

Risk Assessment

Holymead Primary

Establishment operation from 22.1.22: response to Coronavirus (COVID-19). Issue 6.4ii (Further detail is captured in the Background and Context description below)

Section 1:

Date of Assessment:	MAT/Establishment/Section/Team:	Review date: (Complete once the action plan section below is addressed)	
Assessed by: <small>Please print names of all those involved with this assessment.</small>	1. Kate Slatcher	Date:	22.1.22
	2. Andrew Jones		
	3. Jo Head		
	4. Judith Buckley		
Staff signatures: I/We have read and understood this RA and our role in its implementation.	1. <i>Kate Slatcher</i>	Date:	22.1.22
	2. <i>Jo Head</i>		22.1.22
	3. <i>Andrew Jones</i>		22.1.22
	4. <i>Judith Buckley</i>		22.1.22

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Part A: Background and Context

This risk assessment has been developed with reference to:

- Schools Covid-19 operational guidance (July 2021- updated 27 September 2021) [Schools COVID-19 operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/schools-covid-19-operational-guidance)
- Actions for early years and childcare providers during the COVID-19 pandemic (July 2021) [Early years and childcare: coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/early-years-and-childcare-coronavirus-covid-19)
- SEND and specialist settings: additional COVID-19 operational guidance (6 July 2021 - updated 27 September 2021) [SEND and specialist settings: additional COVID-19 operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/send-and-specialist-settings-additional-covid-19-operational-guidance)
- Contingency Framework: Education and childcare settings (August 2021 – updated 13 October 2021) [Contingency framework: education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/contingency-framework-education-and-childcare-settings)

Rationale for guidance for schools from September 2021.

Government guidance has been developed on the premise that disruption to children and young people's education must be minimised. The [Evidence summary: COVID-19 - children, young people and education settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/evidence-summary-covid-19-children-young-people-and-education-settings) sets out the evidence relevant to, and in support of, the government's decision to revise the guidance on the COVID-19 safe working and protective measures that have been used within settings, colleges and early years settings in England during the pandemic.

In making this decision, the government has balanced education and public health considerations – weighing the impact of these measures on teaching, educational attainment, the health and wellbeing of children, pupils, students and staff and the functioning of schools, colleges and early years settings, against the COVID-19 risks in a context that has now fundamentally changed due to the success of the vaccination programme.

Update to above issued on 2 January 2022 (reproduced directly from the guidance).

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The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 27 November the temporary introduction of new measures as a result of the Omicron variant and on 8 December that Plan B, set out in the autumn and winter plan 2021, was being enacted. As a result, these measures are reflected in this guidance for schools. This advice remains subject to change as the situation develops.

COVID-19 continues to be a virus that we learn to live with and the imperative to reduce the disruption to children and young people's education remains. Our priority is for you to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health. We have worked closely with the Department of Health and Social Care (DHSC) and the United Kingdom Health Security Agency (UKHSA) to revise this guidance

Plan B has now been lifted (23.1.22)

Version 6.4 issued 14 January: Minor updates re: changes in response to a positive Lateral Flow Test.

As at 28.10.21 we are adapting this risk assessment to take into consideration advice issued by their local Public Health Team and other updates relevant to our activities and experience in practice.

Contingency Planning

Government guidance requires settings to have an Outbreak Management Plan (sometimes called contingency plan) outlining how they would operate if any of the following circumstances applied to their setting or area:

- a COVID-19 outbreak within a setting
- if there is extremely high prevalence of COVID-19 in the community and other measures have failed to reduce transmission
- as part of a package of measures responding to a Variant of Concern (VoC)

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This includes how we would ensure every child, pupil or student receives the quantity and quality of education and care to which they are normally entitled.

If necessary we will reinstate relevant control measures from our 2020-21 risk assessment to address the areas set out in [Contingency framework: education and childcare settings - GOV.UK \(www.gov.uk\)](#)

Holymead Primary has adopted the DS template for our Contingency Plan. It is on the school website

Control Measures

This risk assessment addresses the essential control measures set out in the government guidance referred to above. They are as follows:

Settings should:

- 1. Ensure good hygiene for everyone.*
- 2. Maintain appropriate cleaning regimes.*
- 3. Keep occupied spaces well ventilated.*
- 4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.*

We have adapted this risk assessment in consultation with relevant partners including trade union representatives where available. This risk assessment will be made publicly available to those who wish to see it.

