# **Risk Assessment Covid-19**

Step 1: Identify the hazards. Step 2: Decide who might be harmed and how. Step 3: Evaluate the risks and decide on precautions. Step 4: Record your findings and implement them. Step 5: Review your assessment periodically and where there have been significant changes or any learning from accidents / incidents or work-related ill health. Risks should be reduced to as low as reasonably practicable.

When managing hazards and risks, the Hierarchy of Controls must be applied (working top down):

- Elimination The hazard, task or activity is physically removed or abandoned (e.g. avoiding contact with anyone with symptoms)
- Substitution
   Replace a material or process with a less hazardous one
- Engineering Controls Isolate staff, pupils, visitors from the hazard (demarcation, physical barriers)
- Administrative Controls Identify and implement procedures to maximise safe working (management of social distancing, hygiene protocols)
- **Personal Protective Equipment (PPE)** Only to be considered if measures above would be ineffective to control risks.

Schools may need to consider starting with smaller group settings to ensure that control arrangements put in place work in practice. Unlike older children and adults, early years and primary age children cannot be expected to remain 2 metres apart from each other and staff. In deciding to bring more children back to early years and schools, this should be taken into account. Schools should therefore work through the hierarchy of measures set out above to determine pupil ratios for each classroom. Appropriate staffing levels should also be determined.

Having assessed their risk, schools must work through the **system of controls**, adopting measures in a way that addresses the risk identified in their assessment, works for their school, and allows them to deliver a broad and balanced curriculum for their pupils, including full educational and care support for those pupils who have SEND. If schools, follow the guidance set out here they will effectively reduce risks in their school and create an inherently safer environment. <a href="https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#A">https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#A</a>

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Activity/Person/Location	Managing COVID-19 risks	Кеу	Resultant Risk Rating Please tick
Service Area	City Academy Bristol		High
Head Teacher	Rosanna Radlinska-Tyma	potential spread of COVID-19	- ngn
Assessor(s) including		, Cr. Hygiene protocols to minimise	Medium
employee representative		potential spread of COVID-19	Wedium
Date of assessment	05/09/2023	Additional considerations to	
Review date	According to DfE guidance	manage and control risk	Low (normal)

Risk rating to be applied by each school following implementation of control measures. Select a risk rating to reflect the overall risk once control measures are in place. You are aiming to ensure that the risk is as low as reasonably practicable (ALARP)

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
1. There is a confirmed case of coronavirus in a setting	Staff, pupils, contractors, visitors Possible transmission of the virus between staff to staff, Staff to pupil, pupil to pupil and into the wider community. However, transmission of virus between pupil to pupil and between pupil to staff is negligible. People can catch the virus from others who are infected in the following ways:	<ul> <li>Protocol in place in line with <u>Guidance for schools and educational settings</u> contains detailed guidance for settings on: cleaning, testing and tracing, PPE and what settings should do in response to a case being confirmed. Schools should refer to this guidance and continue to follow measures, along with handwashing, cleaning, and self-isolation to lower the risk of transmission.</li> <li>If there is a confirmed case of coronavirus (a child, young person or a staff member) in a setting, they should be sent home and advised to self-isolate for 7 days. Their fellow household members should self-isolate for 10 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus and are strongly encouraged to get tested in this scenario. Employee refusal to arrange a test will need to be discussed with the manager and the employee. Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation. Stay at home guidance is available <u>here</u>.</li> </ul>	Please consult the new guidance on Schools opening to carry out this risk assessment. Headteacher to be updated regarding result of any tests administered. Results to be recorded by school office	Head teacher	immed iately	

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	<ul> <li>virus moves from person-to- person in droplets from the nose or mouth spread when a person with the virus coughs or exhales</li> <li>the virus can survive for up to 72 hours out of the body on surfaces which people have</li> </ul>	<ul> <li>should be sent home and advised to self-isolate for 10 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.</li> <li>If a child with symptoms is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 1 meter away from other people.</li> <li>If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before</li> </ul>				
	<ul> <li>coughed on, etc</li> <li>people can pick up the virus by breathing in the droplets or by touching contaminated surfaces and then touching their eyes or mouth</li> <li>Exposure to the virus may result mild or moderate symptoms e.g. coughing, fever or shortness of breath, more severe symptoms include pneumonia in both lungs which can lead to</li> </ul>	<ul> <li>being used by anyone else.</li> <li>PPE must be worn by staff caring for the child while they await collection if a distance of 1 meter cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the <u>safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)</u> guidance.</li> <li>Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive or they have been requested to do so by NHS Test and Trace.</li> <li>Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.</li> </ul>				

