustive of cleaning standards, processes, procedures and policies and will discuss any issues with cleaning staff.

8.2 Cleaning Blood and Body Fluid Spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

8.3 Toys and Equipment

Toys can easily become contaminated with organisms from infected children so it is important class teachers take responsibility for ensuring toys within their classroom, or used by their children, are adequately cleaned on a regular basis. A written schedule is recommended to be in place for regular cleaning. The cleaning schedule should identify who, what, when and how toys should be cleaned and be monitored.

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the class teachers monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.

Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the schedule.

Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; 4 weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean. The sandpit should be washed with detergent and water, and dried before refilling with sand.

Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

8.4 Enhanced Cleaning During an Outbreak of Infection

In the event of an outbreak of infection at our school, our local Health Protection Team will recommend 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. Plans will be developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment must be colour coded according to area of use. Cleaning during an outbreak of an

infectious disease **may** require the use of a hypo-chlorite (bleach) based cleaning solution. Hypochlorite solutions should be diluted to 0.1% or 1000 ppm.

9 Decontamination / Disposal of Waste

It is possible for HIV and Hepatitis B virus to remain infectious in dried and liquid blood for a considerable time and if materials become contaminated with blood or body fluids, they will require decontamination in a way that is designed to inactivate Blood Borne Viruses (BBVs), mainly by using heat or chemical disinfection, or safe disposal. The School has a procedure for dealing with spillages and other forms of contamination and staff have been made familiar with it:

- disposable plastic gloves must be worn and paper towels used when mopping up blood or body fluids. These should be sealed in plastic bags and safely disposed of;
- clothing may be cleaned in a washing machine using the hot cycle (min 60° C);
- surfaces and re-usable personal protective equipment (e.g. eye protection) should be wiped down/cleaned with a solution of a suitable disinfectant.

The school has in place a contract for disposal of all clinical waste.

Definition of Clinical Waste

Clinical waste means any of the following waste if it may prove hazardous to any person coming into contact with it unless rendered safe:

- Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, soiled swabs or dressings, or syringes, needles or other sharp instruments, being waste which, unless rendered safe, may prove to be hazardous to any person coming into contact with it; and
- Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any other person coming into contact with it.

9.1 Storage and Handling of Clinical Waste

- Store domestic (black bag) waste separately from hazardous waste.
- Waste storage areas wherever possible should be sited away from food preparation and general storage areas.
- Clinical waste should be removed from point of generation as frequently as circumstances demand, and at least weekly.

9.1.1 Between collections

Waste should be:

- Situated in a centrally designated area of adequate size related to the frequency of collection;
- Sited on a well-drained, impervious hard standing floor, which is provided with wash down facilities;
- Kept secure from unauthorised persons, entry by animals and free from infestations;
- Accessible to collection vehicles.

9.1.2 Handling

- Consider wearing gloves and, where necessary, an apron before handling waste for transport. This should avoid any contamination from waste itself or from touching potentially contaminated bags or containers.
- Heavy duty gloves may be necessary for those handling large volumes of waste/waste receptacles.
- Waste bags/sharps boxes should always be handled with care and held away from the body to avoid contamination. Only handle bags by the neck.
- Never drag or throw waste bags.

- Trolleys, carts or any other containers/vehicles that are used for transporting of waste must be kept clean and have a clear cleaning schedule especially where spillages of blood/other body fluids may contaminate them.
- If bags/containers are leaking they should not be instantly moved, but this should be reported and steps taken to safely manage any spillages/loose items immediately.
- After dealing with waste, staff should ensure that they dispose of any used PPE appropriately as detailed in this policy
- Perform hand hygiene following any waste handling/disposal.