Part B:

What is the Task/Activity or Environment you are assessing?	What Hazards are present or may be generated? (Use a row for each one identified)	Who is affected or exposed to hazards?	What Severity of Harm can reasonably be expected?	What Precautions (Existing Controls) are already in place to either eliminate or reduce the risk of an accident happening?	What Likelihood is there of an	What is the Risk Rating ?
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			(See Table 1)		accident occurring? (See Table 1)	(See Table 2 and 3)
1: ENSURE GOOD HYGIENE FOR EVERYONE						
Hand hygiene	Poor hand hygiene increases the likelihood of infection from coronavirus	Pupils and staff	Serious	<p>Opportunities are provided for staff and pupils to clean their hands with soap and water and dry thoroughly:</p> <ul style="list-style-type: none"> • on arrival at setting • after using the toilet • after breaks and sporting activities • before food preparation • before eating any food, including snacks • before leaving setting • after sneezing/coughing. <p>Covered bins available for disposal of paper towels will be emptied periodically during the day.</p> <p>Signage about how to wash hands properly, is on display and reinforced with pupils.</p> <p>Where sinks are not easily accessible hand sanitiser will be available.</p> <p>Supervision by staff is provided as needed.</p>	Med	Med
Respiratory Hygiene	Poor respiratory hygiene increases the likelihood of infection from exposure to coronavirus.	Pupils and staff	Serious	<p>Catch it, kill it, Bin it – tissues are available in all classrooms, staffroom and reception at a minimum. The message is reinforced with pupils.</p> <p>Covered bins are available for the disposal of used tissues.</p>	Med	Med
2. MAINTAIN APPROPRIATE CLEANING REGIMES						
Cleaning	Person contracts COVID 19 as a result of inadequate cleaning	Pupils and staff	Serious	(Sept 2021).	Med	Med

				<p>We have reviewed the cleaning specification with our cleaning contractor to ensure that this meets requirements set out in https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</p> <p>We have identified cleaning of high-risk areas to be undertaken throughout the setting day to include:</p> <ul style="list-style-type: none"> • Door handles • Kettles • Taps • Switches • Phones • Laptops / • Printers and photocopiers • Staffroom/ food preparation • Surfaces that pupils are touching e.g.: toys, books, chairs, tables, doors, sinks, toilets, bannisters, light switches, etc. <p>As a minimum, frequently touched surfaces will be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning will be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens.</p>		
Safe use of cleaning products	<p>Inappropriate exposure to cleaning product results in allergic reaction/ poisoning etc</p> <p>Storage arrangements of cleaning product change increasing potential for unauthorised 'use' by pupils.</p>	Pupils and staff	Serious	<p>All staff involved in cleaning duties will receive training re: safe use and storage of cleaning materials.</p> <p>PPE will be provided for all cleaning activities.</p> <p>Safety data sheets for cleaning products are available.</p> <p>Only recommended cleaning products will be used.</p>	Med	Med

	Use of hand sanitiser: potential for improper use and ingestion.	Pupils and staff	Serious	We are providing/allowing the use of hand sanitisers that contain at least 60% alcohol. Staff supervision provided as required We have the Safety Data Sheet for the product(s). They advise on action to be followed if the sanitiser is not used as designed i.e., a child drinks some; it gets in eyes etc. This will also help with potential reactions to the product. We have and will secure adequate supplies of the product and provide it, especially in areas such as reception to the building(s).	Med	Med
3. KEEP OCCUPIED SPACES WELL VENTILATED						

Ventilation (Open windows and doors are recommended as a means of improving air circulation within the building)	Falls from height (open windows)	All premises occupants	Serious	Whilst taking into consideration the necessity to increase ventilation by improving air circulation within the building we have advised staff that window opening restrictors must not be removed.	Med	Med
	Additional doors and windows are left open compromising site security/fire safety.	All premises occupants	Serious	We have reviewed our site and identified doors that could remain open without compromising fire safety/ and or security. Here, for high-risk areas such as kitchens and boiler rooms fire doors will be kept in the closed position. Lower risk rooms such as classrooms and offices may be propped open with removable things - a weight or wedge - if there are people present who will be tasked with removing it if the alarm goes off and at the end of the day.	Med	Med

				Door guards etc, will continue to be used to improve circulation in the building (and also reduce the need for touching the door handles).		
	Inadequate ventilation contributes towards the spread of coronavirus. Open windows in the winter months mean that the temperature in buildings is uncomfortable.	All premises occupants	Serious	<p>We will ensure that our building is heated to a temperature whereby staff and pupils can work comfortably whilst endeavouring to ensure that there are measures in place to ensure good ventilation.</p> <p>This will be achieved by a variety of measures including:</p> <ul style="list-style-type: none"> mechanical ventilation systems – these will be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply). natural ventilation – opening windows (in cooler weather windows will be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so) <p>We note the following advice from HSE:</p>	Med	Med

				https://www.hse.gov.uk/temperature/thermal/managers.htm https://www.cibse.org/coronavirus-covid-19/coronavirus-sars-cov-2,-covid-19-and-hvac-systems NB: Minimum workplace temperature is 16 degrees centigrade. To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate: <ul style="list-style-type: none"> • opening high level windows in preference to low level to reduce draughts • increasing the ventilation while spaces are unoccupied (e.g., between classes, during break and lunch, when a room is unused) • providing flexibility to allow additional, suitable indoor clothing. Including advising staff and pupils re: the value of layering clothing. • rearranging furniture where possible to avoid direct drafts 		
Ventilation – Use of CO2 monitor	Poor positioning of CO2 monitor gives inaccurate or misleading readings	All premises occupants	Serious	<p>We note CO2 levels vary within an indoor space. It's best to place CO2 monitors at head height and away from windows, doors, or air supply openings.</p> <p>Monitors should also be positioned at least 50cm away from people as their exhaled breath contains CO2. If monitors are too close, they may give a misleadingly high reading.</p> <p>Measurements within a space can vary during the day due to changes in numbers of occupants, activities, or ventilation rates. Doors and windows being open or closed can also have an effect.</p>	Med	Med

