



RISK ASSESSMENT

Name of academy: St.Chad's CE Primary

Assessment carried out by: Paula Michaud

Name of Chair of Trust Board: Paul Whitman

Date of assessment: 1st May 2022

Date of last review:

Activity/Task: Managing the transmission of respiratory infections including Covid-19

The purpose of this whole assessment is to assist in the management and prevention of respiratory infection whilst on the school premises. There are 10 elements of Standard Infection Prevention and Control Precautions which when carried out effectively help reduce the risk of transmission of infection; this risk assessment explains the controls in place in relation to these elements.

Staff, parents and pupils could become infected with a respiratory illness including Covid-19. If so, they are likely to experience mild symptoms such as fever or cough. In severe cases, this could lead to severe illness and hospitalisation, and, in rare cases, even death.

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Key guidance for schools: can be found at:

- [UK Health Security Agency \(UKHSA\) health protection in education and childcare settings](#)
- [DfE emergency planning and response](#)
- [DfE good estate management for schools](#)
- [Guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19](#)
- [Living safely with respiratory infections, including COVID-19](#)
- [Ventilation of indoor spaces to reduce the spread of COVID-19 and other respiratory infections](#)
- [COVID-19 guidance for people whose immune system means they are at higher risk](#)
- [Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK \(www.gov.uk\)](#)



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What are the hazards?	Ref.	Control Measures	What further actions and amendments have been undertaken?	Action by who?	Action by when?	Done
SECTION A: Environment or placement of someone who develops an infection						
1. Persons who are already displaying symptoms of a respiratory infection including Covid19 Hazard: Transmission of infection	1.1	<p>All staff who have symptoms of a respiratory infection, such as COVID-19, and who have a high temperature or do not feel well enough to go to work or carry out normal activities, should try to stay at home and avoid contact with other people, until they no longer have a high temperature (if they had one) or until they no longer feel unwell.</p> <p>Anyone intending to visit school, should not attend if they have symptoms of a respiratory infection, such as COVID-19, have a high temperature or have tested positive for COVID-19; this includes parents /carers. Posters are displayed at the entrance to school to inform visitors that this is the case.</p>				
	1.2	<p>Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education setting.</p> <p>Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where they can. They can return to school when they no longer have a high temperature and they are well enough to attend.</p>				
	1.3	In most cases, parents and carers will agree that a child with symptoms should not attend the setting, given the potential risk to				



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		others. If a parent or carer insists on a child attending a setting, settings can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection. Decisions need to be carefully considered in light of all the circumstances and current public health advice.				
	1.4	Further guidance on the management of specific infectious diseases, including advised exclusion periods can be found in chapter 3 of the UKHSA Health protection in education and childcare settings document .				
2. Persons developing symptoms of a respiratory infection whilst on site. Transmission of infection	2.1	All staff, or visiting adults, who develop symptoms of a respiratory infection, such as COVID-19, whilst on site and who seem to have a high temperature or do not feel well enough to continue working or carrying out normal activities will be sent home. They will be able to return to the premises once they no longer have a high temperature (if they had one) or until they no longer feel unwell. Chapter 3 and the accompanying table , within the UKHSA Health protection in education and childcare settings document, provide further detail on the symptoms of different infections and recommended action.				
	2.2	Children who are unwell and showing the symptoms of an infectious disease will be sent home and advised to stay away from school for the minimum period recommended. Chapter 3 and the accompanying table , within the UKHSA Health protection in education and childcare settings document, provide further detail on the symptoms of different infections and recommended action.				



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	2.3	Staff or students who are close contacts of people who are unwell with an infectious disease or an infection do not usually need to be excluded from the setting. However, the local health protection team (HPT) will advise if there are specific precautions to be taken in response to managing a case or outbreak. They will contact school if this is required.				
SECTION B: Hand Hygiene Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.						
3. Hygiene practices: Handwashing and hand sanitisers Hazard: Ineffective hand hygiene results in cross-contamination	3.1	Hand sanitiser at entrance points to the building.				
	3.2	Students and staff should wash their hands with soap and running water for at least 20 seconds after going to the toilet, coughing or sneezing, after break times and before eating or handling food. Paper towels should be available for drying hands. Hand sanitiser will be utilised where hand washing is not practicable or possible. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus.				
	3.3	If sinks are not available close to or in classrooms / work areas then hand sanitiser will be provided.				
	3.4	Sanitising products should be non-alcohol based in areas where there may be sparks or naked flames e.g science labs, kitchens and some D&T rooms.				