death. The children are generally asymptomatic or have mild symptoms sonly and the transmission rate to other children or adults is low or negligibleIn case of an outbreak (please see definitions below), contact the local Public health team and PHE London Coronavirus Response Cell (LCRC), tel: 0300 303 0450HT to contact LCRCThey willThey will• Give initial advice when there is a person with confirmed coronavirus in a high-risk setting • Want organisations to notify them of all confirmed (test positive) cases in high risk local settings (notifications to be made via LCRC@phe.gov.uk <mailto:lcrc@phe.gov.uk </mailto:lcrc@phe.gov.uk  or call 03003030450)• If PHE confirm that there is an outbreak in any setting, they will still:	What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
Covid-19 Outbreaks on site <ul> <li>Support setting to complete a risk assessment</li> <li>Run through infection prevention and control check list</li> <li>Support with communications, if needed</li> <li>Alert local authority public health team who will provide ongoing support.</li> <li>Establish a multi-agency incident management team (if required)</li> </ul> <li>Undertake a <b>Risk Assessment</b></li> <li>Where settings are observing guidance on <u>COVID-19: infection</u> prevention and control (IPC), which will reduce risk of transmission, closure of the whole setting will not generally be necessary.</li> <li>Outbreak definition as follows. COVID-19 Education Setting Cluster and Outbreak Definitions.</li> <li>Cluster definition: Two or more confirmed cases of COVID-19 among students or staff</li>		death. The children are generally asymptomatic or have mild symptoms only and the transmission rate to other children or adults is low or	<ul> <li>the local Public health team and PHE London Coronavirus Response Cell (LCRC), tel: 0300 303 0450</li> <li>They will</li> <li>Give initial advice when there is a person with confirmed coronavirus in a high-risk setting</li> <li>Want organisations to notify them of all confirmed (test positive) cases in high risk local settings (notifications to be made via LCRC@phe.gov.uk</li> <li>or call 03003030450)</li> <li>If PHE confirm that there is an outbreak in any setting, they will still: <ul> <li>Support setting to complete a risk assessment</li> <li>Run through infection prevention and control check list</li> <li>Support with communications, if needed</li> <li>Alert local authority public health team who will provide ongoing support.</li> <li>Establish a multi-agency incident management team (if required)</li> </ul> </li> <li>Undertake a Risk Assessment</li> <li>Where settings are observing guidance on COVID-19: infection prevention and control (IPC), which will reduce risk of transmission, closure of the whole setting will not generally be necessary.</li> <li>Outbreak definition as follows. COVID-19 Education Setting Cluster and Outbreak Definitions:</li> </ul>	Outbreak management plan Contact Local Public Health Team and LCRC in case of an outbreak. Please visit the council's website to access the Outbreak Action Cards			

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	harmed and	What are you already doing?           OR           Increase in the background rate of absence due to suspected or confirmed cases of COVID-19 (does not include absence rate due to individuals shielding or self-isolating as contacts of cases).           Outbreak definition:           Two or more confirmed cases of COVID-19 among students or staff who are direct close contacts, proximity contacts or in the same cohort* in the school within 14 days.           *a cohort might be in a class, year group or other defined group within the school. This definition aims to distinguish between transmission occurring in the community verses transmission occurring within the education setting.           The NHS Test and Trace programme will play an important role in helping to minimise the spread of coronavirus in the future. It will also include more traditional methods of contact tracing if a child, young person or parent test positive.           Schools must ensure they understand the NHS Test and Trace process and how to contact their local Public Health England health protection team. Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:           • book a test if they are displaying symptoms. Staff and pupils must not come into the school if they have symptoms and must be sent home to self-isolate if they develop them in school. All children can be tested, including children under 5, but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit		by	by	
		<ul> <li>provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace</li> <li><u>self-isolate</u> if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who</li> </ul>				

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		tests positive for coronavirus (COVID-19)				
		Coronavirus testing is now available to everyone in England and Wales with symptoms (a new, continuous cough; high temperature; or a loss of or change in your normal sense of smell or taste)				
		The following categories experiencing symptoms of coronavirus are encouraged to get tested				
		<ul> <li>All children and adults England (any age)</li> <li>In children under 5 the preferred route is via clinical advice and testing</li> </ul>				
		<ul> <li>5-11-year olds can only have the test administered by a parent/guardian</li> </ul>				
		<ul> <li>12-17-year olds can self-administer a test or have their parent/guardian do so on their behalf.</li> </ul>				
		How to book a test				
		<ul> <li>People can register for a test at <u>www.nhs.uk/coronavirus</u>, after checking their symptoms.</li> </ul>				
		• Those who do not have any access to the internet, or who have difficulty with the digital portals, can ring a new <b>119</b> service to book their test. People with hearing or speech difficulties can call 18001 119.				
		• Tests for essential workers are prioritised over the tests available for the wider public through the NHS.				
		<ul> <li>If you are an essential worker, or live with an essential worker you can apply via the <u>testing for essential workers</u> link</li> </ul>				
		<ul> <li>The <u>list of essential workers</u> is available here.</li> </ul>				
		When to apply for a test				
		• Apply within the first 3 days of having symptoms. The test is best taken within 5 days of symptoms starting.				
		Schools should ask parents and staff to inform them immediately of the results of a test to take appropriate actions as highlighted in section 1 above.				