				<p>The amount of CO2 in the air is measured in parts per million (ppm). If our measurements in an occupied space seem very low (far below 400ppm) or very high (over 1500ppm), it's possible our monitor is in the wrong location. We will move it to another location in the space to get a more accurate reading.</p> <p>Instantaneous or 'snapshot' CO2 readings can be misleading. We will take several measurements throughout the day frequently enough to represent changes in use of the room or space. Then calculate an average value for the occupied period.</p> <p>We note the need to repeat monitoring at different times of the year as outdoor temperatures change and this will affect worker behaviour relating to opening windows and doors when your space relies on natural ventilation.</p> <p>Our readings will help us decide if a space is adequately ventilated.</p>		
	Inaccurate reading of CO2 monitors leads to misinterpretation of ventilation levels within a room.	All premises occupants	Serious	<p>We will</p> <ul style="list-style-type: none"> • Check our monitor is calibrated before making CO2 measurements. Follow the manufacturer's instructions, including the appropriate warm-up time for the device to stabilise. • Know how to use our portable monitor correctly, including the time needed to provide a reading. 	Med	Med

				<ul style="list-style-type: none"> Take multiple measurements in occupied areas to identify a suitable sampling location to give a representative measurement for the space. In larger spaces it is likely that more than one sampling location will be required. Take measurements at key times throughout the working day and for a minimum of one full working day to ensure our readings represent normal use and occupancy. Record CO2 readings, number of occupants, the type of ventilation you're using at the time and the date. These numbers will help you use the CO2 records to decide if an area is poorly ventilated 		
	Inadequate response to CO2 monitor readings			<p>CO2 measurements will be used as a broad guide to ventilation within a space rather than treating them as 'safe thresholds'.</p> <p>We note that outdoor levels are around 400ppm and indoors a consistent CO2 value less than 800ppm is likely to indicate that a space is well ventilated.</p> <p>An average of 1500ppm CO2 concentration over the occupied period in a space is an indicator of poor ventilation. We will take action to improve ventilation where CO2 readings are consistently higher than 1500ppm.</p> <p>However, where there is continuous talking or singing, or high levels of physical activity (such as dancing, playing sport</p>	Med	Med

				<p>or exercising), providing ventilation sufficient to keep CO2 levels below 800ppm is recommended.</p> <p><u>Identifying poorly ventilated areas and using CO2 monitors (hse.gov.uk)</u></p> <p>DfE 'How to' Use CO2 monitors in education and childcare settings <u>RP24.2 How to Use CO₂ monitors in education and childcare settings.pdf - Google Drive</u></p>		
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4. FOLLOW PUBLIC HEALTH ADVICE ON TESTING, SELF ISOLATION AND MANAGING CONFIRMED CASES OF COVID-19						
Engagement with the NHS Test and Trace Process. Access to testing	Failure to follow PHE/ NHS Test and Trace procedures increases the likelihood of exposure to coronavirus in the setting community.	Pupils and staff	Serious	<p>Relevant staff understand the NHS Test and Trace process and how to contact their local Public Health England health protection team.</p> <p>Where necessary we will direct members of the setting community with symptoms of coronavirus to Get a free PCR test to check if you have coronavirus (COVID-19) - GOV.UK (www.gov.uk)</p> <p>Home test kits are available in our setting and will be offered in the exceptional circumstance that we believe an individual may have barriers to accessing testing elsewhere. We note that it is for settings to determine how to prioritise the distribution of their test kits in order to minimise the impact of the virus on the education of their pupils, and will therefore provide these to staff or pupils on the basis of an agreed set of criteria to be determined by the setting.</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-home-test-kits-for-settings-and-fe-</p>	Med	Med

				providers/coronavirus-covid-19-home-test-kits-for-settings-and-fe-providers We will ask parents and staff to inform us immediately of the results of a test.		
Contact with infected persons/ exposure to the virus within the setting.	Person contracts coronavirus as a result of direct contact with an infected person (or a symptomatic person) entering the premises.	Pupils and staff	Serious	Guidance has been issued to the entire school community. If anyone in the setting becomes unwell with a new and persistent cough or a high temperature, or has a loss of or change in, their normal sense of taste or smell (anosmia), they must stay at home and are advised to follow guidance for households with possible or confirmed coronavirus (COVID-19) infection: Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk) NOTE: the self-isolation advice for people with coronavirus (COVID-19) has changed. From Monday 17 January, people who are self-isolating with COVID-19 will have the option to reduce their isolation period after 5 full days if they test negative with a lateral flow device (LFD) test on both day 5 and day 6 and they do not have a temperature. For example, if they test negative on the morning of day 5 and the morning of day 6, they can return to their education or childcare setting immediately on day 6. The first test must be taken no earlier than day 5 of the self-isolation period, and the second must be taken the following day. All test results should be reported to NHS Test and Trace. If the result of either of their tests is positive, they should continue to self-isolate until they get negative	Med	Med