9.2 Disposal of Pharmaceutical Waste

In line with our Supporting Pupils with Medical Conditions Policy and procedures held separately, staff will manage medicines including the monitoring of expiry dates and removal from use but they will not dispose of medicines. Parents should be asked to collect medicines as required or routinely e.g. at the end of each term. Parents are responsible for the proper disposal of date-expired medicines. In exceptional circumstances, with parental permission, the Healthcare plan manager only will remove medication offsite for disposal at a pharmacy. In these instances, a record will be kept by the Healthcare plan manager.

10 Staff Health

10.1 Staff Immunisation

All staff will complete a healthcare questionnaire before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR). Should the questionnaire indicate a need a full occupational health check will be arranged.

10.2 Exclusion

Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

10.3 Pregnant Staff

It should be noted that the greatest risk to pregnant women from such infections comes from their own household rather than the workplace. However, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

10.3.1 Chickenpox

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. A blood test may be arranged to check immunity if it isn't already known. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

10.3.2 Measles

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.

10.3.3 Rubella (German Measles)

If a pregnant woman comes into contact with German Measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

10.3.4 Slapped Cheek Disease (Parvovirus B19)

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

10.4 Food Handling Staff

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected (or have close contact) with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

Food handling staff suffering from such diseases must be excluded from all food handling activity in the school or nursery setting until advised by the local Environmental Health Officer that they are clear to return to work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.

We have a clear written policy for the exclusion of staff, particularly food handlers, in relation to gastro-enteric diseases. Staff and attenders should not be present at the establishment if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastro-intestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting). Catering staff and Wrap Around Care staff will sign an agreement to declare illness and infections and return to work questionnaires will be completed by the Head teacher / Kitchen Manager before staff are permitted to resume duties after certain illnesses. An example Agreement and Return to Work Questionnaire can be accessed at: <https://www.kymallanhsc.co.uk/Document/DownloadDocument/8043> and <https://www.kymallanhsc.co.uk/Document/DownloadDocument/8044>.

Employers should notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment (refer to the Food Standards Agency (2009) [Food Handlers: Fitness to Work](#) for further guidance). Food handlers are required by law to inform their employer immediately if they are suffering from:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis
- diarrhoea (cause of which has not been established)
- infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

11 Pets and Animal Contact

Pets and other animals in school can enhance the learning environment. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites. Some people, such as pregnant women and those with a weakened immune system, are at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to the children and to staff.

Only mature and toilet trained pets will be considered and the Head teacher will ensure that a knowledgeable person is responsible for the animal. There should be a written agreement within the school detailing:

- the types of animals allowed in the school;
- how to manage them and permitted behaviour whilst on the premises;

- where they can go and where they cannot go when in the school;
- any insurance liability of owners and handlers;

Animals will always be supervised when in contact with the children and those handling animals advised to wash their hands immediately afterwards. Animals should have recommended treatments and immunisations, be regularly groomed (including claws trimmed) and checked for signs of infection. Bedding should be laundered regularly.

Cat litter trays should be cleaned daily wearing disposable gloves. It should not be placed near food preparation, storage or eating areas. Wash hands immediately after removing gloves but pregnant staff members should not carry out this task because of the risk of toxoplasmosis.

Feeding areas should be kept clean and their food stored away from human food. Food not consumed in 20 minutes should be taken away or covered to prevent attracting pests.

11.1 Visits to Petting Farms, Animal Sanctuaries and Zoos

There are a number of diseases that can be passed on to pupils and staff from infected farm animals such as campylobacter, salmonella and cryptosporidium. It is not possible to know which animals are carriers so a standard approach to reducing the risk of transmission of infection to children and staff should be taken.

11.1.1 Before you go

Emphasise the importance of hand hygiene during and after the visit and check that the farm has easily accessible hand washing facilities. Educate pupils not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed their hands.

Check that the establishment is well managed. Drinking taps should be clearly marked and sited in a clean area away from the animals.

11.1.2 During the visit

If children are allowed to handle or feed the animals, ask them not to put their faces against the animals or put their hands in their own mouths afterwards. Check that children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking. All children must be supervised.

