

RISK ASSESSMENT: Dealing with Infectious Diseases

Service Name: St Dunstan's Kindergarten

Date Completed: January 2026

Assessment Review Date: January 2029

Completed by: Nikki Samuel – Nominated Supervisor

Activity Scope: Daily care, play, learning, meals, toileting, and rest periods

Assessment Purpose: To identify risks related to infectious diseases and outline control measures to protect children, staff, and visitors.

1. Hazard Identification

Infectious diseases may spread in a kindergarten through:

- Close physical contact between children
- Poor hand hygiene
- Shared toys, learning materials, and equipment
- Bodily fluids (saliva, mucus, vomit, urine, feces, blood)
- Airborne droplets from coughing, sneezing, or talking
- Contaminated surfaces
- Food handling and eating areas

Common infectious diseases include (but are not limited to):

- Common cold and influenza
 - COVID-19
 - Gastrointestinal infections (e.g. norovirus, rotavirus)
 - Hand, Foot and Mouth Disease (HFMD)
 - Conjunctivitis
 - Chickenpox
 - Measles, mumps, rubella
 - Impetigo
 - Head lice
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2. Persons at Risk

- Children aged 3–5 years (higher risk due to developing immune systems and close contact)
- Teaching and support staff

- Visitors (parents, carers, contractors)
 - Vulnerable individuals (pregnant staff, immunocompromised individuals)
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3. Risk Evaluation

Risk Factor	Likelihood	Severity	Overall Risk
Person-to-person transmission	High	Medium	High
Contaminated surfaces/toys	Medium	Medium	Medium
Poor hand hygiene	High	Medium	High
Food-related infection	Low–Medium	High	Medium
Undetected illness	Medium	High	High

4. Control Measures

A. Hygiene Practices

- Regular handwashing with soap and water:
 - On arrival and departure
 - Before and after eating
 - After toileting or nappy changes
 - After outdoor play
 - After coughing, sneezing, or nose wiping
 - Use alcohol-based hand sanitizer when handwashing is not immediately possible (staff use or supervised use for children)
 - Teach children age-appropriate hygiene routines through songs, posters, and demonstrations
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B. Cleaning and Disinfection

- Daily cleaning and disinfection of:
 - Toys (especially mouthed toys)
 - Tables, chairs, door handles, light switches
 - Toilets, sinks, and nappy-changing areas
 - Immediate cleaning of surfaces contaminated with bodily fluids
 - Use of approved disinfectants following manufacturer instructions
 - Soft toys washed regularly at high temperatures
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C. Illness Management

- Clear exclusion policy for children and staff who are unwell

- Children showing symptoms such as fever, vomiting, diarrhea, rash, or persistent cough should be sent home
 - Adherence to recommended exclusion periods for specific illnesses
 - Designated isolation area for children who become ill while at the setting
 - Staff trained to recognize early signs of infectious diseases
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D. Respiratory Hygiene

- Encourage children to cover mouth and nose with tissues or elbow when coughing or sneezing
 - Dispose of tissues immediately in covered bins
 - Ensure adequate ventilation in all rooms
 - Reduce close-contact activities during outbreaks if required
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E. Food Safety

- Staff trained in food hygiene and safe food handling
 - Children wash hands before meals and snacks
 - Food preparation areas kept separate from toileting areas
 - Shared food discouraged unless managed hygienically
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F. Personal Protective Equipment (PPE)

- Staff to use disposable gloves and aprons during:
 - Cleaning bodily fluids
 - First aid involving blood or body fluids
 - Proper disposal of PPE after use
 - Handwashing immediately after PPE removal
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G. Immunisation and Records

- Encourage up-to-date immunisations for children and staff (in line with national guidance)
 - Maintain accurate attendance, illness, and contact records
 - Prompt notification to public health authorities when required
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H. Training and Communication

- Regular staff training on infection prevention and control
- Clear policies shared with parents and carers
- Display hygiene posters at child-friendly height

- Inform parents promptly of outbreaks while maintaining confidentiality
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5. Residual Risk

With all control measures in place, the residual risk of infectious disease transmission is **Low to Medium**, depending on seasonal prevalence and community outbreaks.

6. Monitoring and Review

- Daily monitoring of children and staff health
 - Ongoing supervision of hygiene practices
 - Review risk assessment:
 - Annually
 - After an outbreak
 - Following updated public health guidance
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