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3. Contingency Plan to deal with an outbreak	Staff, Pupils, visitors, contactors (Risk - as set out in section 1)	<ul> <li>If a local are a sees a spike in infection rates that is resulting in localised community spread, appropriate authorities will decide which measures to implement to help contain the spread. The Department for Education will be involved in decisions at a local and national level affecting a geographical area, and will support appropriate authorities and individual settings to follow the health activity.</li> </ul>	Outbreak management plan in place			
		<ul> <li>advice.</li> <li>For individuals or groups of self-isolating pupils, remote education plans will be put in place. These should meet the same expectations as those for any pupils who cannot yet attend school at all due to coronavirus (COVID-19). See guidance on <u>remote education support</u>.</li> <li>In the event of a local outbreak, the PH health protection team or local authority may advise a school or number of schools to close temporarily to help control transmission. Schools will also need a contingency plan for this eventuality. This may involve providing remote education for all pupils.</li> </ul>	Whole school contingency plan including academic and pastoral arrangements for all year groups to be finalised before September return.			
4. Communication strategy (communication to parents / guardians)	Staff, Pupils, visitors, contactors (Risk - As set out in section 1)	<ul> <li>Protocol in place and includes:</li> <li>Advise parents that if their child needs to be accompanied to the education or childcare setting, only one parent should attend</li> <li>If parents of pupils with significant risk factors are concerned, we</li> </ul>	HT to outline expectation in letter to parents			
		<ul> <li>recommend schools discuss their concerns and provide reassurance of the measures they are putting in place to reduce the risk in school</li> <li>Advise parents and young people their allocated drop off and collection times and the process for doing so, including protocols for minimising adult to adult contact (for example, which entrance to use)</li> </ul>				
		<ul> <li>Make clear to parents that they cannot gather at entrance gates or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely)</li> <li>Those positive with Covid-19 or symptoms - phone or email notification to be urgently made to the school and affected</li> </ul>				

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		<ul> <li>persons to stay away from site until required isolation periods have passed.</li> <li>Parents to be advised to follow guidance below.</li> <li><u>COVID-19</u>: guidance for households with possible coronavirus infection guidance</li> <li>Please add any additional specific arrangements applicable to your school.</li> <li>Additional Notes</li> </ul>				
5. Shielded and clinically vulnerable Groups including those who are pregnant.	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>All staff to alert Headteacher when breaches or concerns arise regarding parents/ carers adherence to expectations</li> <li>From 1 August , the government will pause shielding unless the transmission of COVID-19 in the community starts to rise significantly.</li> <li>a small number of pupils will still be unable to attend in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19)</li> <li>shielding advice for all adults and children will pause on 1 August, subject to a continued decline in the rates of community transmission of coronavirus (COVID-19). This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family</li> </ul>	If parents of pupils with significant risk factors are concerned, we recommend schools discuss their concerns and provide reassurance of the measures they are putting in place to reduce the risk in school. Schools should be clear with parents that pupils should be in school unless a			
SEND pupils		<ul> <li>members who are shielding. Read the current advice on shielding</li> <li>if rates of the disease rise in local areas, children (or family members) from that area, and that area only, will be advised to shield during the period where rates remain high and therefore they may be temporarily absent (see below).</li> <li>some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Child Health at COVID-19 - 'shielding' guidance for children and young people.</li> <li>Please read <u>COVID-19</u>: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for</li> </ul>	statutory reason applies (e.g a pupil is unable to attend because of sickness, is absent for a necessary religious observance etc.).			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
Black, Asian and Minority Ethnic (BAME) and clinically vulnerable groups	UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionately affected by COVID-19.	<ul> <li>Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education.</li> <li>Following the reduction in the prevalence of coronavirus (COVID-19) and relaxation of shielding measures from 1 August, we expect that most staff will attend school.</li> <li>It remains the case that wider government policy advises those who can work from home to do so. We recognise this will not be applicable to most school staff, but where a role may be conducive to home working, for example some administrative roles, school leaders should consider what is feasible and appropriate.</li> <li>Where schools apply the full measures in this guidance the risks to all staff will be mitigated significantly, including those who are extremely clinically vulnerable and clinically vulnerable. We expect this will allow most staff to return to the workplace, although we advise those in the most at risk categories to take particular care while community transmission rates continue to fall.</li> <li>Advice for those who are clinically vulnerable, including pregnant women, is available.</li> <li>Individuals who were considered to be clinically extremely vulnerable and received a letter advising them to shield are now advised that they can return to work from 1 August as long as they maintain social distancing. Advice for those who are extremely clinically vulnerable can be found in the guidance on shielding and protecting people who are clinically extremely vulnerable for COVID-19.</li> <li>Pupil local individual SEND care plans and risk assessments (where in place) reviewed regularly. To include the need for possible close contact may be necessary (for example personal care) appropriate PPE to be worn. This would include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the individual is coughing, spitting.</li> </ul>	School leaders should be flexible in how those members of staff are deployed to enable them to work remotely where possible or in roles in school where it is possible to maintain social distancing. People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.			

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		<ul> <li>use PPE correctly</li> <li>Risk assessment undertaken with BAME staff members using 'appendix 1' of this document.</li> </ul>	HT re additional risk assessment			
6. Entry to school premises	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>Traffic management plan revised to ensure pedestrian / vehicle separation is maintained. Particular consideration given where queuing areas are introduced</li> <li>Schools should consider well in advance future events, including parents evenings – how they will be managed in terms of COVID-19 arrangements</li> <li>1-metre demarcation on school entry approaches</li> <li>Supervision of queues by nominated staff members</li> <li>Controlled entry to building</li> <li>Staff supervising entry to school to follow social distancing guidelines</li> <li>Staff maintaining distance from pupils and other staff as much as possible</li> <li>It is expected that every member of staff and every student will take a LFT before entering the school premises</li> </ul>	<ul> <li>Information / protocol on safe entry to be disseminated to parents / carers / contractors</li> <li>Staff training on protocols</li> <li>Advice / instruction on social distancing / hygiene and cleaning practices</li> </ul>			
		<ul> <li>Clean hands thoroughly more often than usual. Hand washing / sanitisation stations (ideally soap and water to minimises possible adverse dermatological effects) at point of entry to school. All people entering the school must sanitise hands prior to entry. (20 seconds minimum recommended for washing with soap and water)</li> <li>Staff trained on hygiene protocols to eliminate cross-infection risks.</li> <li>Enhanced cleaning, including cleaning frequently touched</li> </ul>	Staff will continue to be provided with and use cleaning and sanitising materials.			