				<p>results from two LFD tests on consecutive days or until they have completed 10 full days of self-isolation, whichever is earliest. Anyone who is unable to take LFD tests or anyone who continues to have a temperature will need to complete the full 10- day period of self-isolation.</p> <p>From 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result.</p> <p>Daily testing of close contacts applies to all contacts who are:</p> <ul style="list-style-type: none"> • fully vaccinated adults – people who have had 2 doses of an approved vaccine • all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status • people who are not able to get vaccinated for medical reasons • people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine 		
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				Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contact.		
	Contact with those developing symptoms of the virus during the working day.	Pupils and staff	Serious	<p>If anyone in our setting develops COVID-19 symptoms, however mild, they will be sent home and advised to get a test and follow public health advice.</p> <p>When to self-isolate and what to do - Coronavirus (COVID-19) - NHS (www.nhs.uk)</p> <p>Most recent guidance re: What to do if a pupil is displaying signs of coronavirus has been shared with relevant staff and is on display.</p> <p>If a child is awaiting collection, they will be moved, via a route involving the shortest possible internal distance (i.e., including an outside route where possible) if possible, to the library or disabled toilet where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window will be opened for ventilation. If it is not possible to isolate them, we will move them to an area which is at least 2 metres away from other people.</p> <p>If they need to go to the bathroom while waiting to be collected, we endeavour that they will use a separate bathroom if possible. The bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>PPE will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).</p>	Med	Med

				<p>In an emergency we will call 999 if they are seriously ill or injured or their life is at risk. We will not suggest a visit to the GP, pharmacy, urgent care centre or a hospital.</p> <p>Staff are instructed to wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. We will clean the affected area with normal household disinfectant after someone with symptoms has left to reduce the risk of passing the infection on to other people. See https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings</p>		
Lateral Flow Testing (Asymptomatic testing)	Non participation in Lateral Flow Testing means that asymptomatic cases are undetected within the setting community.	Pupils and staff	Serious	<p>The opportunity for all adults in England to participate in lateral flow testing has been publicised amongst the setting community. Regular rapid coronavirus (COVID-19) tests if you do not have symptoms - NHS (www.nhs.uk)</p> <p>Our setting workforce (including regular contractors and visitors) has the opportunity and been provided with sufficient testing kits to participate in lateral flow testing twice a week at home. We will ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.</p>	Med	Med
	Lateral Flow Testing process is not implemented correctly leading to inaccurate results and/or inadequate follow up of positive test results	Pupils and staff	Serious	<p>Confirmatory PCR tests</p> <p>We will follow the latest government guidance on confirmatory PCR tests in Stay at home: guidance for households with possible or confirmed coronavirus</p>	Med	Med

				<p>GOV.UK (www.gov.uk) following a positive lateral flow test.</p> <p>We note that from Tuesday 11 January 2022 anyone in England who receives a positive lateral flow device (LFD) test result should report their result on Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk) and must self-isolate immediately, but will not need to take a follow-up PCR test.</p> <p>After reporting a positive LFD test result, they will be contacted by NHS Test and Trace so that their contacts can be traced.</p> <p>Anyone who tests positive will be able to leave self-isolation five days after the date of their initial positive test if they receive two negative lateral flow test results, 24 hours apart, on days five and six.</p>		
Management of confirmed cases of coronavirus	<p>Failure to follow PHE/ NHS Track and Trace procedures increases the likelihood of exposure to coronavirus in the setting community.</p> <p>Anxiety and dissent within the setting community</p>	Pupils and staff	Serious	<p>We note that close contacts of those testing positive with coronavirus will be identified via NHS Test and Trace. We note that we may be contacted in exceptional cases to identify close contacts.</p> <p>Records will be kept of all visitors with sufficient detail to support rapid contact tracing if required by NHS Test & Trace.</p> <p>We note the thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned. For most education and childcare settings, whichever of these thresholds is reached first:</p>	Med	Med

