



ISP School, Battle Strep A and Scarlet Fever

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Last reviewed on: This is the first Risk Assessment for Strep A and Scarlet Fever

Next review due by: This Risk Assessment will be kept under regular review as both local and national guidance changes

Approved by: Governors **Date:** December 2022

Introduction:

The Secretary of State for Education, Gillian Keegan, is closely monitoring the increased cases of Group A streptococcus (Strep A) and scarlet fever. As a Department, we are working closely with the UK Health Security Agency (UKHSA), who are leading on the response.

UKHSA is reporting an increased number of cases of Group A streptococcus (Strep A) compared to normal at this time of year. There is no evidence that a new strain is circulating and the increase is most likely related to high amounts of circulating bacteria and social mixing.

Scarlet fever is caused by bacteria called Group A streptococci (Strep A). The bacteria usually causes a mild infection that can be easily treated with antibiotics.

In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS).

Consideration to the risk management of Scarlet Fever and Strep A at ISP School, Battle.

What the guidance informs us	What this means in our school
Strep A infections can cause a range of symptoms that we should be aware of, including: Sore throat Headache Fever	ISP School, Battle will send a letter to all parents and carers providing an overview of

<p>A fine, pinkish or red body rash with a sandpapery feel On darker skin the rash can be more difficult to detect visually but will have a sandpapery feel.</p>	<p>symptoms, useful websites and general advice. If a child becomes unwell with these symptoms when in school parents/carers should be contacted. Parents and carers should be advised to contact their GP practice or contact NHS 111 (which operates a 24/7 service) to seek advice.</p>
<p>Managing confirmed cases – early years settings and schools should contact their UKHSA health professional team - https://www.gov.uk/guidance/contacts-phe-health-protection-teams</p>	<p>If there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group we should contact UKHSA</p>
<p>Clean hands thoroughly To prevent the spread of Strep A, UKHSA advises children, young people and staff to implement good hand and respiratory hygiene practices https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections#hand-hygiene 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.</p>	<p>Following this guidance children should wash/sanitise their hands: On entry to the school After using the toilet Before and after using shared equipment including ICT Before and after eating Whenever necessary that is not covered by the above.</p>

<p>This can be done with soap and running water or hand sanitiser. Schools, must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating.</p> <p>Points to consider and put in place:</p> <p>Ensure that the school has enough hand washing areas available so that all pupils and staff can clean their hands regularly</p> <p>Supervision of hand sanitiser required as there are a number of children who self harm – hand sanitiser could be ingested.</p> <p>Ensure these routines are built into our school practices and procedures – help children to understand the importance of cleansing hands regularly and if necessary support them with this.</p> <p>Cuts and Abrasions:</p> <p>All cuts and abrasions should be covered with a waterproof dressing.</p>	<p>All children joining our school will be supported to understand the importance of this .</p> <p>Hand sanitising will be available on entry to the school, in every classroom – these will be restocked at least daily and/or as required.</p> <p>All adults and children as part of our community share a mutual responsibility for ensuring this occurs.</p>
<p>Respiratory and cough hygiene</p> <p>Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections.</p> <p>Discourage spitting.</p> <p>Encourage all individuals, particularly those with signs and symptoms of a respiratory infection to follow respiratory hygiene and cough etiquette, specifically, to:</p> <p>*cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hands *cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand *keep contaminated hands away from their eyes, mouth and nose *clean hands after contact with respiratory secretions and contaminated objects and materials</p>	<p>Tissues will be provided in all classrooms, meeting rooms, reception areas</p> <p>It is important to continue to consider ventilation – there is air conditioning however windows being slightly open is the most effective form of providing refreshed ventilation.</p>

<p>Educate children and young people on why respiratory hygiene is so important. Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at e-bug.eu.</p>	
<p>Cleaning schedules –</p> <p>Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.</p> <p>Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.</p> <p>Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules. Further information on cleaning services is available.</p> <p>In the event of an outbreak of infection at your setting, your UKHSA health protection team (HPT) may recommend enhanced or more frequent cleaning, to help reduce transmission. This is covered in the Managing outbreaks and incidents.</p> <p>Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.</p>	<p>The ISP School Battle will be cleaned overnight by a cleaning team. They will ensure all handrails, switches etc are sanitised thoroughly.</p> <p>Dynamic risk assessment will occur throughout the day – if any areas require additional sanitation the caretaker will adopt this responsibility.</p> <p>In the event of a confirmed case, in consultation with PHE the school may need to close for a deep clean.</p> <p>Clean surfaces that people touch a lot. Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids.</p> <p>In cleaning schedules, clearly describe the activities required, the frequency of cleaning and who will carry them out.</p> <p>Develop plans for situations where additional cleaning will be</p>

required (for example in the event of an outbreak) and how the setting might carry this out.

Ensure cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.

Although there is no legislative requirement to use a colour-coding system, it is good practice. Use colour-coded equipment in different areas with separate equipment for kitchen, toilet, classroom, and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).

Cleaning equipment used should be disposable or, if reusable, disinfected after each use.