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		<ul> <li>surfaces often, using standard products such as detergents and bleach</li> <li>Age appropriate instruction provided to pupils on hand washing methods.</li> <li>Public Health England does not (based on current evidence) recommend the use of face coverings in schools. They are not required in schools as pupils and staff are mixing in consistent groups, and because misuse may inadvertently increase the risk of transmission. There may also be negative effects on communication and thus education. Face coverings are required at all times on public transport (for children over the age of 11) or when attending a hospital as a visitor or outpatient.</li> <li>Schools should also have a process for removing face coverings when pupils and staff who use them arrive at school and communicate it clearly to them. Pupils must be instructed not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered 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. Guidance on safe working in education, childcare and children's social care provides more advice.</li> <li>To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues, and PPE:</li> <li>put it in a plastic rubbish bag and tie it when full</li> <li>place the plastic bag in a second bin bag and tie it</li> <li>put it in a suitable and secure place marked for storage for 72 hours</li> <li>Waste to be stored safely and securely kept away from children.</li> </ul>	Supervision of student entry to ensure guidance is followed			
7. Reception areas	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>Telephone appointments/emails to office where possible to minimise queues at reception</li> <li>Screens in place to separate staff and/or demarcation to maintain safe distancing</li> </ul>	<ul> <li>Expectation outlined in letter to parents</li> <li>Queuing to be minimised where reasonably practicable</li> </ul>			

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		<ul> <li>Notices to maintain social distancing displayed         <ul> <li>Sanitisation / hand washing protocols to be observed when handling deliveries.</li> <li>Enhanced cleaning regime in place at reception and all school settings in line with <u>COVID-19</u>: cleaning of non-healthcare settings guidance</li> <li>Hand washing poster displayed</li> <li>Contractors and delivery companies should have safe systems of work risk assessment and Covid 10 secure arrangements</li> </ul> </li> </ul>	Obtain information from a host school about possible contractors on			
8. Corridors / staircases	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>work, risk assessment and Covid-19 secure arrangements.</li> <li>Social distancing guidelines to be observed and monitored by nominated staff members</li> <li>While passing briefly in the corridor or playground is low risk, schools should avoid creating busy corridors, entrances and exits.</li> <li>Schools should also consider staggered break times and lunch times (and time for cleaning surfaces in the dining hall between groups).</li> <li>Demarcation of 1-metre distance where queuing is likely</li> <li>Pictorial notices to maintain social distancing displayed</li> <li>One-way systems introduced where reasonably practicable</li> <li>Staff and students to wear masks at all times (exempts excluded)</li> <li>U</li> <li>U</li> <li>Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach</li> </ul>	<ul> <li>Reduce need for children to regularly leave the classroom where possible (containment/non mixing)</li> <li>Where corridor use is required, consider release of a classroom at a time and stagger to reduce traffic and avoid spread of infection.</li> </ul>			
9. Classrooms	Staff, pupils, contractors, Visitors	How contacts are reduced will depend on the school's circumstances and will <b>(as much as possible</b> ) include:	<ul> <li>Keep the same teacher with the same pupil group</li> </ul>			

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	(Risk - as set out	•	grouping children together	Whole school planning			
	in section 1)	•	avoiding contact between groups	accounts for			
		٠	arranging classrooms with forward facing desks				
		•	staff maintaining distance from pupils and other staff as much as	There will be a consistent,			
			possible	forward facing layout in all			
		•	staff and students to wear masks at all time (exempts excluded)	classrooms			
		٠	Schools should make small adaptations to the classroom to				
			support distancing where possible. That should include seating				
			pupils side by side and facing forwards, rather than face to face or	Staff to maintain a social			
			side on, and might include moving unnecessary furniture out of	distance of 2 metres at all			
			classrooms to make more space. Social distancing guidelines to be applied and monitored by	times with students and			
		•	nominated staff members	other staff.			
			The group should be kept apart from other groups where possible	Students arranged in year			
			and older children should be encouraged to keep their distance	group 'bubbles' with			
			within groups and not to touch staff and their peers where	designated learning areas			
			possible.				
		•	Schools with the capability to do it should take steps to limit				
			interaction, sharing of rooms and social spaces between groups				
			as much as possible.				
		•	When using larger groups, the other measures from the system of				
			controls become even more important, to minimise transmission				
			risks and to minimise the numbers of pupils and staff who may				
			need to self-isolate. It is recognised that younger children will not	Social distancing within			
			be able to maintain social distancing, and it is acceptable for them	bubbles will be applied			
			not to distance within their group. Approaches of separating groups and maintaining distance are	when possible			
		•	not 'all-or-nothing' options and will still bring benefits even if				
			implemented partially. Some schools may keep children in their				
			class groups for the majority of the classroom time, but also allow				
			mixing into wider groups for specialist teaching, wraparound care				
			and transport. Siblings may also be in different groups.				
			Endeavouring to keep these groups at least partially separate and				
			minimising contacts between children will still offer public health				
			benefits as it reduces the network of possible direct transmission.				
		•	Children to remain in allocated classroom team 'bubbles' where possible.				
		•	Pictorial notices to maintain social distancing displayed				
		•	In order to minimise social distancing and hygiene risk through				