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	3.5	Tissues will be available in all group areas and will be single use only and binned after use.				
	3.6	Children are encouraged not to touch their mouth, eyes and nose				
	3.7	Adults and children use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it')				
	3.8	Posters regarding hand washing and hygiene practises are displayed.				
	3.9	Staff working with children and young people who spit uncontrollably may want more opportunities to wash their hands than other staff, or, children and young people who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may need more opportunities to wash their hands than children and young people who do not.				

SECTION C: Respiratory and Cough Hygiene

Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.

4. Respiratory hygiene and cough etiquette. Hazard: Infection transmission	4.1	<p>Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette, specifically:</p> <ul style="list-style-type: none"> cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand keep contaminated hands away from the mucous membranes of the eyes and nose carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials 				
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	4.2	Staff and students will be reminded of the correct etiquette, where necessary.				
	4.3	Tissues will be available in all group areas and will be single use only and binned after use.				
	4.4	Students and staff should wash their hands with soap and running water for at least 20 seconds after coughing or sneezing. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus.				
SECTION D: Personal Protective Equipment (PPE)						
5. Personal Protective Equipment (PPE) Hazard: Staff fail to follow the guidance on PPE putting themselves and others at risk	5.1	Activities such as close intimate care e.g. nappy changing, invasive medical procedures, assisting with feeding necessitate closer contact with students. Staff carrying out these activities will wear disposable gloves and aprons and may need IIR masks and eye protection. This will be assessed on a case by case basis.				
	5.2	If PPE is identified as necessary for certain activities or staff, through a risk assessment, then this will be provided by the school.				
	5.3	Staff who may get bodily fluids, including spit, on their clothes from students have been advised to bring a change of clothes to work.				
	5.4	Stocks of PPE will be maintained and replenished as necessary.				
6. Aerosol generating	6.1	It is vital that all children, young people and students, including those with complex or additional health needs, are supported to				



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<p>procedures (AGP)</p> <p>Hazard: Transmission of infection</p>		<p>continue their education and care in their education or children's social care setting, where it is safe to do so.</p> <p>An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract.</p> <p>The full list is available on GOV.UK.</p> <p>Standard PPE recommendations for AGPs would include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.</p> <p>If someone is performing an AGP on an individual who is suspected of being infectious with a respiratory agent (for example RSV or COVID-19) additional airborne personal protective equipment (PPE) should be used, including an FFP3 respirator or equivalent.</p>				
<p>SECTION E: Safe Management of the Environment including cleaning</p> <p>Keeping education and childcare settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot.</p>						
<p>7. Cleaning</p> <p>Hazard: Lack of a sanitisation / cleaning programme and regular cleaning of high touch areas leads to</p>	<p>7.1</p>	<p>Cleaning will be carried out using standard cleaning chemicals/disinfectant and / or anti-viral wipes and sprays.</p>				
	<p>7.2</p>	<p>Cleaning schedules are in place to ensure appropriate periodic cleaning takes place.</p> <p>Thorough daily cleaning of all areas used takes place.</p>				
	<p>7.3</p>	<p>Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (please list the colour-coded system in place).</p>				



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transmission of infection	7.4	Cleaning equipment used should be disposable or, if reusable, disinfected after each use.				
	7.5	Those responsible for cleaning should wear appropriate PPE. Disposable glove checks to be conducted weekly to ensure that there is always an adequate supply. PPE to checked weekly.				
	7.6	A nominated member of staff will monitor cleaning standards and discuss any issues with cleaning staff, or contractors employed by the education or childcare setting.				
	7.7	Cleaning solutions will be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.				
	7.8	In the event of an outbreak of infectious disease, surface fogging using 'Z-71 Microbe shield surface sanitiser' will take place. This process creates a barrier layer on surfaces. Following application of this biocide, surfaces including touch points, remain protected for 28 days.				
8. Sanitary facilities	8.1	A hand wash basin with warm running water along with a mild liquid soap is available in all toilet areas and kitchens.				
Hazard: Transmission of infection	8.2	Disposable paper towels are placed next to basins together with a nearby foot-operated wastepaper bin.				
	8.3	Toilet paper is available in each cubicle (it is not acceptable for toilet paper to be given out on request).				
	8.4	Suitable sanitary disposal facilities should be provided where there are females including children aged 9 or over.				



