

Activity	Hazard (something with the potential to cause harm)	Persons at risk / who may be harmed?	<p align="center"><b>Loose Primary School COVID 19 Risk Assessment / Strep A</b></p> <p align="center"><b>Updated Dec 2022</b></p> <p align="center">What is done now, that helps control the risk?</p>	Is the risk still high, medium or low?	What extra controls need to be put in place?
1. Control Measures	Risk of infection / spreading virus	Adults and chn	<p>Control measures in place</p> <ol style="list-style-type: none"> <li>1) Ensure good hygiene for everyone</li> <li>2) Maintain appropriate cleaning regimes – include cleaning laptops / devices between use and frequent hand washing.</li> <li>3) Keep occupied spaces well ventilated</li> <li>4) Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19, chicken pox and scarlet fever</li> </ol> <p><b>Trickle in</b> offered from 8.45-8.55am from any gate for ease of dropping off children</p> <p><b>Masks / visors</b> to be worn in crowded places if staff / visitors wish to.</p> <p><b>Frequent and thorough hand cleaning</b> should now be regular practice. You should continue to ensure that pupils clean their hands regularly with soap and water or hand sanitiser.</p> <p><b>The catch it kill it bin it</b> approach continues to be very important to prevent both covid and Strep A</p>	Low	<p>HT to monitor confirmed cases / risk of spread and amend RA / liaise with PHE / DFE helpline accordingly, adjusting measures if an outbreak</p> <p>Consider bubble grouping if cases continue following PHE advice for Strep A</p>
2. Testing – LFD and PCR for covid	Identification of virus known	Staff, volunteers, regular contractors (eg cleaners, caterers)	<p>Government is removing the guidance for staff and students in most education and childcare settings to undertake twice-weekly asymptomatic testing.</p> <p>Given we now know that the risks of severe illness from COVID-19 in most children and most fully vaccinated adults are very low, and our successful vaccination programme has achieved a high rate of take-up, we can remove this advice, bringing education into line with wider society.</p> <p><b>Strep A virus - Scarlet Fever and Chicken pox monitored and children to be absent for 5days min and until all spots have burst and scabbed over with no weeping following chicken pox.</b></p> <p><b>Scarlet fever – child to only return after 48 hours of antibiotics.</b></p>	Low	

3. Symptoms of COVID 19 or Strep A virus	Risk of infection spreading	Adults and chn	<p><b>Symptoms – COVID - a high temperature (you feel hot to touch on your chest or back), loss of taste or smell or you have a cough. NB other symptoms show with different variants.</b></p> <p>From Thursday 24 February, the Government will remove the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people for at least 5 full days, and then continue to follow the guidance until they have received 2 negative test results on consecutive days. In addition, the Government will</p> <p><b>Strep A – any symptoms present we would request children go home and visit GP urgently for diagnosis / treatment. Symptoms include – rash on torso, red cheeks, strawberry tongue, temperature, flu like symptoms, limb ache and sore throat. See full note below and section 2 for isolation periods.</b></p> <p>No longer ask fully vaccinated close contacts and those aged under 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate.</p> <p>End self-isolation support payments, national funding for practical support and the medicine delivery service will no longer be available.</p> <p>End routine contact tracing. Contacts will no longer be required to self-isolate or advised to take daily tests. Staff, children and young people should attend their education settings as usual. This includes staff who have been in close contact within their household, unless they are able to work from home.</p> <p>End the legal obligation for individuals to tell their employers when they are required to self-isolate</p>	Low	
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Because Group A Streptococcal disease is spread through coughing, sneezing and skin contact, its's important to have good hand hygiene and catch coughs and sneezes in tissues and throw these away. If you are unwell, stay at home and seek medical advice. This will all help limit the spread of other infections, which are common this time of year. Please remember to catch it, bin it, kill it.

Fact sheet for schools and parents about Group A Streptococcus (GAS)/Scarlet Fever.

What is Group A Streptococcus?

Group A Streptococcus or Streptococcus pyogenes is a bacterium that can be found in the throat and on the skin. People may carry it and have no symptoms of illness or may develop infection.

How is it spread?

Group A Streptococcus survives in throats and on skin for long enough to allow easy spread between people through sneezing and skin contact. People who are currently carrying the bacteria in the throat or on the skin may have symptoms of illness or they may have no symptoms and feel fine. In both cases, these bacteria can be passed on to others.

What kinds of illnesses are caused by Group A Streptococcus?

Most Group A Streptococcus illnesses are relatively mild, with symptoms including a sore throat ("strep throat"), scarlet fever or a skin infection such as impetigo. However, on rare occasions, these bacteria can cause other severe and sometimes life-threatening diseases.

Although scarlet fever is usually a mild illness, it should be treated with antibiotics to minimise the risk of complications and reduce the spread to others.

The symptoms of scarlet fever include a sore throat, headache, fever, nausea and vomiting. This is followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly-pigmented skin, the scarlet rash may be harder to spot, but it will still feel like 'sandpaper', if you are unsure about any rash that appears on a child, please show a member of the office staff. The face can be flushed red but pale around the mouth.

Children who have had chickenpox or influenza ('flu) recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned for any reason please seek medical assistance immediately.

<https://www.nhs.uk/conditions/scarlet-fever/> this NHS link has photos and more information of how Scarlet Fever can present in children.

What is invasive Group A Streptococcal (iGAS) disease?

Although rare, invasive Group A Streptococcus disease may occur when bacteria get into parts of the body where bacteria are not usually found. These infections are called invasive Group A Streptococcal disease and can be very serious and even life-threatening.

What are the symptoms of invasive Group A Streptococcal disease?

The most important thing to be aware of are the early signs and symptoms of invasive Group A Streptococcal disease. These are:

- High Fever
- Severe muscle aches
- Localised muscle tenderness
- Redness at the site of a wound