				<ul style="list-style-type: none"> • 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or • 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. <p>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</p> <ul style="list-style-type: none"> • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period <p>Identifying a group that is likely to have mixed closely will be different for each setting.</p> <p>We will seek public health advice if a pupil or staff member is admitted to hospital with COVID-19. Hospitalisation could indicate increased severity of illness or a new variant of concern.</p> <p>Alternatively, we will call the Department for Education's existing coronavirus (COVID-19) helpline number on 0800 046 8687, and select option 1</p> <p>For all cases relating to staff, see the guidance for workplaces: NHS Test and Trace in the workplace. Employers should call the Self-Isolation Service Hub on: 020 3743 6715 as soon as they are made aware that any of their workers have tested positive. If cases amongst staff mean a setting meets the threshold, described above, employers will need to provide the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number)</p>		
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				<p>of the person who tested positive, alongside the names of co-workers identified as close contacts. This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate.</p> <p>Where applicable we will advise temporary staff of their entitlement to <u>Test and Trace Support Payments</u>, noting that this support is only for the temporary staff who settings decide not to engage in home working and who are not being paid during self-isolation. To be eligible for a Test and Trace Support Payment, the individual must be living in England, meet the eligibility criteria and be formally advised to self-isolate by NHS Test and Trace, who will provide the individual with an NHS Test and Trace Account ID.</p> <p>We will also extend this advice to parents/ carers of children who have been asked to self-isolate as they may be applicable for this payment in some cases.</p> <p>Claiming financial support under the Test and Trace Support Payment scheme - GOV.UK (www.gov.uk)</p>		
NHS COVID-19 App	<p>Inadequate response to alerts provided by use of NHS COVID-19 App</p> <p>This guidance has been withdrawn. However, the App still remains in use so content has been retained in this risk assessment.</p>	Pupils and staff	Serious	<p>We have informed all staff and of students (secondary where applicable), to inform a member of staff if they receive a notification during the day that they had been in contact with a positive case. To support this, the notification itself will advise them that if they are under the age of 18, they should show the message to a trusted adult and obtain a PCR test.</p> <p>The staff member will then put in place the setting's agreed process, including making appropriate arrangements for the member of staff/student to leave the setting at the earliest opportunity to begin self-isolation (if unvaccinated staff member). Where staff are required to keep their phones in</p>	Med	Med

				lockers etc during the working day we have advised them to turn the tracking off whilst they are not in close proximity to their phone. See Section 4 re: Contact with an infected person and If you're told to self-isolate by NHS Test and Trace - NHS (www.nhs.uk)		
Vaccination of pupils	Pupils are unable to be vaccinated at school leading to increased rates of infection and disruption to education.	Pupils and staff	Serious	We note primary schools are not required to administer the vaccination programme. This guidance was updated in December 2021 as pupils who are twelve and over are now being offered 2 doses of vaccine. <u>COVID-19 vaccination programme for children and young people: guidance for schools - GOV.UK (www.gov.uk)</u>		
	School is targeted by those opposed to the vaccination programme. Potential for injury or distress within the school community.	Pupils and staff	Serious	We recognise that whilst primary schools are not centres for vaccination, protestors may target the school community. We have discussed potential alternative entry/access routes to the site which could be deployed if necessary to bypass any protestors. Concerns are shared with the police (101) or 999 for criminal behaviour. Staff are briefed on their roles in potential interaction with protestors bearing in mind our site is private, minimising disruption and supporting any pupils distressed by demonstration.	Low	Low
Containing any	Disruption to pupils' education	Pupils and	Serious	We note	Med	Med

local outbreak		staff		https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/923539/Remote_Education_Temporary_Continuity_Direction_-_Explanatory_Note.pdf which makes it clear that settings have a duty to provide remote education for state-funded, setting-age children unable to attend our setting due to coronavirus (COVID-19). (This came into effect from 22 October 2020 and was renewed for 2021/22) We have developed a Contingency Plan on our website to ensure that the education of affected groups of pupils is maintained in the event of increased restrictions or closure. This will include the provision of remote learning.		
	Parents/carers of a child with symptoms of coronavirus refuse to keep them at home.	Pupils and staff	Serious	We note government guidance: 'If a parent or carer of a pupil with coronavirus or with a suspected case of coronavirus insists on their child attending your setting, we will take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Our decision will be carefully considered in light of all the circumstances and current public health advice'	Med	Med
5. USE OF FACE COVERINGS						

Use of face coverings	Failure to use face covering in areas where it is difficult to maintain social distancing increases the likelihood of exposure to coronavirus in the setting community.	Pupils and staff	Serious	<p>We note 'Plan B' has been lifted but we request that face coverings are still worn inside school by visitors. We are no longer asking the school community to wear face coverings in the playground.</p> <p>Face coverings: when to wear one, exemptions, and how to make your own - GOV.UK (www.gov.uk)</p>	Med	Med
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Early Years Primary Secondary Special	Failure to use face covering in areas where it is difficult to maintain social distancing increases the likelihood of exposure to coronavirus in the school community.	Pupils and staff	Serious	<p>From 23 January 2022 following lifting of Plan B restrictions, the wearing of face coverings is an individual decision but the school supports the wearing of face coverings in communal areas</p> <p><i>Health advice continues to be that children in primary schools should not be asked to wear face coverings</i></p> <p>All phases:</p> <p><i>We would not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although settings should be sensitive to the needs of individual teachers.</i></p>	Med	Med
Safe wearing and removal of face coverings	Potential of contamination if face coverings are removed or disposed of incorrectly.	Pupils and staff	Serious	<p>A process is in place for removing face coverings when those who use face coverings arrive at school, and when face coverings are worn at school in certain circumstances. This process has been communicated clearly to staff.</p> <p>Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes</p>	Med	Med