Store cleaning solutions in accordance with [Control of Substances of Hazardous to Health \(COSHH\)](#), and change and

	<p>decontaminate cleaning equipment regularly.</p> <p>Nominate a member of staff to monitor cleaning standards, have a system in place for staff to report issues with cleaning standards and discuss any issues with cleaning staff, or contractors employed by the setting.</p>
<p>Toileting and Sanitisation</p> <p>Good hygiene practices depend on adequate facilities and clear processes. Hand hygiene is extremely important to emphasise to individuals who are supporting children and young people with toileting.</p> <p>Individuals 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 individuals and staff involved in the management of these aids.</p>	<p><i>For all individuals and staff</i></p> <p>Have hand wash basins available, with warm running water along with a mild liquid soap, preferably wall-mounted with disposable cartridges.</p> <p>Place disposable paper towels next to basins in wall-mounted dispensers, together with a nearby foot-operated wastepaper bin.</p> <p>Make sure toilet paper is available in each cubicle (it is not acceptable for toilet paper to be given out on request). If settings</p>

	<p>experience problems with over-use, they could consider installing paper dispensers to manage this.</p> <p>Suitable sanitary disposal facilities should be provided where there are children and young people aged 9 or over (junior and senior age groups).</p>
<p>Rapid Flow Testing We strongly encourage all children and young people to participate in testing, wherever it is possible to do so, to help asymptomatic positive cases and support appropriate self – isolation to break the chain of transmission. Primary age children will not be asked to test as there is no proven Public Health benefit of doing so.</p>	<p>Children will test twice per week at home. Parents/Carers will inform school of the outcome and register the test online.</p> <p>Adults will also be asked to test twice per week, on sign in they will state if they have taken a test and the outcome. They will also register the test online.</p>
<p>Personal Protective Equipment (PPE) PPE can protect individuals and staff from contamination with blood or bodily fluids, which may contain germs that spread disease.</p>	

PPE should be used in line with risk assessments in all settings, proportionate to the risk identified.

Risk assessments look at both the risk of occurrence and the impact, and may need to be dynamic, based on the emerging situation. This ensures that all people, including those with complex or additional health needs, are supported to continue their care and education in the setting, where it is safe to do so.

One example of where this is required is an Aerosol Generating Procedure (AGP).

Conduct risk assessments that are dynamic and long-term.

If there is a risk of splashing or contamination with blood or bodily fluids during an activity, wear disposable gloves and plastic aprons. Gloves and aprons should be single-use disposable, non-powdered vinyl/nitrile or latex-free and CE marked.

Wear a fluid-repellent surgical facemask and eye protection if there is a risk of splashing with blood or body fluids to the face. If reusable, decontaminate prior to next use.

For aerosol generating procedures (AGPs)

An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract. [See full AGP list.](#)

Wear eye and face protection, apron and gloves to protect

	<p>against the splashing or spraying of blood and bodily fluids from AGPs. If you or a member of your staff is performing an AGP on an individual who is suspected of being infectious with a respiratory agent (for example respiratory syncytial virus (RSV) or COVID-19), use additional airborne PPE, including a fit tested FFP3 respirator.</p>
<p>Safe Management of the environment</p> <p>Ventilation</p> <p>What you need to know</p> <p>Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.</p> <p>As part of the COVID-19 pandemic response, the Department for Education provided state-funded education and childcare settings with access to CO₂ monitors to help them assess how well ventilated their spaces were.</p> <p>Settings can continue to use these monitors as a helpful tool to manage ventilation, sitting alongside the other protective measures in place to manage transmission, such as vaccinations and increased hygiene.</p> <p>CO₂ monitors are portable, enabling settings to move them around to assess ventilation across their full estate, starting with areas they suspect may be poorly ventilated.</p>	<p>All settings should keep occupied spaces well ventilated to help reduce the number of respiratory germs. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open).</p> <p>Try and open higher-level windows to reduce draughts, where it is safe to do.</p> <p>If you have CO₂ monitors, use them to balance the need for increased ventilation with</p>

<p>Where an area of poor ventilation has been identified, there are several simple measures that can be taken to resolve this. Further information is available: Ventilation to reduce the spread of respiratory infections, including COVID-19.</p>	<p>maintaining a comfortable temperature.</p> <p>During the colder months, you may consider opening windows more when the room is unoccupied in between lessons.</p> <p>If the above does not help to reduce CO₂ levels, settings should explore what remedial works may be required to improve ventilation.</p>
<p>Safe Management of Blood and bodily fluids</p> <p>Blood and bodily fluids can contain germs that cause infection. It is not always evident whether a person has an infection, and so precautions should always be taken.</p> <p>A spillage kit should be available for bodily fluids like blood, vomit and urine</p>	<p>Clean any spillages of blood, faeces, saliva, vomit, nasal discharges immediately, wearing PPE.</p> <p>Use gloves and an apron if you anticipate splashing and risk assess the need for facial and eye protection.</p> <p>Clean using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with</p>

	<p>detergent followed by the use of a disinfectant is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.</p> <p>Use disposable paper towels or cloths to clean up blood and bodily fluid spills. These should be disposed of immediately and safely after use.</p>
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