



ACTIVITY: Outbreak Management, dealing with the Spread of infection and Government Advice alongside Public Health		DATE OF ASSESSMENT 9.6.22
ESTABLISHMENT/SCHOOL Jarrow Cross CE Primary School	SECTION/TEAM All	
WHO MIGHT BE HARMED? Employees, pupils, trainees, students and visitors		HOW MANY ARE AFFECTED? 360
This document is designed to act simply as an aide memoire, recognising that all schools have their individual contexts, processes and procedures already established in relation to overall school effectiveness. The document is by no means intended to serve as a 'checklist', rather it is hoped that it will be a useful tool for school leaders to use with making decisions and reviewing and updating their risk assessments and the temporary modifications that are required.		
<pre> graph LR A[Determine Capacity of School Building] --> B[Determine Staff Availability to Work On-site] B --> C[Liaise with Parents Regarding Intention to Open Fully] C --> D[Undertake Risk Assessment and Action Plan] D --> E[Engage Governing Body, Staff and Union Reps in the Plans for Full Opening] E --> F[Make Necessary Small Adaptations to Site] F --> G[Complete Identified Actions] G --> H[Determine Remote Learning Offer/Contingency Plans] H --> I[Inform Parents of Re-opening Plans and Expectations and publish Risk Assessment] </pre>		
The thresholds detailed below can be used as an indication for when to seek public health advice if there are concerns: For most education and childcare settings, whichever of these thresholds is reached first: • 5 children, pupils, students or staff, who are likely to have mixed closely, who become unwell over a 10-day period; or • 10% of children, pupils, students or staff who are likely to have mixed closely who become unwell within a 10-day period For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time: • 2 children, pupils, students and staff, who are likely to have mixed closely, and become unwell within a 10-day period		

HAZARDS (including inadequate / lack of arrangements)	EXISTING CONTROL MEASURES	✓ if in place X if not	IF 'X' STATE THE ACTION TO BE TAKEN WITH TIMESCALES OR INDICATE ANY ADDITIONAL CONTROL MEASURES	RESIDUAL RISK RATING High, Medium, Low
	Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves. Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people.		• First aider to stay with child until collected. • Office staff to call parents if any child shows any symptoms. • Parents informed that they must be available to collect their child immediately if we call them with this information. If a parent is unable or unwilling to collect their child immediately, office staff will inform member of SLT immediately. • Once area is clear after use, first aider to clean area with provided materials. • Do not enter sign placed on door. Full area not to be used until cleaning is carried out. Cleaners to be informed that a deep clean is required. First aid equipment provided to all areas with PPE. • All trained first aiders must exercise extreme caution and consider social distancing when treating any injury. Contact between individuals should be minimised and PPE is still advised for close contact. • First aiders must wear protective gloves and can chose to wear a protective face mask whilst treating any type of injury or casualty and must wash hands immediately after treatment has been completed. • First aider to clean areas used during this process before returning to classroom. Administration of medication: • Miss Hutchison will administer medication	

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			- Hands must be washed before and after process. - All areas used during this process must be cleaned after administering the medication	
3. Risk of infections spreading to children and staff due to inadequate infection control procedure	The school will ensure that pupils clean their hands regularly, including when they arrive at school, before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future. Points to consider and implement: - has the school enough hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly - can the school ensure that there is enough supervision when using hand sanitiser to eliminate ingestion? Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative - the school will build these routines into school culture, supported by behaviour expectations and helping ensure younger children and those with complex needs understand the need to follow them Soap and water is more effective than using sanitisers The 'catch it, bin it, kill it' approach continues to be very important, so schools must ensure that they have enough tissues and bins available in the school to support pupils and staff to follow this routine. As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils			
		✓	All government guidelines taken into account and the Head provides updates to all staff from Public Health. Automatic sanitising stations situated around school building.	Medium

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	face to face education.			
4. Risk of infection spreading due to large class sizes and reduced space	Actions will need to be taken if the number of cases of infection substantially increase within the school setting during the period of an outbreak. The school will minimise contacts and mixing between people while delivering a broad and balanced curriculum. The overarching principle to apply is reducing the number of contacts between children and staff. This can be achieved through keeping groups separate and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on: • children's ability to distance • the lay out of the school • the feasibility of keeping distinct groups separate while offering a broad curriculum (especially at secondary)	✓	Each year group has a designated separate entrance. Information sent to all parents. Pickups and drop off staggered. Parents to contact staff via telephone or class dojo or email. Cleaning will take place in between every Year group at lunchtime.	Low

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5. Managing infection outbreaks amongst the school community	Settings will continue to have a role in working with health protection teams in the case of an outbreak. If there is a substantial increase in the number of positive cases in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures. Schools should contact the local health protection team. The health protection team will carry out a rapid risk assessment. Local PH contacts: - Public Health England (North East and Yorkshire Region) 0300 303 8596 - Claire Mawson, Senior Public Health Advanced Practitioner claire.mawson@southtyneside.gov.uk 07776 992033 (part-time Monday-Wednesday am) - Sam Start, Senior Public Health Advanced Practitioner samantha.start@southtyneside.gov.uk 07776997869 (Wednesday pm-Friday)	✓	School in constant contact with Public Health England and the Local Authority. Guidance followed by local authority, DFE and NHS. Where cases of 5 or more children occur per year group the outbreak management letter will be sent to parents. If there is any confusion whether we have a covid outbreak but it could be respiratory infections, please see Government guidance https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19	Low
8. Failure to contain any outbreak by following local health protection team advice	Should there be an increase in cases of illness across the setting, the thresholds detailed below can be used as an indication for when to seek public health advice if there are concerns: For most education and childcare settings, whichever of these thresholds is reached first: 5 children, pupils, students or staff, within a 10-day period; or 10% of children, pupils, students or staff who are likely to have mixed closely become unwell with the same illness in a 10-day period For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:	✓	School always follows health protection team advice. An outbreak letter is sent to the year group where thresholds are reached.	Low

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	2 children, pupils, students and staff, within a 10-day period			
10. Risk of infection spreading to medically vulnerable adults and children	If someone is at a higher risk of becoming seriously ill if they were to catch an infection during an outbreak, due to an underlying health condition including pregnancy, you may wish to think particularly carefully about additional precautions you might wish to continue to take. Individuals may choose to limit the close contact they have in order to reduce the risk of catching or spreading the infection, particularly if they are medically vulnerable and if infection levels in the general community are high. It is important to respect and be considerate of those who may wish to take a more cautious approach as restrictions are lifted. All medically vulnerable children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend during an outbreak. People who live with those who are medically vulnerable can still attend school.	✓	School is aware of medically vulnerable children and adults and will monitor accordingly.	Low
11. Remote Learning	Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity.	✓	See remote learning plan.	Low

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Reference Documents: Please see links in main document which update automatically.				
ASSESSED BY (Print name) Susan McBeth			SIGNED S.McBeth	DATE 9.6.22
LINE MANAGER Claire Aberdeen			SIGNED C Aberdeen	REVIEW DATE 9.6.22

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