Food should only be taken in the designated picnic/food areas. Children will be reminded not to eat anything which may have fallen on the ground. They should not eat or drink unpasteurised products like milk, cheese or ice-cream, or taste animal feed stuff such as silage and concentrates.

Manure or slurry presents a particular risk of infection and children should be warned against touching it. If they do, ensure hands are promptly washed and dried.

11.1.3 At the end of the visit

Ask all the children to wash and dry their hands before leaving. Ensure that they are as free as possible from faecal material. Further guidance can be found in the Health and Safety Executive (2015) [Preventing or controlling ill health from animal contact at visitor attractions](#).

11.2 School Trips

Some school trips involve activities associated with a small risk of picking up an infection, particularly those involving water-based activities and visits to farms or animal parks.

11.3 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.

Exercises such as 'capsize drill' and 'rolling' should ideally be practised in swimming pools and never in stagnant or slow-moving natural bodies of water.

Children and staff should cover all cuts, scratches and abrasions with a waterproof dressing prior to the activity. Do not eat or drink immediately after water-based activities until after hands have been washed.

The use of appropriate footwear is recommended to reduce the risk of cuts to the feet. Pupils and staff should always wash or shower after canoeing or rowing.

Anyone taking part in water based activities who becomes ill within 3 to 4 weeks of the activity is advised to seek medical advice.

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.

Babies or children shouldn't swim in public swimming pools for 2 weeks after diarrhoea and vomiting has stopped – further guidance can be found in NHS Choices [Diarrhoea and vomiting in babies and children](#).

12 Managing Specific Infectious Diseases

More detailed guidance on managing Specific Infectious Diseases can be found in the PHE 'Health protection in schools and other childcare facilities': [Chapter 9: Managing Specific Infectious Diseases](#).

A diarrhoea and vomiting outbreak Action Checklist for schools, nurseries and other childcare settings can be accessed at: [PHE: Diarrhoea and Vomiting Outbreak Action Checklist](#).

Activity:	Managing serious infections		Assessment carried out by:	Oliver Wilson	
Date assessment carried out:	Jan 2024	Date for next review:	Jan 2027	Doc. ref. no. (if any):	V3

Individuals at Risk: Anyone can contract a viral, bacterial, fungal, or parasitic infection (a micro-organism called a pathogen) so all employees, pupils, visitors, contractors, members of the public, the people they live with, and their other close contacts are at risk of becoming ill. However, some people are at more risk than others because they are more likely to be exposed to infection because they are, or work with people who are unable to practice good hygiene or because they have a risk factor (comorbidity) that makes it more likely they will die or become very ill if they become infected. This includes vulnerable children and adults, and anyone with a comorbidity which could include being older, from an ethnic minority background (who are often disproportionately low income, work while ill and live and work in more crowded places), young or inexperienced workers who may forget or not follow rules, new or expectant mothers who may become more ill or pass on a more serious infection to their breastfed child or unborn baby, anyone experiencing ill-health or who has underlying health conditions or a weak immune system mean they are at higher risk. People who work in close proximity to others, especially providing first aid, health, intimate, or other personal care that can involve contact with body fluids are also at higher risk of exposure.

The risks: Infections are caused by pathogens such as bacteria, viruses, fungi, and parasites, otherwise known as germs. Most infections lead to a mild or moderate illness, but some can cause death, critical illness, and other serious and potentially long-term health complications (see [Managing specific infectious diseases: A to Z \(GOV.UK\)](#) or [Health A to Z - NHS \(www.nhs.uk\)](#) for details). Infections are transmitted by direct contact (with the infected area of another person's body or a contaminated surface) or in the air (saliva droplets dispersed into the air through talking, coughing, sneezing, and the performance of some healthcare tasks). Droplets are breathed in, or people touch their face, especially mouth, nose, and eyes after touching contaminated surfaces. Sharing clothing, towels, sleeping bags etc. can also spread parasitic and fungal infections. Infection may lead to staff and pupil absences leading to lost educational opportunities, anxiety and other wellbeing issues amongst staff, pupils, and parents or carers. At times of public health emergency or such widespread infection that it causes partial or full site closure, risks may arise from a lack of building/equipment maintenance. The ability to effectively meet children's safeguarding, SEND and medical needs and to implement fire and other emergency procedures may also be compromised due to reduced staff numbers.

