

Education settings must be able to achieve the following controls as defined by the Department of Education. The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded if necessary, to show how the controls have been applied, add/amend for your school environment. The risk assessment should be reviewed at SLT and with the Governing Body and shared with all staff. The risk rating for each identified hazard and overall risk assessment must be considered and decided/changed to Low, Medium, or High by the school on how the school proceeds with the control measures and the wider opening of the school.

The current Government guidance for detailed review to assist in your risk assessment links: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-coronavirus-covid-19-operational-guidance> Separate guidance is available for:

- [Covid-19-early-years-and-childcare-closures](#)
- [special-schools-and-other-specialist-settings](#)
- [Covid-19-maintaining-further-education-provision](#)

Description of Activity	COVID 19 Secure School Risk Assessment Version 8	Review Dates	
Location	John Scurr Primary School	<b>29 November 2021</b>	
Completed by	Steve Blyth – Compliance Consultant		
Date of Assessment	27 September 2021		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<b>CV19 infection</b>  <b>1. Poor hand and respiratory hygiene</b>	<b>Employees, agency, Pupils, visitors</b>  Poor hand and respiratory hygiene causing severe infection/disease, sickness, and death	<b>1. Hand and Respiratory Hygiene</b> <ul style="list-style-type: none"> <li>• The school continues with the strict regime of regular thorough hand washing</li> <li>• This is encouraged at the start of the day and at set times during the day, especially before and after breaks/lunch/play</li> <li>• Raising the profile of the importance and how to wash hands thoroughly, for at least 20 seconds with running water and soap supported by alcohol hand sanitiser. Ensuring all parts of the hand are covered</li> <li>• Promoting the importance of not only washing hands, but the need to thoroughly dry hands</li> <li>• Toilets having sufficient supply of paper towels or hand dyers, and regular cleaning and emptying of waste</li> </ul>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<ul style="list-style-type: none"> <li>Appropriate hand wash stations, alcohol hand sanitiser, managed and monitored to ensure adequate replenishment</li> </ul> <p><b>2. Respiratory hygiene</b></p> <ul style="list-style-type: none"> <li>We continue with the promotion of the <b>'catch it, bin it, kill it'</b> approach</li> <li>We continue to use the e-bug resources to promote and teach pupils appropriate for their age groups to raise the profile and importance of hygiene and infection control. Regular reminders and information sharing including displays installation in classrooms will continue. Link to <a href="#">e-bug</a></li> <li>We continue to only use the normal PPE already used for certain activities re: Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the use of PPE for COVID-19. Link to <a href="#">PPE</a></li> </ul> <p><b>3. Face Coverings</b></p> <p>Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19.</p> <p>Where pupils in <b>year 7</b> (which would be children who were aged 11 on 31 August 2021) <b>and above</b> are educated, we recommend <b>that face coverings should be worn by pupils, staff and adult visitors</b></p>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure. Pupils in these schools should also wear a face covering when travelling on public transport and dedicated transport to and from school. We do not advise that pupils and staff wear face coverings in classrooms.</p> <p><b>In primary schools</b>, we recommend that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. Health advice continues to be that children in primary schools should not be asked to wear face coverings.</p> <p>Face coverings do not need to be worn when outdoors.</p> <p>Schools, as employers, have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff. They also have a duty to make reasonable adjustments for disabled pupils, to support them to access education successfully. No pupil should be denied education on the grounds that they are not wearing a face covering.</p>		<p>N/A</p> <p>Staff asked to wear face coverings in all communal areas <b>INSIDE</b> the building, including shared offices. Staff do not wear face coverings when teaching pupils. Parents attending school events to be briefed in advance via school/home messaging system: SchoolPing Visitors and contractors on site asked to wear face coverings <b>INSIDE</b> the building.</p>	<p>SLT: clear message to staff via Briefing emails/face to face meetings /Admin team to visitors</p>	<p>As of 29<sup>th</sup> November 2021</p>