				<p>damp, it should not be worn and the face covering should be replaced carefully.</p> <p>People will be instructed not to touch the front of their face covering during use or when removing it and they must dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin) or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom.</p>		
	<p>Students/ staff do not have face covering.</p> <p>Face covering is damaged or otherwise unsuitable for use.</p>	Pupils and staff	Serious	<p>Requirements for students to have a face covering will be communicated to parents/carers.</p> <p>It is reasonable to assume that staff and young people will now have access to face coverings due to their increasing use in wider society, and Public Health England has made available resources on how to make a simple face covering.</p> <p>However, where anybody is struggling to access a face covering, or where they are unable to use their face covering due to having forgotten it or it having become soiled or unsafe, we will take steps to have a small contingency supply available to meet such needs.</p> <p>No-one should be excluded from education on the grounds that they are not wearing a face covering.</p>	Med	Med
	Students, staff or visitors exempt from wearing a face covering	Pupils, Staff and Visitors	Serious	<p>Some individuals are exempt from wearing face coverings. This applies to those who:</p> <ul style="list-style-type: none"> cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability 	Med	Med

				<ul style="list-style-type: none"> • speak to or provide assistance to someone who relies on lip reading, clear sound or facial expression to communicate <p>The same exemptions will apply in our school; we will ensure that staff and students are aware of this and are sensitive to those needs.</p>		
Use of transparent face coverings	<p>Discomfort from use of transparent face coverings.</p> <p>Reduced likelihood of containment of virus transmission</p>	Pupils, Staff and Visitors	Serious	<p>We note guidance as follows:</p> <p>Transparent face coverings can be worn to assist communication with someone who relies on:</p> <ul style="list-style-type: none"> • lip reading • clear sound • facial expression <p>Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.</p> <p>Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.</p> <p>Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission.</p>	Med	Med

				<p>They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering.</p> <p>They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately</p> <p>We have advised staff that face visors or shields should not routinely be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in preventing aerosol transmission, and therefore in a school environment are unlikely to offer appropriate protection to the wearer.</p>		
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6. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) (A face covering is not PPE because they are not designed to protect the wearer from infection from coronavirus).

Use of Personal Protective Equipment (PPE) (Mainstream)	Incorrect use exacerbates the risk of further infection.	Pupils and staff	Serious	<p>“The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:</p> <ul style="list-style-type: none"> • children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way • if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the 	Med	Med
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				<p>supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn”</p> <p>We are complying with the above and are using our local supply chains to obtain PPE.</p> <p>We will ensure that, staff who are likely to have to support pupils in the circumstances identified above and potentially in the administration of some first aid have access to appropriate equipment and training in its correct use and disposal.</p> <p>See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911313/PHE_quick_guide_to_donning_doffing_PPE_standard_health_and_social_care_settings.pdf </p>		
Use of Personal Protective Equipment (PPE) in Special settings	Incorrect use exacerbates the risk of further infection.	Pupils and staff	Serious	<p>Increased likelihood that staff will be exposed to bodily fluids in the course of their work will mean that the use of PPE will be risk assessed and relevant equipment provided where applicable.</p> <p>The following link is used as our guidance at present: SEND and specialist settings - additional operational guidance: COVID-19 (publishing.service.gov.uk)</p>	Med	Med
7: SETTING WORKFORCE						

Staff wellbeing	Staff anxiety re: potential exposure to the virus.	All staff	Serious	Where necessary Individual discussions are held with staff to identify concerns. (NB: recognising that some could be experiencing bereavement, mental health issues, etc.). We have signposted to relevant counselling services. Including the Education Support Partnership which provides a free helpline for setting staff and targeted support for mental health and wellbeing. HR advice is available if required. We are working with the trade unions. https://www.hse.gov.uk/news/assets/docs/talking-with-your-workers.pdf	Med	Med
Staff training (including induction for supply teachers and other visiting staff).	Staff are not aware or do not understand the requirements for working safely.	All staff	Serious	In preparation for a full return on 1 September 2021 training and written instruction were provided re: operating procedures outlined in this risk assessment to all staff. This includes: <ul style="list-style-type: none"> • What to do if they suspect that they or a member of their household has coronavirus (including testing arrangements) • Day to day organisations and procedures including arrangements for cleaning, • Procedures to follow if they suspect that a child in their group is displaying coronavirus symptoms • Site security and fire safety including evacuation and lockdown procedures. Use of PPE (where applicable).	Med	Med
Individual staff requirements	Concerns from staff in identified work groups	Clinically extremely vulnerable	Fatal/ Major	We note that the government's 'Plan B' arrangements have been lifted and there is no requirement to work from home.	Med	Med