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		<ul> <li>conducting visits with pupils out of school and to provide a full educational experience, schools through their risk assessment can develop COVID-19 hygiene and social distancing programmes that will allow them to bring in guest speakers to deliver bespoke education to pupils.</li> <li>T.T.</li> <li>Increased natural ventilation / avoid rooms with no natural ventilation where possible</li> <li>Hand washing poster displayed</li> <li>Classroom based resources, such as books and games, can be used and shared within the bubble; these should be cleaned regularly, along with all frequently touched surfaces.</li> <li>Soft play / furnishing and items with intricate parts removed)</li> </ul>	Ensure all relevant signage is in place			
		<ul> <li>Soft play / furnishing and items with inficate parts removed)</li> <li>Increased cleaning frequencies of hard surfaces / emptying of bins</li> <li>Minimise sharing / touching of items</li> <li>Adequate tissues are available to clear up spills and to catch sneezes in line with Catch it / Bin it / Kill lit advice</li> <li>Items to be sanitised before sharing (including PCs) / re-use by another person</li> <li>Teachers make sure they wash their hands and surfaces, before and after handling pupils' books.</li> </ul>	Classrooms to have windows and doors open whenever possible All classrooms to have sanitising products in place. Students to wash hands as frequently as possible during the day			
			Students to have individual stationary sets to minimise sharing of equipment All classrooms to have tissue supply			
10. Lunch times	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>Staggered lunch times</li> <li>Social distancing guidelines to be applied</li> <li>Children to remain in allocated classroom or year group 'bubbles' as appropriate</li> </ul>	Utilise outdoor spaces where practicable     Sanitising products     available for students     during food service			

What are the hazards?	Who may be harmed and how? (risk)	harmed and What are you already doing? how? (risk)		Actions by whom?	Action by when?	Date Completed
11. Hall / assemblies	Staff, pupils, Contractors, Visitors (Risk - as set out in section 1)	<ul> <li>Adequate supervision ratios to enforce social distancing guidelines</li> <li>Children to remain in allocated classroom team 'bubbles'</li> <li>One-way systems introduced where reasonably practicable</li> <li>Staff and students to wear masks at all times (exempts excluded)</li> <li>         If and washing / sanitisation prior to food consumption – children to be supervised     </li> <li>Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach</li> <li>Minimise sharing of items</li> <li>Items to be washed / sanitised before sharing / re-use by another person</li> <li>         Groups should be kept apart, meaning that schools should avoid large gatherings such as assemblies or collective worship with more than one group.         General hall use         Social distancing guidelines to be applied for all general activity         Adequate supervision ratios         Pictorial notices to maintain social distancing displayed         One-way systems introduced where reasonably practicable         Staff and students to wear masks at all times (exempts excluded)         If and students to wear masks at all times (exempts excluded)      </li> </ul>	Assemblies will only be conducted within bubbles. Online where possible Halls will be cleaned between usages across bubbles			
12. Toilets	Staff, pupils, Contractors, visitors (Risk - as set out	<ul> <li>surfaces often, using standard products such as detergents and bleach</li> <li>Different groups do not need to be allocated their own toilet blocks, but toilets will need to be cleaned regularly and pupils</li> </ul>	To consult a host school			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
	in section 1)	<ul> <li>must be encouraged to clean their hands thoroughly after using the toilet</li> <li>Controlled entry determined locally</li> <li>Pictorial notices to maintain social distancing displayed</li> <li>Children to remain in team 'bubbles'</li> <li>Staff WC use managed locally (including class times)</li> <li>Staff and students to wear masks at all time (exempts excluded)</li> <li>Tr</li> <li>Hand washing protocol increased to before and after use of toilet facilities (20 seconds minimum recommended)</li> <li>Hand washing poster displayed in all WCs</li> <li>Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach</li> </ul>				
<ul><li>13.</li><li>Staff Areas</li><li>Staff rooms</li></ul>	Staff, contractors, visitors, (Risk - as set out in section 1)	<ul> <li>Although the transmission between children to children and children to adults is minimal or negligible but transmission between adult to adult is high. Therefore, all measures should be taken such as social distancing at 1 meter, frequent hand washing and enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach</li> <li>Schools should also plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimized, although staff must still have a break of a reasonable length during the day.</li> <li>Social distancing guidelines to be strictly applied (including in office / staff rooms / meeting rooms / inhabited spaces)</li> <li>Conduct meetings where possible via Skype / Teams</li> <li>Staff to wear masks at all times (exempts excluded)</li> </ul>	Meetings conducted online when possible Staff communal areas to observe strict social distancing Staff vigilance regarding staff to staff social distance and report any concerns to HT			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		<ul> <li>Increased cleaning frequencies of hard surfaces</li> <li>Hand washing poster displayed</li> <li>Minimise sharing of items</li> <li>Increased natural ventilation</li> <li>Items to be sanitised before sharing / re-use by another person</li> <li>Handwashing /sanitisation protocols to be followed</li> </ul>				
14. Pupil break times	Staff, pupils, visitors (Risk - as set out in section 1)	<ul> <li>Staggered break times</li> <li>Social distancing guidelines to be applied</li> <li>Adequate supervision ratios to enforce social distancing guidelines</li> <li>Rotate indoor / outdoor play to minimise contact</li> <li>One-way systems introduced where reasonably practicable</li> <li>Staff and students to wear masks when indoors (exempts excluded)</li> <li>C</li> <li>Prevent / reduce use of outdoor play equipment wherever possible as the virus lasts longer on metal surfaces</li> <li>Soft play items removed (early years settings)</li> <li>Sanitisation upon re-entry to classroom</li> <li>Water fountains taken out of use – individual beakers to be used</li> <li>Increased Hygiene protocols introduced including enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach</li> </ul>	Each year group bubble to be given a designated break time. Times to be staggered.			
15. Home time / egress from school premises	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>1-meter demarcation on school egress</li> <li>Pictorial notices to maintain social distancing displayed</li> <li>Supervision of queues by nominated staff members</li> </ul>	Implemented in arrival and departure procedure	Rosann a Radlinsk a-Tyma	18/09/ 2021	

