Looe Community Academy - Risk Assessment AY22/23 - Transmissible Infections - Record of Review and Changes

The "**transmissible infections**" risk assessment aims to protect the learning community from a wider set of **pathogens**, which are harmful organisms such as viruses, bacteria, fungi or parasites - these are the most common cause of transmissible infections, including respiratory, digestive and skin-related:

- viruses - can cause respiratory, skin, gastrointestinal and other infections and include coronaviruses (including COVID-19), influenza, herpes (cold sores), monkeypox, shingles, measles, norovirus, rotavirus, adenovirus, meningitis and hepatitis;
- bacteria - can cause gastrointestinal, skin, throat, respiratory and other infections and include campylobacter, scarlet fever, salmonella, E. coli, impetigo, cellulitis, erysipelas, strep throat, meningitis, UTIs and pneumonia;
- fungi - can cause mouth, throat, skin or other infections and include ringworm, athlete's foot, thrush, meningitis;
- parasites - can cause gastrointestinal or skin infections and include roundworm, hookworm, tapeworm and giardiasis.

In addition, when the body is combatting an infection, there is the risk of sepsis, which occurs when the body's immune response gets out of control, triggering extensive inflammation.

This document tracks the changes over time during the autumn term. The current record of changes and the supporting information are in the main body and the previous changes and previous supporting assessments are in Annex A and B respectively.

Record of Changes

Version	Activity	Date	Details
2	Review – no changes	3 Jan 23	**Overview** COVID-19 - in line with the Government's policy of treating COVID in the same way as any other transmissible illness, statistics are no longer maintained. Flu is prevalent nationally, but not yet impacting locally. The spike in cases linked to Group A Strep continues, with particularly severe outcomes in younger children, including cases of scarlet fever and impetigo. Within the school environment, all of these infection risks should already be mitigated by adherence to our established measures, including the approach to those that present signs of illness: Anyone with **any sign of a new, undiagnosed illness** should: - **stay away** if too unwell for school/work - **stay away** if symptoms indicate an **infectious illness** and seek advice from NHS 111 or follow NHS online guidance

			Staff should look out for any symptoms and ensure that NHS advice is followed for any students that are suspected of having these highly contagious infections. The UKHSA has issued back to school guidance. **Messaging** We must remain vigilant and proactive in promoting the established mitigation measures.

3 Jan 23 review - Information used to assess likelihood scoring

1. COVID-19

Information on infection rates and their direction of travel are no longer published - COVID will be treated like any other transmissible infection.

2. Other pathogens

Having reviewed the UK Health Security Agency website, there are currently concerns about cases of:

- Group A Strep – there has been an increase in infections that is well above the national average for this time of year, including cases of scarlet fever and impetigo. UKHSA advice is:

  "As a parent, if you feel that your child seems seriously unwell, you should trust your own judgement. Contact NHS 111 or your GP if:
  - *your child is getting worse*
  - *your child is feeding or eating much less than normal*
  - *your child has had a dry nappy for 12 hours or more or shows other signs of dehydration*
  - *your baby is under 3 months and has a temperature of 38°C, or is older than 3 months and has a temperature of 39°C or higher*
  - *your baby feels hotter than usual when you touch their back or chest, or feels sweaty*
  - *your child is very tired or irritable*

  Call 999 or go to A&E if:
  - *your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs*
  - *there are pauses when your child breathes*
  - *your child's skin, tongue or lips are blue*
  - *your child is floppy and will not wake up or stay awake*

  Good hand and respiratory hygiene are important for stopping the spread of many bugs. By teaching your child how to wash their hands properly with soap for 20 seconds, using a tissue to catch coughs and sneezes, and keeping away from others when feeling unwell, they will be able to reduce the risk of picking up or spreading infections."

- monkeypox – high case numbers are being mitigated via vaccination. As transmission is via close or intimate contact, there is still an extremely low risk to the learning community. UK cases have to date been primarily in the London area (and impacting primarily on males of an average age of 36. UKHSA advice is:

  "*Anyone with unusual rashes or lesions on any part of their body, especially their genitalia, should contact NHS 111 or call a sexual health service if they have concerns.*"

- influenza – the flu virus has been less prevalent during the COVID pandemic, possibly because the COVID mitigations, like improved ventilation, mask wearing and social distancing were equally

effective in reducing its transmission. There is some concern that cases could escalate quickly due to the resultant lack of natural immunity in the population, so a vaccination programme is now in progress through the autumn period.

