



Infectious Diseases - Scarlet Fever And Strep A

Significant Hazards	Persons Affected	Controls	Risk Rating	Action Required	Action By & Date
Awareness of policies and procedures	Staff Pupils Others	<ul style="list-style-type: none"> • All staff, parents, governors, visitors and volunteers are aware of all relevant policies and procedures. • All staff have access to all relevant guidance and legislation including, but not limited to, the following: • The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 • The Health Protection (Notification) Regulations 2010 • UK Health Security Agency UK • The relevant staff receive any necessary training that helps minimise the spread of infection, e.g. infection control training. • The school keeps up-to-date with advice issued by, but not limited to, the following: <ul style="list-style-type: none"> • DfE • NHS • Department for Health and Social Care • United Kingdom Health Security Agency (UKHSA) • Local Public Health • Staff are made aware of the school's infection control procedures via email or staff meetings . • Parents are made aware of the school's infection control procedures in relation to any confirmed scarlet fever or Strep A infections via letter and social media – they are informed that they must contact the school as soon as possible if they believe their child has Scarlet Fever or Strep A. • Pupils are made aware of the need to tell a member of staff if they feel unwell. 	MED		



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Disruption to the running of the school in cases of local outbreak	Staff Pupils Others	<ul style="list-style-type: none"> • The school adheres to and keeps up-to-date with the latest local and national and advice is sought from the local HPT or other sources of information. • Follow Government advice and follow any instructions. • Schools should have contingency plans outlining how they would operate if the number of positive cases substantially increases in the school or local area. • School will follow director of public health advice in cases of local outbreak. • Schools put into place any actions or precautions advised by their local HPT. 	MED		
Cleaning of school	Staff Pupils Others	<ul style="list-style-type: none"> • All hard surfaces to be cleaned on a regular basis, this will include • All door handles • All tables and chairs used by staff and pupils • Toilet flushes and regular cleaning of toilets. • All classrooms to have spray disinfectant and where possible disposable cloths. If disposable cloths are not available use once and then put in wash. • Regular cleaning of surfaces will reduce the risk of spreading bacteria viruses. 	MED		
Poor hygiene practice	Staff Pupils Others	<ul style="list-style-type: none"> • You should continue to ensure that children clean their hands regularly, this can be done with soap and water or hand sanitiser. • Staff and visitors are encouraged to wash their hands with soap or alcohol-based sanitiser (that contains no less than 60% alcohol) and follow infection control procedures in accordance with the DfE and PHE's guidance. • Sufficient amounts of soap (or hand sanitiser where applicable), clean water and paper towels are supplied in all toilets and kitchen areas. • Pupils are supervised by staff when washing their hands to ensure it is done correctly, where necessary. • Cleaners to carry out daily, thorough cleaning that follows national guidance and is compliant with the COSHH Policy and the Health and Safety Policy. • A senior member of staff arranges enhanced cleaning to be undertaken where required – advice about enhanced cleaning protocols is sought from the HPT/PHE. 	MED		



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Spread of infection	Staff Pupils Others	<ul style="list-style-type: none"> • Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with guidance, using PPE at all times. • Parents are informed not to bring their children to school or on the school premises if they show signs of being unwell. • Parents notify the school if their child has an impaired immune system or a medical condition that means they are vulnerable to infections. • The school in liaison with individuals' medical professionals where necessary, reviews the needs of pupils who are vulnerable to infections. • Any additional provisions for pupils who are vulnerable to infections are put in place by the Headteacher, in liaison with the pupil's parents where necessary. • Open cuts, scrapes or wounds should be thoroughly cleaned and covered. 	MED		
Symptoms of Scarlet Fever	Staff Pupils Others	<ul style="list-style-type: none"> • Staff must look out for symptoms of scarlet fever in pupils: <ul style="list-style-type: none"> • The first symptoms of scarlet fever often include a sore throat, headache, fever, nausea and vomiting. • After 12 to 48 hours the characteristic fine red rash develops (if you touch it, it feels like sandpaper). Typically, it first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly-pigmented skin, the rash may be harder to spot, although the 'sandpaper' feel should be present • Further symptoms include: <ul style="list-style-type: none"> • fever over 38.3° C (101° F) or higher is common • white coating on the tongue which peels a few days later, leaving the tongue looking red and swollen (known as 'strawberry tongue') • swollen glands in the neck • feeling tired and unwell • flushed red face, but pale around the mouth. The flushed face may appear more 'sunburnt' on darker skin • peeling skin on the fingertips, toes and groin area, as the rash fades 	MED		



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Returning back to school after diagnosis	Staff Pupils Others	<ul style="list-style-type: none">Pupils and adults with suspected scarlet fever should be excluded from school for 24 hours after the commencement of appropriate antibiotic treatment.	MED		
Further resources	Staff Pupils Others	<ul style="list-style-type: none">Health protection in children and young people settings, including education - GOV.UK (www.gov.uk)			