				<p><i>Guidance for schools states that ‘School leaders are best placed to determine the workforce required to meet the needs of their pupils. School leaders will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education.</i></p> <p>We have taken note of government guidance updated on 24/12/21, namely: Guidance on protecting people who are clinically extremely vulnerable from COVID-19 - GOV.UK (www.gov.uk)</p> <p>We will continue to discuss with CEV employees how they can be supported to carry out their duties in the workplace.</p>		
	Concerns from staff in identified work groups	Pregnant women	Serious	<p>We will follow the specific guidance for pregnant employees because pregnant women are considered CV. In some cases, pregnant women may also have other health conditions that mean they are considered CEV, where the advice for clinically extremely vulnerable staff will apply. We will follow the same principles for pregnant pupils, in line with our wider health and safety obligations.</p> <p>NB Further guidance and advice on coronavirus (COVID-19) and pregnancy from the Royal College of Gynaecologists.</p>	Med	Med
Use of volunteers	Potential for the introduction of coronavirus into the setting	Pupils & Staff	Serious	<p>Volunteers may be used to support the work of the setting, as would usually be the case.</p> <p>All volunteers will be expected to follow our control measures to reduce the spread of coronavirus.</p>	Med	Med
8: PUPIL WELLBEING						

Management of expectations within the setting community	Anxiety within the setting's community re: prevalence and effectiveness of infection control measures.	All members of the setting community	Serious	Our communication with parents and pupils prior to our return in September 2021 will include information about the control measures within this risk assessment. Government guidance for parents is available at: What parents and carers need to know about early years providers, settings and colleges - GOV.UK (www.gov.uk)	Med	Med
Individual pupil medical requirements	Increased likelihood of serious illness resulting from exposure to coronavirus.	Extremely clinically vulnerable pupils (shielded)	Fatal/ Major	All CEV pupils should attend their setting unless they are one of the very small number of pupils under paediatric or other specialist care and have been advised by their GP or clinician not to attend. Where a pupil is unable to attend our setting because they are complying with clinical or public health advice, we will immediately offer them access to remote education. settings should keep a record of, and monitor engagement with this activity but this does not need to be formally recorded in the attendance register. Where children are not able to attend our setting as parents are following clinical and/or public health advice, absence will not be penalised.	Med	High
9: PROVISION OF FIRST AID AND ADMINISTRATION OF MEDICATION						
Provision of first aid	Inadequate first aid treatment exacerbates injury or pre-existing conditions.	Pupils and staff	Serious	We will revert to our substantive risk assessment which includes control measures to ensure that suitably qualified staff are available at all times. We will ensure a member of staff with a full PFA certificate is on site at all times when children are present, as set out in the EYFS.	Med	Med

Administration of medication	Illness or injury to those who are unable to access their medication	Pupils and staff	Fatal/ major	Setting procedures for the administration of prescription and controlled medication will continue to apply.	Med	High
10: LETTINGS						
Lettings	Setting control measures re: cleaning etc are compromised leading to increased risk of infection, expense and possible reputational damage.	Pupils Staff Wider community	Serious	<p>We will ensure that all users of our premises adhere to the control measures set out in this risk assessment. This will include ensuring that effective cleaning is maintained and additional ventilation measures do not compromise site security.</p> <p>Where opening up setting leisure facilities for external use, we will do so in line with government guidance on working safely during coronavirus (COVID-19) for providers of grassroots sport and gym or leisure facilities.</p>	Med	Med
	Failure to meet legal obligations re: track and trace	Pupils Staff Wider community	Serious	<p>NOTE: Providers are no longer required to collect participants' contact details, or keep records of your staff and visitors.</p> <ul style="list-style-type: none"> • However, you are advised to continue to display an NHS QR code for participants wishing to check in using the app, to support NHS Test and Trace. You do not have to ask participants to check in, or turn them away if they refuse. • If you display an NHS QR code, you should also have a system to collect (and securely store) names and contact details for those who ask to check in but do not have the app. 	Med	Med
11: EDUCATIONAL VISITS						

Educational visits	Exposure to infection from inadequate social distancing etc	Pupils and staff	Serious	<p>We will give careful consideration to any restrictions in place in other home nations – Wales, Scotland and Northern Ireland.</p> <p>We will follow local Public Health advice and liaise closely with our transport provider and intended hosts then undertake full and thorough risk assessments in relation to all educational visits to ensure they can be undertaken safely. As part of this risk assessment, we will consider what control measures need to be used to reduce the risk of exposure to coronavirus and follow wider advice on visiting indoor and outdoor venues.</p> <p>OEAP National Guidance will be followed (see Contents (oeapng.info))</p> <p>We note government recommendation (2/1/22) to consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK.</p>	Med	Med
12: SCHOOL RECEPTION AREAS						
School Reception areas	Exposure to infection from inadequate social distancing: visitors to setting.	Pupils and staff	Serious	<p>Signage has been erected to advise visitors of hygiene protocols.</p> <p>Staff signing in arrangements - sanitiser available to clean hands after use.</p> <p>Hand sanitiser will be provided to all persons entering premises with signage to explain control measures etc.</p>	Med	Med