- hepatitis (liver inflammation) in children aged 10 and under thought to have been caused by the adenovirus rather than the normal pathway of hepatitis viruses. UKHSA advice is:

  "*Standard hygiene measures, including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.*

  Jaundice and vomiting are the most common symptoms experienced by the children affected."

  These measures are consistent with the mitigations in our "transmissible infections" risk assessment.

- tuberculosis (TB) across the general population - this is caused by the TB bacteria and is transmitted when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the expelled droplets, which contain TB bacteria. NHS advice is:

  "*Although TB is spread in a similar way to a cold or flu, it is not as contagious. You would have to spend prolonged periods (several hours) in close contact with an infected person to catch the infection yourself.*"

  It is therefore unlikely that transmission would occur in the education environment, but the mitigations in our "transmissible infections" risk assessment will help to combat all respiratory infections.

3. Conclusion

As we continue to live safely with COVID, we remain in a strong position as COVID vaccines and boosters have been available to the entire workforce and to all students - this is the most effective means of mitigating these respiratory infections.

The continued use of ventilation, effective hand hygiene, sound respiratory hygiene, well-established cleaning routines, sensible social distancing, air filtration and a priority for outdoor activity, including at break and lunch, will help mitigate all transmissible infections.

We must be mindful to balance ventilation needs with those of fire prevention and **ensure all doors and windows are closed during a fire evacuation**, so long as it is safe to do so.

Steve Green CMgr FCMI
Business Manager

Annex:
A. Historic record of changes.
B. Historic record of supporting information.

Annex A

Historic record of changes

Previous changes can be found here:
3a - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Autumn Term
3b - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Spring - First Half Term
3c - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Spring - Second Half Term
3d - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Summer

Version	Activity	Date	Details
2	Review – with minor change	5 Dec 22	**Overview** COVID-19 - the latest R rate estimate of 0.8 to 1.0 (25 Nov 22) means that infections are currently **decreasing** (estimated at **-4% to -1% per day**). Sadly, there has been a spike in cases linked to Group A Strep, particularly in younger children, including cases of scarlet fever and impetigo. Within the school environment, infection risks should already be mitigated by adherence to our established measures. Staff should look out for any symptoms and ensure that NHS advice is followed for any students that are suspected of having these highly contagious infections. **Messaging** We must remain vigilant and proactive in promoting the established mitigation measures.
1	Original	27 Nov 22	Low case rates - no significant changes to operating environment
1	Original	20 Nov 22	Low case rates - no significant changes to operating environment
1	Original	13 Nov 22	Low case rates - no significant changes to operating environment
1	Original	6 Nov 22	Low case rates - no significant changes to operating environment
1	Original	30 Oct 22	Low case rates - no significant changes to operating environment
1	Original	23 Oct 22	Low case rates - no significant changes to operating environment
1	Original	16 Oct 22	Low case rates - no significant changes to operating environment
1	Original	9 Oct 22	Low case rates - no significant changes to operating environment
1	Review – no changes	2 Oct 22	**Overview** COVID-19 - the latest R rate estimate of 1.0 to **1.3** (30 Sep 22) means that infections are now **increasing** (estimated at 0% to **+5% per day**, 0% to **+7% per day in the south west**) and this is supported by local information of actual cases in our locality as well as **hospitalisations increasing by 37%** in the week to 28 Sep 22.

			We must reinvigorate our vigilance and proactivity in promoting the established mitigation measures, which are now a standing item on the "staff messages" section of daily Briefing Notes. **The priority is to protect face-to-face education.** **Messages:** This Monday's message for staff: *COVID-19 transmission levels have **started to increase** again, so the risk remains, although adverse outcomes appear to be mitigated by vaccination. Ensure spaces are adequately ventilated throughout the day. Use air purifiers when CO_2 levels increase, or where natural ventilation is ineffective. **Close doors and windows in the event of a fire evacuation**, but only where it is safe to do so.*
1	Original	25 Sep 22	Low case rates - no significant changes to operating environment
1	Original	18 Sep 22	Low case rates - no significant changes to operating environment
1	Original	11 Sep 22	Low case rates - no significant changes to operating environment
1	Original	4 Sep 22	**Overview** COVID-19 - the latest R rate estimate of 0.8 to 1.0 (2 Sep 22) means that infections are likely to be in gradual **decline** (estimated at -4% to -1% per day). This has prompted the national alert system to be downgraded from Level 3 (virus is in general circulation) to Level 2 (number of cases and transmission is low). We must remain vigilant and be proactive in promoting the established mitigation measures, which are now a standing item on the "staff messages" section of daily Briefing Notes. The immediate challenge is to maintain awareness of the mitigations to prevent localised outbreaks and thus protect face-to-face education. **Messages:** This Monday's message for staff: *COVID-19 transmission levels are currently in gradual decline, but the risk remains. Ensure spaces are adequately ventilated throughout the day. Use air purifiers when CO_2 levels increase, or where natural ventilation is ineffective. **Close doors and windows in the event of a fire evacuation**, but only where it is safe to do so.*

