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| RISK ASSESSMENT**Insert school** | Infection control – General risk assessment | LogoColK.jpgLogoColK.jpgInsert logo |
| **Assessment completed by:**  | **Date Completed:** |  |
| **PRINT NAME: Sherryl Cousins** | **Next Review Date Due:** |  |

| **Hazard / Risk** | **Who is at Risk?** | **How can the hazards cause harm?** | **Normal Control Measures** | **Are Normal Control Measures** *Y/N/NA* |
| --- | --- | --- | --- | --- |
| **In Place** | **Adequate** |
| Cross contamination  | Staff, pupils | Illness and infection | * Disposable gloves available to staff
* Gloves available for cleaners to use
* Infection control/nappy changing policy in place
* Sanitary bins in ladies and older pupil toilets
* Disposable aprons for changing nappies or providing personal care
* Spillage kits available for staff to clear up sick during the day
 |  |  |
| Lack of understanding or knowledge on infection control  | Staff, pupils | Illness and infection | * Follow exclusion guidance from Health Protection Agency HPA Local Health Protection Agency (HPA) <https://www.gov.uk/health-protection-team>
* Parents reminded regularly in newsletter to keep pupils off school for 48 hours after symptoms cease
 |  |  |
| Outbreak of sickness or diarrhoea  | Staff, pupils | Illness and infection | * Anti bacterial soap available in all pupils and staff toilets
* Door handles cleaned daily or more frequently using a disinfectant solution
* Toilets cleaned daily
* Children reminded on the importance of handwashing
* Resources used to teach pupils on the importance of handwashing for example ebug
* Handwashing posters displayed throughout the school
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| Flu / COVID 19 outbreak/pandemic |  |  | * See separate Managing COVID19 Pandemic risk assessment
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| **Additional Control Measures***(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).* | **Action by Whom***(list the name of the person/people who have been designated to conduct actions)* | **Action by When***(set timescales for the completion of the actions – remember to prioritise them)* | **Action Completed***(record the actual date of completion for each action listed)* | **Residual Risk Rating** |
|  |  |  |  |  |
| **Reviewed by:****Signature:** | **COMMENTS:***Record any comments reviewer wishes to make. Including recommendations for future reviews.* |
| **PRINT NAME:** |

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| **RESIDUAL RISK RATING** | **ACTION REQUIRED** |
| **VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring** | **The activity must not take place at all.** You must identify further controls to reduce the risk rating. |
| **HIGH (H) Possibility of fatality/serious injury occurring** | You must identify further controls to reduce the risk rating.Seek further advice, e.g. from your H&S Consultant |
| **MEDIUM (M) Possibility of significant injury or over 7 day absence occurring** | If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely. |
| **LOW (L) Possibility of minor injury only** | No further action required. |