What are the hazards? Who may be harmed and how? (risk)		What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		<ul> <li>Controlled egress from building</li> <li>Staff supervising egress to follow social distancing guidelines</li> <li>T</li> <li>Normal personal hygiene and washing of clothes</li> </ul>				
16. Fire drills / Emergency situations	Staff, pupils, Contractors, visitors (Risk - as set out in section 1)	<ul> <li>Adequate numbers of trained staff to safely evacuate all personnel on the school premises</li> <li>Demarcation of safe distancing in place at assembly points in line with social distancing guidelines (1 meter) where reasonably practicable</li> <li>Staff and students to wear masks indoors (exempts excluded) </li> <li>+</li> <li>Upon discovery of an actual fire, immediate evacuation of the building in a safe and controlled manner will be essential. Evacuation is the priority, in this circumstance social distancing may need to be relaxed to enable quicker evacuation.</li> </ul>	Social Distance procedures suspended in event of fire. Reinstated at muster point.			
17. First Aid	Staff, pupils, visitors (Risk - as set out in section 1)	<ul> <li>Adequate numbers of trained staff to administer First Aid</li> <li>Check First aid boxes content and facilities available</li> <li></li></ul>	Training in place for First Aid team prior to opening	Artemid a Bury, Gabriela Tryjanko wska	Firt Aid refresh er course by 31 August 2021	09.08.2021

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		<ul> <li>If not possible, the principles for the Hierarchy of Risk should be applied, using measures such as physical barriers and alternative working practices</li> <li>Where other safe working systems alone may not be feasible or insufficient, as a final measure, use of PPE based on risk assessment</li> <li>For resuscitation - only deliver CPR by chest compressions and use a defibrillator (if available) <b>DON'T</b> do rescue breaths. HSE first-aid guidance can be found <u>here</u>.</li> <li>Please read COVID-19: guidance for first responders</li> <li>Contact the health and safety team if it is suspected that a staff member at work has been diagnosed as having COVID-19 attributed to an occupational exposure (not societal) to coronavirus (needs to be evidence based)</li> <li>Management and staff must read and follow manufactures instructions on how to use PPE correctly. Guidance on PPE and the correct fitting of face masks can be found <u>here</u>.</li> </ul>				
18. School Trips	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>As part of this risk assessment, schools will need to consider what control measures need to be used and ensure they are aware of wider advice on visiting indoor and outdoor venues. Schools should consult the health and safety guidance on educational visits when considering visits.</li> <li>In order to minimise social distancing and hygiene risk through conducting visits with pupils out of school and to provide a full educational experience, schools through their risk assessment can develop COVID-19 hygiene and social distancing programmes that will allow them to bring in specialist subject teachers to deliver bespoke education to pupils.</li> </ul>	assessments in place where appropriate for non overnight school trips			
19. Fire	Staff, pupils, contractors, visitors	<ul> <li>Fire risk assessment and Emergency Evacuation Plans revised to</li> </ul>	To follow a host			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
	Smoke inhalation, exposure to heat	<ul> <li>take into account areas which may not be in use and changes of use to the building.</li> <li>Personal Emergency Evacuation Plans (PEEPS) in place and revised where necessary</li> <li>Ensure emergency evacuation routes out of the building are not compromised including fire doors and final exit doors.</li> </ul>	school Emergency Evacuation Plan			
20. Behaviour of pupils / staff	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	<ul> <li>+</li> <li>Review of the school's pupil behaviour policy to ensure that they cover COVID-19 risk related incidents (to include individual risk assessment of children with known challenging behaviour)</li> <li>Make provision for the school to be able to sanction pupils who wilfully refuse to adhere to arrangements of social distancing and deliberately cough or spit at pupils or staff, putting them at risk.</li> <li>Policy also reviewed in line with current Government guidance considering staff also. Guidance is available here.</li> <li>School to monitor staff in relation to keeping to strict social distancing guidelines. The staff code of conduct applies in these times of Covid-19 and are expected to maintain social distancing and hygiene protocols at all times</li> <li>Training in place to reinforce expectations of staff behaviours, including adult to adult interactions.</li> </ul>	Behaviour policy addendum in place to account for Covid specific aspects of behaviour Individual student Risk Assessments in place for students identified as a potential risk Training for staff on September return re expectations of staff and students			
21. Behaviour of parents / visitors / contractors (Violence and aggression)	Staff, pupils, visitors (Risk - as set out in section 1)	<ul> <li>+</li> <li>Review of the school's violence and aggression policy to ensure that it covers COVID-19 risk related incidents.</li> <li>Make provision that the school will not tolerate and will take the firmest possible action possible should any person wilfully refuses to adhere to arrangements of social distancing or deliberately expose school occupants to risk.</li> <li>For observed incidents outside the school regarding Covid-19 related antisocial behaviour contact 101 unless emergency dial 999</li> </ul>	Letter from HT advising that parents should not enter the site without prior invitation.	Rosann a Radlinsk a-Tyma	18/09/ 2021	
22. Dealing with / clearing up with	Staff, pupils, visitors	Body Fluids protocol updated to include COVID-19 risks to				