Historic record of supporting information

Previous changes can be found here:
3a - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Autumn Term
3b - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Spring - First Half Term
3c - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Spring - Second Half Term
3d - Risk Assessment - Coronavirus COVID-19 - Record of Review and Changes - 2021-22 - Summer

5 Dec 22 review - Information used to assess likelihood scoring

1. COVID-19

The COVID aspects of these reviews are informed by the UKHSA's analysis of the "R" rate and forecasts of infection rates, recognising that this is very high-level, although it will indicate when we may need to consider revising our mitigations.

In assessing the likelihood, the following factors point towards a gradually reducing chance of COVID-19 transmission:

a. R rate estimate of 0.8 to 1.0 (25 Nov 22) means that infections are currently **decreasing** (estimated at **-4% to -1% per day**)
b. the national alert system remains at Level 2 (number of cases and transmission is low);
c. strong uptake of vaccinations, including boosters, with another booster programme in place through the autumn for those considered to be more vulnerable;
d. well-established, regularly reviewed and widely published mitigation measures;
e. early autumn offers greater opportunity for outdoor learning and social interaction.

2. Other pathogens

Having reviewed the UK Health Security Agency website, there are currently concerns about cases of:

- Group A Strep – there has been an increase in infections that is well above the national average for this time of year, including cases of scarlet fever and impetigo. UKHSA advice is:

  "As a parent, if you feel that your child seems seriously unwell, you should trust your own judgement. Contact NHS 111 or your GP if:
  - *your child is getting worse*
  - *your child is feeding or eating much less than normal*
  - *your child has had a dry nappy for 12 hours or more or shows other signs of dehydration*
  - *your baby is under 3 months and has a temperature of 38°C, or is older than 3 months and has a temperature of 39°C or higher*
  - *your baby feels hotter than usual when you touch their back or chest, or feels sweaty*
  - *your child is very tired or irritable*

  Call 999 or go to A&E if:
  - *your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs*
  - *there are pauses when your child breathes*
  - *your child's skin, tongue or lips are blue*
  - *your child is floppy and will not wake up or stay awake*

  Good hand and respiratory hygiene are important for stopping the spread of many bugs. By teaching your child how to wash their hands properly with soap for 20 seconds, using a tissue to

catch coughs and sneezes, and keeping away from others when feeling unwell, they will be able to reduce the risk of picking up or spreading infections."

- monkeypox – high case numbers are being mitigated via vaccination. As transmission is via close or intimate contact, there is still an extremely low risk to the learning community. UK cases have to date been primarily in the London area (and impacting primarily on males of an average age of 36. UKHSA advice is:

  "*Anyone with unusual rashes or lesions on any part of their body, especially their genitalia, should contact NHS 111 or call a sexual health service if they have concerns.*"

- influenza – the flu virus has been less prevalent during the COVID pandemic, possibly because the COVID mitigations, like improved ventilation, mask wearing and social distancing were equally effective in reducing its transmission. There is some concern that cases could escalate quickly due to the resultant lack of natural immunity in the population, so a vaccination programme is now in progress through the autumn period.

- hepatitis (liver inflammation) in children aged 10 and under thought to have been caused by the adenovirus rather than the normal pathway of hepatitis viruses. UKHSA advice is:

  "*Standard hygiene measures, including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.*

  Jaundice and vomiting are the most common symptoms experienced by the children affected."

  These measures are consistent with the mitigations in our "transmissible infections" risk assessment.

- tuberculosis (TB) across the general population - this is caused by the TB bacteria and is transmitted when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the expelled droplets, which contain TB bacteria. NHS advice is:

  "*Although TB is spread in a similar way to a cold or flu, it is not as contagious. You would have to spend prolonged periods (several hours) in close contact with an infected person to catch the infection yourself.*"

  It is therefore unlikely that transmission would occur in the education environment, but the mitigations in our "transmissible infections" risk assessment will help to combat all respiratory infections.