What are the hazards	What are we already doing to control the risks?	What else do we need to do or explain to control the risks?	Action by whom	Action by when	Date done
An individual receives a health professional's diagnosis of or positive diagnostic test for, or develops	☐ Employees who are infectious must follow relevant HR policies and also stay at home if they are too unwell to work, or for at least as long as the exclusion period if one is given in Managing specific infectious diseases: A to Z - GOV.UK (www.gov.uk) . ☐ Volunteers who are infectious must follow the same procedures as staff for letting us know and staying at home if too unwell to volunteer, or for the exclusion period if given as above. ☐ When children are infectious, parents/carers must follow the Attendance Policy and also keep children at home if they are too unwell to learn, or for at least as long as the exclusion period as above.				

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symptoms of a viral, bacterial, fungal or parasitic infection that they can spread to others, and which might have significant risks to them or people they come into contact with who are vulnerable. They should not be at school or work and staff may miss vital deadlines and pupils may miss vital education and their basic needs may not be met	☐ Display posters to inform parents/carers and to assist staff in correctly excluding pupils e.g., KAHSC Infection Control in Schools and Other Settings Poster . ☐ Encourage frequent visitors like parents and carers or other close contacts of staff and children to increase hygiene routines and stay home if they can when they are infectious. This will be done via parent mail and dojo in line with risk and when providing notice of outbreaks. ☐ Train staff in recognising the symptoms of the most common infections that require exclusion from school or work, and what to do if they have concerns. ☐ Have procedures to ensure potentially infectious people are isolated away from others with access to a toilet and handwashing facilities and sent home as soon as possible. ☐ Have health, safety and wellbeing on the agenda of all relevant staff meetings to prompt discussion that might include current issues in infection control. ☐ Report outbreaks or incidents when there are either several cases, or indications of more serious disease to the relevant UKHSA regions, local centres and emergency contacts and email details to EducationIPC@cumbria.gov.uk ☐ Consider if and how to raise community awareness in a language & disability accessible way during incidents or outbreaks of infection in line with UKHSA advice. ☐ Provide access to remote education as soon as reasonably practicable, in proportion to the length of absences and disruption to learning (in line with non-statutory Providing remote education: guidance for schools, Safeguarding and remote education , and Working together to improve school attendance and where possible. ☐ Make suitable work from home arrangements for staff if possible and provide necessary equipment and guidance to ensure safe & effective work e.g., ACAS Home Working Guide , ACAS Example checklist for setting up homeworking and Home working - HSE . ☐ Emergency plans with clearly identified activation thresholds address maintaining: - premises safety (monitoring and maintenance), - maintaining education (exams, assessment, admissions testing, attendance etc.), - safeguarding (in line with Keeping children safe in education and Promoting the health and wellbeing of looked-after children e.g., DSL role etc.), - SEND (e.g., key support staff, external support etc.), - essential welfare (free school meals in line with allergy guidance for schools) - Wellbeing (MindEd Hub, Education Support for staff etc.) - and other support arrangements.				
Increased transmission of infections due to low take-up	☐ Engage the school community in current vaccination programmes and ensure all eligible groups are enabled and supported to take up the offers.				