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
Body Fluids	(Risk - as set out in section 1)	<ul> <li>include:         <ul> <li>Where clearing up of body fluids is required, the staff member must full appropriate PPE. This will include disposable gloves, disposable apron and fluid resistant surgical facemask and eye protection or face shield</li> <li>PPE and waste disposal protocols to be followed (double bag waste)</li> <li>Handwashing protocols to be followed</li> <li>Protocol in place to respond to emergency cleaning requirements and increased cleaning requests</li> </ul> </li> </ul>				
23. Equalities and Mental Wellbeing	Staff, pupils Mental wellbeing could be affected by C-19 pandemic	<ul> <li>+</li> <li>All employers have a duty of care to their employees, and this extends to their mental health. Schools have mechanisms to support staff wellbeing. The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the extra mental health support for pupils and teachers is available.</li> <li>Schools have equalities policies to protect their employees, and others, from harm and continue to assess health and safety risks and consider how to meet equalities duties in the usual way.</li> <li>For staff – <ul> <li>If staff have personal concerns or concerns about colleagues, they can: Report to the Headteacher</li> </ul> </li> <li>For students <ul> <li>If a member of staff has a concern about a student's well- being they should report to HT</li> </ul> </li> </ul>				
27. Travel Plan	Staff, pupils (Risk - as set out in section 1)	<ul> <li>School Travel Plan to be developed in line with <u>Coronavirus</u> (COVID-19): safer travel guidance for passengers</li> <li>Parents should be encouraged where possible to walk or cycle their children to school rather than using any form of transport. This will encourage healthy lifestyle; help reduce pollution and avoid overcrowding at car parks and help maintain social distancing.</li> </ul>	Information re travel shared with parents and students Car parking arrangements reviewed and opening times adjusted to ensure			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Completed
		<ul> <li>Pupils will be travelling to school by cars mainly as this is a supplementary school and walking or cycling might not be possible.</li> </ul>	safe departure from school site			

It is important you discuss your assessment and proposed action with employees and their representatives. A risk assessment is only effective if you and your employees act on it. You must follow through with any actions required and review it on a regular basis. You should review your risk assessment if you think it may no longer be valid e.g. following an accident/incident, or if there are significant changes to the hazards in your workplace, such as new equipment or work activities. You should consider, at a minimum, an annual review of your assessment. Risk assessment guidance is available for further information and advice on carrying out a risk assessment.

Actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#A

# **Employees in the increased risk groups for Covid-19**

### Protecting our staff – returning to work and Health Risk Assessments

This document explains how to carry out an initial health risk assessment to enable an early review of risks, mitigation and controls for employees in vulnerable groups who work in front line roles.

It builds in, where appropriate, a role for Occupational Health to support the employee and manager in agreeing and implementing recommendations.

## Protecting front line staff

In response to the Covid-19 pandemic, employers have been advised to:

- Think creatively about how to enable social distancing at work, such as:
  - changing the layout of workplaces
  - adjusting shift patterns
  - staggering commute times
  - control measures for reducing risks such as virtual contact with residents as opposed to home visits where this is possible.
- Putting in place Personal Protective Equipment (and guidance for use for specific roles) as required by risk assessments.
- Ensuring that key workers are aware of testing arrangements and supported for a safe return to work.

#### Responding to these issues

In response, the council has:

- Undertaken risk assessments for many roles and staff groups, taking into account the need for Covid-19 secure workplaces.
- Applied Government and Public Health England (PHE) guidance for PPE in our own visual guides for key workers which help staff work safely; ensure staff feel supported in their work and protect local services.
- Advised staff in specific groups which are potentially more vulnerable to practice robust social distancing measures.
- Closely followed all relevant Government and PHE guidance about social distancing, selfisolation and shield and protect arrangements
- Ensured that employees in clinically vulnerable or extremely vulnerable groups have adhered to these arrangements.