3. Conclusion

As we continue to live safely with COVID, we remain in a strong position as COVID vaccines and boosters have been available to the entire workforce and to all students - this is the most effective means of mitigating these respiratory infections.

The continued use of ventilation, effective hand hygiene, sound respiratory hygiene, well-established cleaning routines, sensible social distancing, air filtration and a priority for outdoor activity, including at break and lunch, will help mitigate all transmissible infections.

We must be mindful to balance ventilation needs with those of fire prevention and **ensure all doors and windows are closed during a fire evacuation**, so long as it is safe to do so.

2 Oct 22 review - Information used to assess likelihood scoring

1. COVID-19

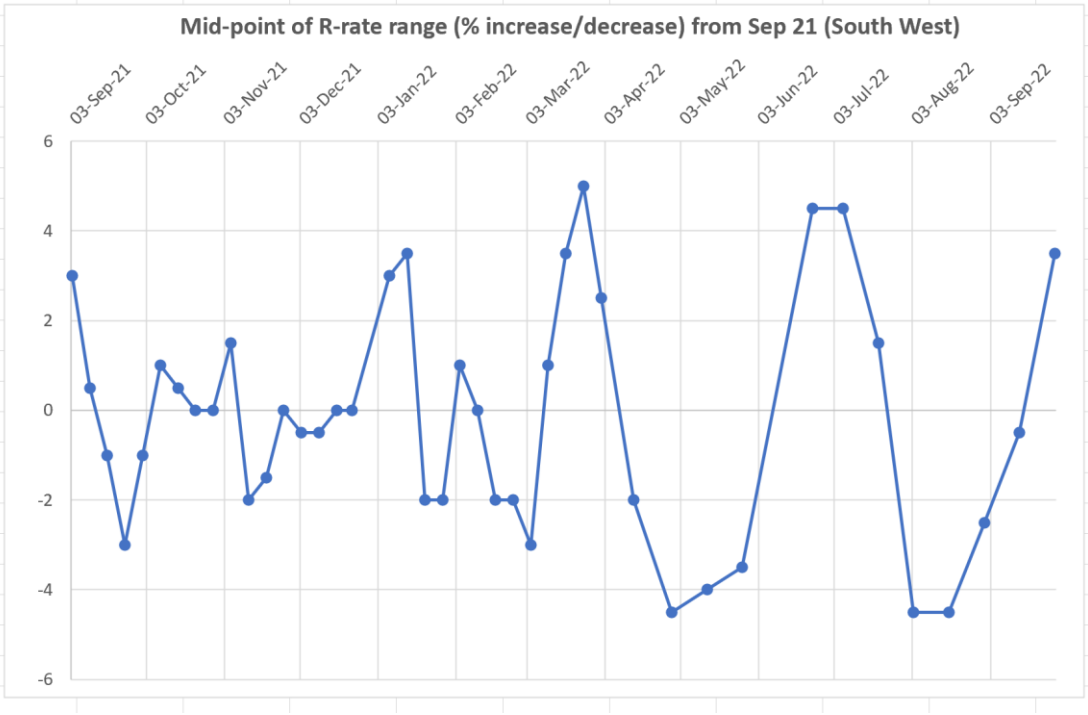
The COVID aspects of these reviews are informed by the UKHSA's analysis of the "R" rate and forecasts of infection rates, recognising that this is very high-level, although it will indicate when we may need to consider revising our mitigations.

In assessing the likelihood, the following factors point towards a gradually reducing chance of COVID-19 transmission:

a. the national alert system remains at Level 2 (number of cases and transmission is low);
b. strong uptake of vaccinations, including boosters, with another booster programme in place through the autumn for those considered to be more vulnerable;
c. well-established, regularly reviewed and widely published mitigation measures;
d. early autumn offers greater opportunity for outdoor learning and social interaction.

In assessing the likelihood, the following factors point towards a gradually increasing chance of COVID-19 transmission:

a. R rate estimate of 1.0 to 1.5 (30 Sep 22) means infections are **increasing** (estimated at 0% to +5% per day):



b. hospitalisation rose by 37% in the week to 28 Sep 22;
c. the summer decline is now in reverse with the R rate as at 30 Sep 22 estimated at 0% to +5% per day nationally and 0% to +7% per day in the south west;
d. there are a number of known cases in south east Cornwall.