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of a vaccination programme	☐ Signpost children and young people to age-appropriate information about vaccinations e.g., A guide to immunisation for young people - GOV.UK (www.gov.uk). ☐ Share only trusted sources of information about infection control and vaccinations, check authenticity if in doubt, and never engage directly with misinformation. ☐ Notify communications to us campaigning using vaccine misinformation to Regional DfE Director - GOV.UK (www.gov.uk) and follow World health Organisation (WHO) guidance on How to report misinformation online (who.int). ☐ Report threatening or otherwise concerning communications with us about vaccines or any issue to the police and any other relevant authorities. ☐ Review security risk assessments and arrangements in light of threats or concerns, making adjustments if necessary.				
Staff & pupils clinically vulnerable to an infection i.e., have comorbidities that make infections more serious e.g., a disability, acute or chronic condition like asthma, a weak immune system or being a new & expectant mother exposed to viral	☐ Regularly remind staff, pupils and parents/carers to confidentially disclose when they or someone they have a responsibility for might be at higher risk of infection so they can be best protected. ☐ When individuals are identified as being at higher risk, take extra steps to encourage vaccination if appropriate and to encourage good respiratory and personal hygiene, providing adequate cleaning supplies and resources to support it. ☐ Conduct a personal risk assessment for new & expectant mothers in line with the Management of Health & Safety at Work Regulations 1999 (MHSWR) and Protecting pregnant workers and new mothers - HSE including any risks identified then, later during pregnancy, in the first 6 months after birth, or while the employee is breastfeeding, so they can be managed under our general workplace risk assessments. ☐ Pregnant women of any gestation will not be required to continue working if this is not supported by the risk assessment. ☐ Conduct a personal risk assessment for other staff at high risk of serious illness due to a weak immune system or other specific medical conditions.				

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(rubella, chicken pox etc.), bacterial (Strep A, meningitis etc.), parasitic (toxoplasmosis from cat faeces or lambing), or fungal infections (aspergillosis from mould etc.), at school/on trips.	☐ Consider the risks of infection outbreaks on pupils at particular risk in Education, Health and Care Plans (EHCPs) and any individual health care plans (IHCP) including any thresholds at which different control measures might routinely be used. ☐ Adjust learning or work schedules, places, groupings, and make other Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk) where the law applies to reduce risks further. ☐ Provide remote learning or WFH where possible when the risks are unacceptably high. ☐ Seek all relevant health, employment, education, and other advice if remote learning or WFH is impossible.				
Inadequate hand and respiratory hygiene and cleaning leading to spread of infection and increased risks, especially to vulnerable people.	☐ Make hand cleansing and drying facilities available in the priority order: 1. Liquid soap (never shared bars), running warm water, & paper towels (most effective) 2. Liquid soap, running cold water, & hand dryers/paper towels (never shared towels); 3. Running water alone; 4. Moist wipes; 5. Hand rubs or gels i.e., alcohol-based sanitiser (least effective). ☐ Educate staff, pupils and others that 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. Refer staff to Health protection in children and young people settings, including education. ☐ Have frequent and thorough handwashing routines built into school culture at regular intervals using the recommended technique (especially after breaks and toileting, and before and after eating or administering first aid, medicines or intimate/personal care). ☐ Promote 'catch it, bin it, kill it' regularly and display posters when and where relevant (see Teachers (e-bug.eu) for resources to use).				