# The following section explains about the different vulnerable groups, and the action that should be taken for each of them.

#### **Clinically Extremely Vulnerable**

Individuals identified as being clinically extremely vulnerable (those with serious underlying health conditions), which puts them at the greatest risk of severe illness from coronavirus and who are advised by the NHS that they should not work outside the home, must rigorously follow shielding measures in order to keep themselves safe. The employee will have received a letter from the NHS confirming this. GP fit notes are not valid confirmation for this status. Any queries please contact your HR Adviser or Occupational Health provider.

Read <u>COVID-19</u>: guidance on shielding and protecting people defined on medical grounds as <u>extremely vulnerable</u> for more advice.

- If they can work from home they will continue to do so. In some cases, work can be reorganised to facilitate this.
- In other situations, some key workers will be unable to work from home. They are expected to stay at home on full pay. A letter setting out these arrangements should be provided and they will be kept under review pending Government and PHE guidance. Alternative work may be explored, subject to a skills review and retraining.
- Similar arrangements are in place for our employees who live with someone who is shielding. An application process should be followed and managers must discuss this with their HR Adviser.

#### **Clinically Vulnerable**

Employees who are at higher risk (people with some pre-existing conditions, aged 70 (regardless of medical condition, or pregnant), as set out in the <u>Staying at home and away from others (social distancing) guidance</u> are advised to take extra care in observing social distancing and should work from home where possible.

#### **BAME Employees**

Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid-19. PHE have been asked by the Department for Health & Social Care (DHSC) to investigate this. In advance of this work, this health risk assessment has been produced to assist in making appropriate arrangements.

Managers should identify any existing underlying health conditions that may increase the risks for BAME employees undertaking their frontline roles, in any capacity. Some research points to risk factors relating to over 55 or with other health vulnerabilities. Until the review by PHE has been concluded and more evidence is available, we are recommending that the health risk assessment is undertaken with all BAME employees in front line roles.

#### **Health Risk Assessment**

In undertaking a health risk assessment, the standard hierarchy of risk management should be followed.

When managing hazards and risks, the Hierarchy of Controls must be applied (working top down) as set out below.

#### Elimination

The hazard, task or activity is physically removed or abandoned

#### Substitution

Replace a material or process with a less hazardous

#### Engineering

Isolate staff, pupils, visitors from the hazard

#### Administrative

Identify and implement procedures to maximise safe working

PersonalProtectiveEquipment(PPE)Only to be considered if measures above would be ineffective to control risks

It is not unreasonable for managers to ask their staff about the presence of any underlying health condition, subject to this being dealt with sensitively and confidentiality.

The line manager should undertake an initial assessment with the employee of:

- The issues and potential risk factors and how mitigation can be enabled in the way in which the work is undertaken. This includes safe systems of work, social distancing, hygiene measures and the use of appropriate personal protective equipment (PPE)
- Any temporary or alternative working arrangements that can be put in place to enable the key elements of the job role to be done.

The form below has been developed to support managers with this assessment.

Controls

Controls

## CONFIDENTIAL

## Health Risk Assessment: Exposure to Covid-19, impact on current heath condition

	G	ener	ral Information		
Employee Name			Job Title		
Line manager			Job title		
Location / Area:			Working hours:		
Date of Assessment:			Review date		
Individuals underlying health	Please tick appropriate box:	~	Current post involves:	Please tick appropriate box:	~
condition category / other factors:	Notified as on 12 weeks Clinically Extremely Vulnerable ( <b>Shielding</b> very high-risk group) <b>Clinically Vulnerable</b> – pregnant, over 70 or underlying health condition as per PHE list <b>BAME Employee</b>			Directly caring for Covid-19 service users (tested as positive) and undertakes Aerosol generating procedures (AGPs) Directly caring for Covid-19 service users (tested as positive) – not undertaking AGPs Directly caring for service users not tested / unknown Covid-19 status but within 2	
				meters of patient – within any setting Proving a service which involves levels of face to face interactions with service users / members of the public Proving a service to colleagues (e.g. training)	

Aspects	Current Position	Additional action to reduce risk
Can <i>thi</i> s work be done at home?		
Could <i>alternative</i> work be undertaken at home or elsewhere in the school?		
Can face to face interactions be limited and move to virtual working?		
If they cannot, will they be able to work at 2m social distancing		
What arrangements are in place / will be put into place to ensure regular contact / wellbeing?		
Can work times be adjusted to reduce the use of public transport, especially at peak times.		

Aspects Current Position Additional action to reduce risk					
Aspects		Additional action to reduce hisk			
Can work times within the school be staggered to reduce adult interactions within the setting?					
Can the layout of the school / classroom be adjusted to allow for 2-metre social distancing for					
the adults within the setting? (Outside of the class bubbles)					
Is Personal Protective Equipment readily available (including hand sanitiser for mobile working) where a need is identified?					
Other considerations:					

Assessment						
Please tick appropriate box:	✓	Monitoring / further action:				
Actions agreed as detailed above reduce the risks to the employee			Local manager to review and monitor.			
Actions agreed as detailed aboreduce the risks to the colleage remain.		Refer employee to Occupational Health for further advice and support				
Additional notes						
Please add any additional notes as appropriate						
Employee signature			Date signed			
Print Name						
Manager's signature			Date signed			
Print Name						