	Violence and aggression towards setting staff causes injury and distress	Pupils and staff	Serious	<p>We will maintain transparency and regular contact with all members of the setting community.</p> <p>Regular briefings/updates for all staff so that they are aware of setting response to the COVID 19 virus and can communicate consistently to those who ask.</p> <p>Readiness to deploy the range of behaviour remedies if behaviour becomes unacceptable from warning to full banning from site/sect 547 warnings/action.</p>	Med	Med
13: AFTERSCHOOL AND BREAKFAST CLUBS						
Afterschool and Breakfast Clubs	Arrangements for infection control, social distancing etc are not practised at Breakfast and Afterschool Club thus increasing the risk of infection within the setting community.	All members of the setting community	Serious	<p>Updated guidance for operating may be found as follows:</p> <p>OOSS Omicron guidance December 1412 (publishing.service.gov.uk)</p> <p>Where the school is the provider:</p> <p>Control measures re: hygiene, cleaning, ventilation etc. set out above will be followed.</p>	Med	Med
14: SCHOOL PERFORMANCES (This is not specifically included in government guidance for schools – please see link below for further information re potential control measures).						
School Performances and other large gatherings	Exposure to and increased opportunity for transmission of coronavirus within the school community.	All members of school community	Serious	<p>Large gatherings eg for assemblies will be limited and classes that have several cases of Covid will have assemblies in class until numbers decrease.</p> <p>Performances in schools can take place in front of live audiences, subject to Covid-secure measures being in place. See the Government's guidance on performing arts for more advice.</p>	Med	Med

				<p>Events and attractions - Working safely during coronavirus (COVID-19) - Guidance - GOV.UK (www.gov.uk)</p> <p>In deciding whether to admit parents/ carers to a school performance we will:</p> <ul style="list-style-type: none"> • Consider holding the performance outside • Ask parents/carers to carry out a Lateral Flow Test at home prior to attending and/or produce a 'COVID Passport' (if relevant attendance thresholds are met - see below). • Limit numbers and space out seating. • Ask the audience to wear face coverings. • Ensure the performance space is well ventilated. <p>Mandatory certification</p> <p><i>Schools are not required to use the NHS COVID Pass, unless they are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds. Where applicable, schools should follow guidance on mandatory certification for events. Under 18s are exempt from showing their COVID Status but should be counted towards attendance thresholds.</i></p> <p><i>Under government guidelines we will not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training.</i></p>		
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				Using your NHS COVID Pass for travel abroad and at venues and settings in England - GOV.UK (www.gov.uk)		
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Action plan:

What is the Hazard you need to Control? (Medium to high from the risk rating above)	What additional precautions do you need to either eliminate or reduce the risk to an acceptable level?	Who is responsible for implementing these controls?	When are these controls to be implemented (Date)?	When were these controls implemented (Date)?
CEV staff Pregnant staff and volunteers	<p>We have taken note of government guidance issued on 24/12/21, namely: Guidance on protecting people who are clinically extremely vulnerable from COVID-19 - GOV.UK (www.gov.uk)</p> <p>We will continue to discuss with CEV employees how they can be supported to carry out their duties in the workplace. On-going risk assessments are discussed with CEV staff annually and as and when changes occur.</p>	Head	In place	2022
CEV pupils	<p>Where a pupil is unable to attend our setting because they are complying with clinical or public health advice, we will immediately offer them access to remote education. settings should keep a record of, and monitor engagement with this activity but this does not need to be formally recorded in the attendance register.</p> <p>Where children are not able to attend our setting as parents are following clinical and/or public health advice, absence will not be penalised.</p>	Head	In place	2022

Table 1: Definitions

Potential Severity of Harm	Meaning of the harm description	Likelihood/Probability of Harm	Meaning of likelihood/probability
Fatal/Major Injury	Death, major injuries or ill health causing long term disability/absence from work.	High (Likely/probable)	Occurs repeatedly/ to be expected.
Serious Injury	Injuries or ill health causing short-term disability/absences from work (over three days absence)	Medium (possible)	Moderate chance/could occur sometimes.
Minor Injury	Injuries or ill health causing no significant long-term effects and no significant absence from work.	Low (unlikely)	Not Likely to occur

Table 2: Risk rating matrix: Potential severity of harm + Likelihood/ probability of Harm = Risk rating

	High (Likely/Probable)	Medium (Possible)	Low (Unlikely)
Fatal/Major Injury	VERY HIGH	HIGH	MEDIUM
Serious Injury	HIGH	MEDIUM	LOW
Minor Injury	MEDIUM	LOW	LOW

Table 3: Action required: Key to ranking and what action to take

VERY HIGH Risk	STOP ACTIVITY! Take action to reassess the work/activity and apply reduction hierarchy before proceeding.
HIGH Risk	Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue.
MEDIUM Risk	Implement all additional precautions that are not unreasonably costly or troublesome within an agreed timeframe. Reduce risk to a tolerable level.
LOW Risk	Monitor and review your rolling programme.