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	☐ Clean regularly, using standard cleaning products and equipment suitable to each task. ☐ Increase the cleaning regime for all frequently touched objects during outbreaks if advised to by our UKHSA HPT team or LA Public Health team. ☐ Use equipment that can be disinfected or disposed of after use in high-risk areas or doing a high-risk task e.g., cleaning up vomit in a suspected case of Norovirus ☐ Takes steps to ensure staff at high-risk can avoid the highest risk hygiene tasks or have the necessary personal protective equipment (PPE) to make risks tolerable e.g., gloves and if splashes is a significant risk, an apron, goggles, & water-resistant facemask. ☐ Restrict access to areas thought to be contaminated with a pathogen that can cause serious illness if they cannot be cleaned immediately, clean such areas thoroughly, and dispose of any waste appropriately e.g., sometimes double bagged.				
Alcohol-based sanitisers are ineffectual on dirty hands & some infections, over-reliance can lead to poor hygiene. Flammable until alcohol evaporates so risk of fire & spread from high/ poorly stored stocks, poorly sited stations, poor	☐ Routinely provide alcohol-based hand sanitiser in some locations if conditions suggest it might help reduce current infection risks and review as necessary. ☐ Keep hand sanitiser stations and stocks clear of potential sources of heat and ignition (such as electrical or heating equipment). ☐ Clean spillages immediately and disposed of any highly flammable waste carefully. ☐ Keep stocks away from sources of heat and ignition, in a metal cabinet when possible and apply signage warning of the presence of flammable liquids. ☐ Mark the location of stocks and the quantity held on a buildings plan to make fire fighters aware of the hazard (and also included in our existing Emergency Plan). ☐ Never use alcohol-based hand gels in science labs, D&T & food workshops/ lessons and other time when exposure to heat, sparks or a naked flame is likely.				

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monitoring, misuse.	☐ Staff must not make their own sanitisers and should use skin-friendly non-alcohol-based wipes that claim to kill 99.99% of bacteria and viruses if soap and water is not available. ☐ Enforce the Behaviour policy regarding misuse of hand-sanitiser or being found with lighters or similar prohibited items.				
Inadequate ventilation leading to high levels of CO ² affecting alertness, work and learning and spread of infection	☐ Ensure buildings are well ventilated to maintain a comfortable learning and work environment in line with HSE guidance on how to assess and improve ventilation and Chartered Institution of Building Services Engineers (CIBSE), where possible, identify poorly ventilated spaces, and take steps to improve fresh air flow. ☐ Listen to concerns raised about indoor air quality, arrange testing if appropriate, and address issues identified if possible. ☐ Have an overview of infection control through understanding pupil and staff absences to identify trends in accommodation risks or poorer practice or both. During outbreaks when we exceed our thresholds for concern it may become necessary to: ☐ Open external doors and windows and internal doors (firmly so they cannot shut suddenly on anyone) to assist airflow, if necessary and safe and secure to do so. ☐ Keep fire doors closed at all times when not in use to prevent the spread of a fire unless the risk associated with not increasing ventilation to reduce infection spread are higher. ☐ Keep fire doors open if CO₂ readings are high but ONLY when rooms are occupied. ☐ Keep fire doors of all unoccupied rooms (or that lead to protected stairwells or escape routes) CLOSED at all times. ☐ Ensure extra time needed to close doors and windows when the fire alarm activates is considered in the General Emergency Evacuation Plan (GEEP) and that staff understand they must shut them unless the risk to themselves or others is too high. ☐ Use mechanical ventilation set to fresh air intake not recirculating air modes; turn it on at nominal speed at least 2 hours before, and at				

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	lower speed 2 hours after people use work areas; keep it on at lower speeds at nights & weekends normal speeds 24/7 in toilets (and shut doors); and ensure systems/ducts/heat recovery equipment are inspected, maintained, filters replaced, defects addressed, and regularly cleaned in line with manufacturers' instructions. ☐ Use recirculating air systems supplying individual rooms and switch them to 100% fresh air if possible but turn off centralised systems that circulate air through multiple rooms and use a fresh supply instead (open a window or door). ☐ Keep recirculation units for heating and cooling that do not draw in a supply of fresh air in operation if there is a supply of outdoor air e.g., external windows & doors open. ☐ Stop the use of desk, ceiling etc. fans in small, enclosed shared spaces with minimal outside air exchange and control their use in single occupancy or well-ventilated areas. ☐ Brief staff to balance ventilation with maintaining a comfortable temperature by: - opening high level windows in preference to low level to reduce draughts; - increasing ventilation while spaces are unoccupied (before and between classes, during breaks, & when unused considering risks of theft and damage); - opening windows for 10-15 mins every hour or leaving windows open (approx. 3cm); - allowing additional, suitable indoor clothing; - rearranging furniture to avoid direct drafts; - increasing heating settings only in approved ways to counter the cold; - Avoiding use of portable heaters if possible but ensuring they follow the controls measures for them in our Fire Risk Assessment if they do.				