2. Other pathogens

Having reviewed the UK Health Security Agency website, there are currently concerns about cases of:

- monkeypox – high case numbers are being mitigated via vaccination. As transmission is via close or intimate contact, there is still an extremely low risk to the learning community. UK cases have to date been primarily in the London area (70%), and impacting primarily on males of an average age of 36. UKHSA advice is:

"*Anyone with unusual rashes or lesions on any part of their body, especially their genitalia, should contact NHS 111 or call a sexual health service if they have concerns.*"

- influenza – the flu virus has been less prevalent during the COVID pandemic, possibly because the COVID mitigations, like improved ventilation, mask wearing and social distancing were equally effective in reducing its transmission. There is some concern that cases could escalate quickly due to the resultant lack of natural immunity in the population, so a vaccination programme is now in progress through the autumn period.

- hepatitis (liver inflammation) in children aged 10 and under thought to have been caused by the adenovirus rather than the normal pathway of hepatitis viruses. UKHSA advice is:

  "*Standard hygiene measures, including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.*

  Jaundice and vomiting are the most common symptoms experienced by the children affected."

  These measures are consistent with the mitigations in our "transmissible infections" risk assessment.

- tuberculosis (TB) across the general population - this is caused by the TB bacteria and is transmitted when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the expelled droplets, which contain TB bacteria. NHS advice is:

  "*Although TB is spread in a similar way to a cold or flu, it is not as contagious. You would have to spend prolonged periods (several hours) in close contact with an infected person to catch the infection yourself.*"

  It is therefore unlikely that transmission would occur in the education environment, but the mitigations in our "transmissible infections" risk assessment will help to combat all respiratory infections.

3. Conclusion

As we continue to live safely with COVID, we remain in a strong position as COVID vaccines have been available to the entire workforce and to all students - this is the most effective means of mitigating these respiratory infections. Encouragingly, a COVID booster vaccine and a flu vaccine are now available to those considered vulnerable and those over 50.

The continued use of ventilation, effective hand hygiene, sound respiratory hygiene, well-established cleaning routines, sensible social distancing, air filtration and a priority for outdoor activity, including at break and lunch, will help mitigate all transmissible infections.

We must be mindful to balance ventilation needs with those of fire prevention and **ensure all doors and windows are closed during a fire evacuation**, so long as it is safe to do so.

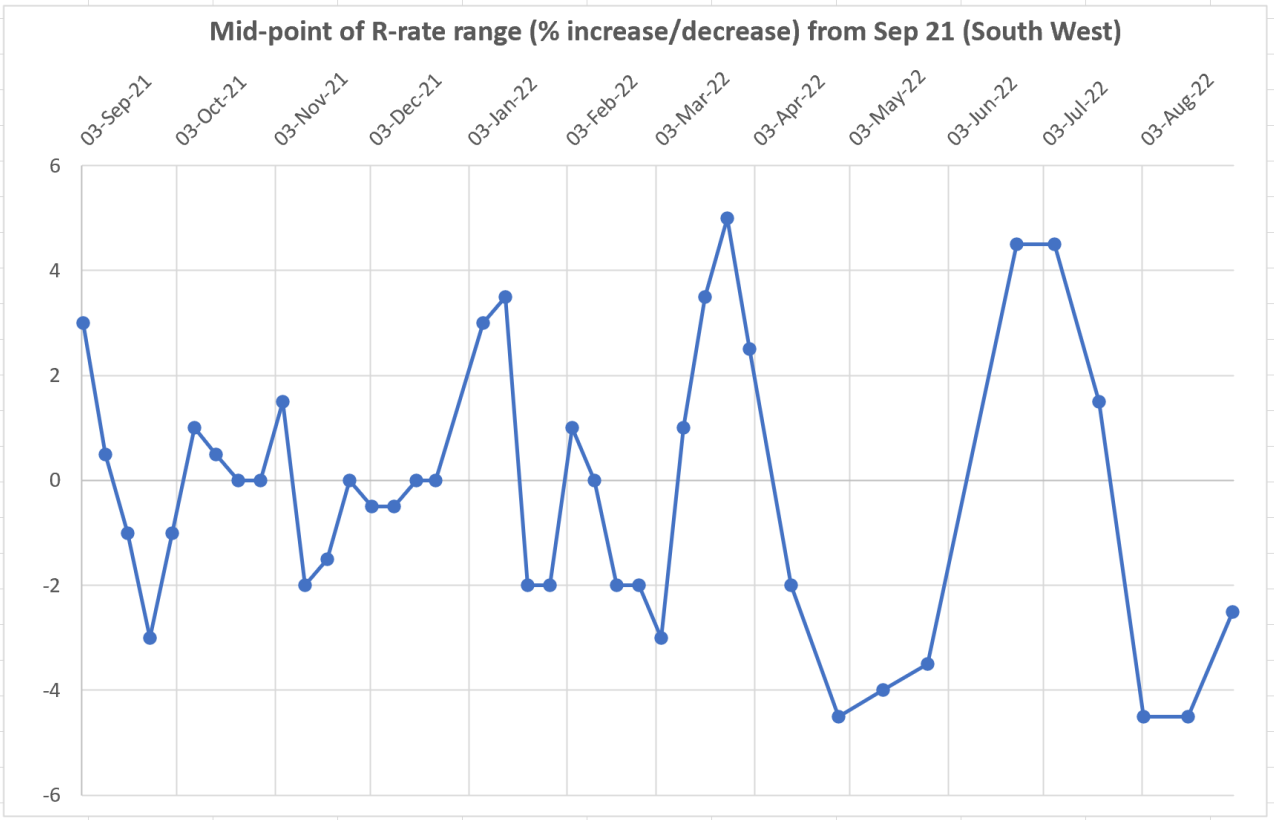
4 Sep 22 review - Information used to assess likelihood scoring