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9. Ventilation Hazard: Increased risk of infection transmission in unventilated areas	9.1	<p>It is important to ensure the school is well ventilated and a comfortable teaching environment is maintained.</p> <p>If there are areas of the setting identified that may have poor ventilation, there are several simple things that can be done to improve ventilation.</p> <p>These include:</p> <ul style="list-style-type: none"> • partially opening windows and doors to let fresh air in • opening higher level windows to reduce draughts • opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between lessons, for example <p>You should always balance the need for increased ventilation while maintaining a comfortable temperature.</p>				
	9.2	<p>Where doors and / or windows are opened, safeguarding and health and safety must be assessed to see if this is appropriate, especially for younger children and pupils with SEN needs.</p> <p>Fire procedures may need to be altered to ensure open doors are closed should the fire alarm sound.</p>				
SECTION F: Safe management of linen and soft furnishings						
10. Laundry Hazard: Increased risk	10.1	<p>If there is a need for laundry facilities e.g. in a nursery setting there should be a designated area on site for these facilities.</p> <p>This area should:</p> <ul style="list-style-type: none"> • be separate from any food preparation areas 				



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of contamination through coming into contact with contaminate clothing / linen / soft furnishings		<ul style="list-style-type: none"> • have appropriate hand washing facilities • have a washing machine with a sluice or pre-wash cycle 				
	10.2	<p>Staff involved with laundry services should ensure that:</p> <ul style="list-style-type: none"> • manual sluicing of clothing is not carried out as there is a risk of inhaling fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing • gloves and aprons should be worn when handling soiled linen or clothing • hands should be thoroughly washed after removing the gloves and aprons 				
11. Contaminated clothing Hazard: Increased risk of contamination through coming into contact with contaminate clothing	11.1	<p>Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent on how to launder the contaminated clothing.</p> <p>Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.</p>				
12. Children with continence aids and managing nappies	12.1	Children and young people who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both children, young people and staff involved in the management of these aids.				



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Hazard: Increased risk of contamination through coming into contact with bodily fluids.	12.2	<p>Continence pads will be changed in a designated area. Appropriate PPE (disposable gloves and a disposable plastic apron) will be worn and changed after every child.</p> <p>Hand washing facilities will be readily available.</p>				
	12.3	<p>Children in nappies must have a designated changing area. This should:</p> <ul style="list-style-type: none"> • be away from play facilities and any area where food and/or drink is prepared or consumed • have appropriate hand washing facilities available 				
	12.4	Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.				
	12.5	<p>Staff involved in managing nappies should:</p> <ul style="list-style-type: none"> • wrap soiled nappies in a plastic bag before disposal in the general setting waste • clean children's skin with a disposable wipe (flannels should not be used) • label nappy creams and lotions with the child's name and do not share with others • wipe changing mats with soapy water or a mild detergent wipe after each use • clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day • check mats weekly for tears and discard if the cover is damaged 				
SECTION G: Safe management of bodily fluids						
13. Cleaning blood and	13.1	Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately, wearing PPE. Use				



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bodily fluid spills Hazard: Increased risk of contamination through coming into contact with bodily fluids		gloves and an apron if anticipate splashing and risk assess the need for eye protection.				
	13.2	Spillages must be cleaned using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed.				
	13.3	Use disposable paper towels or cloths to clean up blood and body fluid spills. These should be disposed of immediately and safely after use.				
	13.4	A spillage kit should be available for bodily fluids like blood, vomit and urine.				
14. Managing cuts, bites, nose bleeds and bodily fluid spills Hazard: Increased risk of contamination through coming into contact with bodily fluids	14.1	<p>Standard Infection Prevention and Control (SIPC) precautions should be used for everyone to reduce the risk of unknown (and known) disease transmission. These include:</p> <ul style="list-style-type: none"> wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry covering all exposed cuts and grazes with waterproof plasters keep the dressing clean by changing it as often as is necessary managing all spillages of blood or body fluids 				
	14.2	If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or experiences a splash of blood				



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		to the eye, area of broken skin or mouth, rinse well with water and seek medical advice.				
SECTION H: Safe management of waste (including sharps)						
15 Safe management of waste (including sharps) Hazard: Increased risk of contamination through coming into contact with bodily fluids	15.1	As required under the waste management duty of care, the school ensures that all waste produce is dealt with by a licensed waste management company.				
	15.2	Any used PPE should be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.				
	15.3	Clinical waste should be disposed of following the usual waste policy.				
SECTION I: Occupational safety						
16. Occupational safety and managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)	16.1	Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely, using the sharps disposal kit, to avoid the same thing happening to someone else.				
	16.2	If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin: <ul style="list-style-type: none"> • wash the wound thoroughly with soap and warm running water • cover the wound with a waterproof dressing 				



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Hazard: Increased risk of contamination through coming into contact with bodily fluids and thus infectious disease		<ul style="list-style-type: none"> record it in the accident book and complete the accident form seek immediate medical attention or advice from your local accident and emergency department or occupational health provider 				
SECTION J: OUTBREAK MANAGEMENT						
17. Outbreak management Hazard: The school fails to manage an outbreak leading to excessive numbers becoming infected.	17.1	<p>Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local UK Health security Agency (UKHSA) health protection team (HPT) of suspected cases of certain (notifiable) infectious diseases.</p> <p>The school may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:</p> <ul style="list-style-type: none"> a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting [footnote 1] evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital [footnote 2] more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever 				