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Inadequate personal protection & PPE and spread of infection, through contact with respiratory aerosols, and body fluid splashes entering through broken skin or through the eyes, nose, or mouth	☐ Identify situations where suitable PPE is required e.g., cleaning body fluids, carrying out first aid, personal or medical care incl. Aerosol Generating Procedures (AGP), and close or intimate care of someone who is infectious ☐ Provide enough suitable PPE for identified situations and risks e.g., gloves, splash and respiratory protection if necessary (aprons, googles, water-resistant medical facemask) ☐ Train staff when to use PPE, how to don and doff it correctly and to follow the NHS National infection prevention and control manual ☐ When AGPs are routine, register on the DHSC managed PPE portal and ensure staff carrying them out understand the risks of the release of airborne particles (aerosols) from the respiratory tract during the procedure and wear suitable additional airborne personal protective equipment (PPE) (incl. an FFP3 respirator or equivalent) ☐ At times of outbreak and/or if recommended to by our regional UKHSA or local public health protection team (HPT), use face coverings routinely (except children aged 3 and under).				

Other Details, Reviews, or Additional Action Required	Date Action Completed	Date RA Reviewed	Significant Changes Y/N	Shared with Staff Date or N/A
The purpose of this risk assessment is to identify significant hazards associated with Covid-19, flu or other serious respiratory infections, who they might harm and how, and the measures that can be taken to reduce the risks. All relevant parts must be followed along with any other suitable risk assessments e.g., It should also be read and followed in conjunction with: • UKHSA COVID-19 response: Living with COVID-19 • UKHSA: Guidance for living safely with respiratory infections, including COVID-19 • Reducing the spread of respiratory infections, including COVID-19, in the workplace • DfE: Emergency planning and response for education, childcare, and children's social care settings • UKHSA Health protection in children & young people settings, including education • UKHSA COVID-19: guidance for people whose immune system means they are at higher risk				

The Royal College of Obstetricians and Gynaecologists (RCOG): information on COVID-19 in pregnancy and vaccination HSE: Ventilation in the workplace NHS National infection prevention and control manual Keeping children safe in education Early Years Foundation Stage (EYFS) Statutory Framework DfE: Working together to improve school attendance Promoting and supporting mental health and wellbeing in schools and colleges Promoting the health and wellbeing of looked-after children DfE: Providing remote education - guidance for schools Safeguarding and remote education, Cabinet Office: preparation and planning for emergencies Cabinet Office: pandemic flu Keeping children safe during community activities, after-school clubs and tuition: non-statutory guidance for providers running out-of-school settings DfE: health and safety advice for schools				
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Activity Risk Ratings						
Method	Rating the harm and the likelihood				Risk Evaluations	
Consider how hazardous this activity is and if enough has been done to control risks. <i>If required</i> , record a residual risk evaluation (see right & KAHSC Evaluating Risk (ratings guide) for more information). Find the residual or leftover risk after putting controls in place by rating the probable consequences from interacting with identified hazards (no injury 0 to fatality 5), the likelihood of harm arising (never 0 to certain 5) and multiplying them to find the risk rating.	Consequences	#	Likelihood	#	RISK RATINGS	EVALUATION
	Insignificant - slight injury/illness	1	Very unlikely	1	Unacceptable (17-25):	
	Minor - minor injury/illness or multiple slight	2	Unlikely	2	Tolerable (10-16):	
	Moderate - serious injury/illness or multiple minor	3	Fairly likely	3	Adequate (5-9):	
	Major - major injury/illness or multiple serious	4	Likely	4	Acceptable (0-4):	
	Catastrophic - imminent danger of death/epidemic	5	Very likely	5		