1. COVID-19

The COVID aspects of these reviews are informed by the UKHSA's analysis of the "R" rate and forecasts of infection rates, recognising that this is very high-level, although it will indicate when we may need to consider revising our mitigations.

In assessing the likelihood, the following factors point towards a gradually reducing chance of COVID-19 transmission:

a. R rate estimate of 0.8 to 1.0 (2 Sep 22) means infections are likely to be in gradual **decline** (estimated at -4% to -1% per day):



b. the national alert system has been downgraded from Level 3 (virus is in general circulation) to Level 2 (number of cases and transmission is low);

c. strong uptake of vaccinations, including boosters, with another booster programme during the autumn for those considered to be more vulnerable;

d. well-established, regularly reviewed and widely published mitigation measures;

e. early autumn offers greater opportunity for outdoor learning and social interaction;

2. Other pathogens

Having reviewed the UK Health Security Agency website, there are currently concerns about cases of:

- monkeypox - there have now been 3,389 confirmed cases in the UK (to 26 Aug 22) – an **83% increase** in the 6 weeks of the summer holiday. As transmission is via close or intimate contact, there is still an extremely low risk to the learning community. UK cases have to date been primarily in the London area (70%), and impacting primarily on males of an average age of 36. UKHSA advice is:

  "Anyone with unusual rashes or lesions on any part of their body, especially their genitalia, should contact NHS 111 or call a sexual health service if they have concerns."

- influenza – the flu virus has been less prevalent during the COVID pandemic, possibly because the COVID mitigations, like improved ventilation, mask wearing and social distancing were equally effective in reducing its transmission. There is some concern that cases could escalate quickly due to the resultant lack of natural immunity in the population, so a vaccination programme is in place for the autumn period.

- hepatitis (liver inflammation) in children aged 10 and under thought to have been caused by the adenovirus rather than the normal pathway of hepatitis viruses. UKHSA advice is:

  "*Standard hygiene measures, including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.*

  Jaundice and vomiting are the most common symptoms experienced by the children affected."

  These measures are consistent with the mitigations in our "transmissible infections" risk assessment.

- tuberculosis (TB) across the general population - this is caused by the TB bacteria and is transmitted when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the expelled droplets, which contain TB bacteria. NHS advice is:

  "*Although TB is spread in a similar way to a cold or flu, it is not as contagious. You would have to spend prolonged periods (several hours) in close contact with an infected person to catch the infection yourself.*"

  It is therefore unlikely that transmission would occur in the education environment, but the mitigations in our "transmissible infections" risk assessment will help to combat all respiratory infections.

3. Conclusion

As we continue to live safely with COVID, we remain in a strong position as COVID vaccines have been available to the entire workforce and to all students - this is the most effective means of mitigating these respiratory infections. Encouragingly, a booster vaccine will be available in the autumn to those considered vulnerable and those over 50.

The continued use of ventilation, effective hand hygiene, sound respiratory hygiene, well-established cleaning routines, sensible social distancing, air filtration and a priority for outdoor activity, including at break and lunch, will help mitigate all transmissible infections.

We must be mindful to balance ventilation needs with those of fire prevention and **ensure all doors and windows are closed during a fire evacuation**, so long as it is safe to do so.