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		<p>Education and childcare settings are also asked to contact their UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example:</p> <ul style="list-style-type: none"> • E.coli 0157 or E coli STEC infection • food poisoning • hepatitis • measles, mumps, rubella (rubella is also called German measles) • meningococcal meningitis or septicemia • scarlet fever (if an outbreak or co-circulating chicken pox) • tuberculosis (TB) • typhoid • whooping cough (also called pertussis) <p>Refer to chapter 4 of the UKHSA guidance for details of the information that may be requested.</p>				
SECTION K - WELLBEING						
18. Staff wellbeing Hazard: Staff are not consulted with resulting in anxiety about	18.1	<p>Health and wellbeing support available to all employees through the Trust's Employee Assistance Programme:</p> <p>Through this provision a range of counselling and other services can be accessed:</p> <ul style="list-style-type: none"> • Call 08000 856 148 • The service is confidential and independent: <p>Completely confidential and independent service</p>				



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the controls in place to mitigate risk		Access available 24 hours a day, 365 days a year Support for personal or work issues Completely free to the service user				
	18.2	A Mental Health First Aider is in place and all staff are aware of who he/she is.				
	18.3	The Department for Education is providing additional support for both student and staff wellbeing in the current situation. https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers				
	18.4	Line managers will maintain regular contact with their team members and will offer additional support where required.				
	18.5	Staff are encouraged to give consideration to stress and anxiety increasing susceptibility to infection e.g. lack of sleep, becoming run down etc.				
	18.6	Up-to-date corporate communications are followed as per Public Health England (PHE) advice				
19. Student Wellbeing Hazard: Lack of identification of pupil wellbeing needs	19.1	Staff will continue to identify students who would benefit from wellbeing support and ensure appropriate intervention is put in place.				



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SECTION L – Educational Visits / Pets and animal management

Educational visits should be subject to risk assessments as normal and reflect any public health advice or in-country advice of the international destination.

[General guidance on educational visits is available](#) and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).

The [OEAP](#) provide guidance including actions to manage the risk of disease during a [variety of visits](#). This guidance is also relevant if animals are brought into the setting.

For international educational visits, you should refer to the [Foreign, Commonwealth and Development Office](#) travel advice and the guidance on international travel before booking and travelling to make sure that the group meet any entry and in country requirements especially in relation to vaccinations. Additional information can be obtained from [TravelHealthPro](#).

Further details on health considerations and actions to take before, during and after a visit can be found in the [OEAP guidance](#).

20. Educational visits involving water-based activities Hazard: Risk of serious injury or death	20.1	There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds. Further details on health considerations and actions to take before, during and after the activity can be found in the OEAP guidance .				
	20.2	It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities.				
	20.3	Children should not swim in public swimming pools or participate in school swimming lessons for 2 weeks after diarrhoea and vomiting has stopped.				
21. Educational visits to locations such as farms and zoos	21.1	People can become infected through direct contact with animals, contact with an environment containing animal faeces or consuming contaminated food or drink. Even a small number of bacteria can cause infection, so it is essential to follow hygiene recommendations such as:				



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Hazard: Risk of transmission of infectious disease.		<ul style="list-style-type: none"> washing hands thoroughly with soap and water immediately after contact with animals. Younger children should be supervised for hand washing reminding children not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed and dried their hands thoroughly not using hand sanitiser as a substitute for handwashing with soap and water 				
	21.2	In order to protect their own health and that of their unborn child, those who are, or may be, pregnant should be advised to avoid close contact with livestock animals that are giving birth.				
22. Pets and animal management Hazard: Risk of transmission of infectious disease.	22.1	If using pets and other animals to enhance the learning environment or provide respite for students, only pets that are mature, and toilet trained should be used.				
	22.2	<p>A knowledgeable person needs to be responsible for the animal or animals.</p> <p>This individual will need to abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met.</p>				
	22.3	<p>here should be a written agreement within the setting detailing:</p> <ul style="list-style-type: none"> the types of animals allowed in the setting how to manage them and permitted behaviour whilst on the premises where they can go and where they cannot go when in the setting any insurance liability of owners and handlers 				
	22.4	<p>The school must ensure that:</p> <ul style="list-style-type: none"> animals are always supervised when in contact with students 				



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		<ul style="list-style-type: none">• students and staff are advised to wash their hands immediately after handling animals• animals have recommended treatments and immunisations, are regularly groomed (including claws trimmed) and checked for signs of infection• bedding is laundered regularly• feeding areas are kept clean and their food stored away from human food• food is not consumed within 20 minutes and is taken away or covered to prevent attracting pests				
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