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p><b>Transparent face coverings</b></p> <p>Transparent face coverings can be worn to assist communication with someone who relies on:</p> <ul style="list-style-type: none"> <li>• lip reading</li> <li>• clear sound</li> <li>• facial expression</li> </ul> <p>Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited.</p> <p>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>A face visor or shield may be worn in addition to a face covering <b>but not instead of one</b>. This is because face visors or shields do not adequately cover the nose and mouth, and do not filter airborne particles.</p>		<p>Differentiate between the two types of PPE for staff le/ Face shields not sufficient.</p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p><b>Circumstances where people are not able to wear face coverings:</b></p> <p>There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances.</p> <p>Some people are less able to wear face coverings, and the reasons for this may not be visible to others.</p> <p>In relation to education settings, this includes (but is not limited to):</p> <ul style="list-style-type: none"> <li>• people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability</li> <li>• people for whom putting on, wearing or removing a face covering will cause severe distress</li> <li>• people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate</li> <li>• to avoid the risk of harm or injury to yourself or others</li> <li>• you are also permitted to remove a face covering in order to take medication</li> </ul> <p><b>Access to face coverings</b></p>		<p>Be aware of any parents who are exempt and the reasons why.</p> <p>This needs to be in line with the message to the wider parent group: "Some people are not able to wear face coverings and not all these exemptions are visible. Please be understanding of others who are exempt".</p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>Due to the use of face coverings in wider society, staff and pupils are already likely to have access to face coverings.</p> <p>You should have a small contingency supply available for people who:</p> <ul style="list-style-type: none"> <li>• are struggling to access a face covering</li> <li>• are unable to use their face covering as it has become damp, soiled or unsafe</li> <li>• have forgotten their face covering</li> </ul> <p>Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.</p> <p><b>Safe wearing and removal of face coverings</b></p> <p>Your contingency plans should already cover a process for when face coverings are worn within your school and how they should be removed. You should communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.</p> <p>When wearing a face covering, staff, visitors and pupils should:</p> <ul style="list-style-type: none"> <li>• wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on</li> </ul>		<p>Emphasise to staff the method for safely deploying a face covering – basically the continuing message that frequent thorough handwashing is crucial.</p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<ul style="list-style-type: none"> <li>• avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus</li> <li>• change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose</li> <li>• avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination</li> </ul> <p>When removing a face covering, staff, visitors and pupils should:</p> <ul style="list-style-type: none"> <li>• wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing</li> <li>• only handle the straps, ties or clips</li> <li>• not give it to someone else to use</li> <li>• if single-use, dispose of it carefully in a household waste bin and do not recycle</li> <li>• once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them.</li> <li>• if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric</li> <li>• wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed</li> </ul>		<p><b>Avoiding the touching of your face and the inside of the face covering.</b></p> <p><b>Emphasise to staff the method for safely removing a face covering – basically the continuing message that frequent thorough handwashing is crucial.</b></p> <p><b>Avoiding the touching of your face and the inside of the face covering. Storing re-usable coverings in a bag ready to wash at home.</b></p> <p><b>Disposing of one-use face coverings – but NOT recycling</b></p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		Separate guidance is available on preventing and controlling infection, including the use of personal protective equipment (PPE), in education, childcare and children's social care settings.				
<b>CV19 infection</b>  <b>2. Poor cleaning standards</b>	<b>Employees, agency, Pupils, visitors</b>  Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death	<b>1. Maintain appropriate cleaning regimes</b> <ul style="list-style-type: none"> <li>We continue with a robust appropriate cleaning regime that applies the key infection control measures which involves;                             <ol style="list-style-type: none"> <li><b>Cleaning</b> – physical process of using detergent, this removes germs – bacteria and viruses and lowers numbers of germs on a surface although not necessarily killing them</li> <li><b>Disinfection</b> – a process of killing germs on a surface they touch, this should be on a clean surface unless a combined product. We ensure that the <b>contact time</b> is followed. This is the time it takes for disinfectant to be effective.</li> <li><b>Sanitiser</b> – Sanitisers have a combined cleaning and disinfecting properties, they need to be used twice, firstly to clean and then to disinfect</li> <li><b>Deep clean</b> – A more thorough cleaning and disinfection regime. The school are prepared to complete these following outbreaks or particular area concern to help break the cycle of infection</li> </ol> </li> </ul> <b>2. Established cleaning schedule</b> <ul style="list-style-type: none"> <li>We continue with our infection control cleaning regime to include at least twice daily cleaning <b>that</b> is detailed within a cleaning schedule that covers;</li> </ul>				



What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>a) Enhanced touch point cleaning and disinfection, this includes all touch points that are fixed to the premises inside and out.</p> <p>b) Cleaning frequency is at least twice a day, supported by frequent hand touch area cleaning, and local area cleaning by staff of own areas</p> <p>c) Equipment and resources are disinfected based on use and risk/high use areas/items, this includes play equipment, staff equipment such as kettles, microwaves, work stations, lunch areas, changing rooms</p> <p>d) Higher risk areas/pupils, who may find it difficult to maintain personal hygiene or where we cannot supervise personal hygiene, such as toilet areas are included in our cleaning regime</p> <p>e) Teaching staff are provided with cleaning products, cleaning wipes</p> <p><b>3. Monitoring cleaning</b></p> <ul style="list-style-type: none"> <li>We continue to monitor and manage our cleaning regime to ensure it is being completed</li> <li>Fogging/spraying is only considered as an addition to the normal cleaning regime, and we would check with our competent health and safety advisor the type and frequency of product and application required</li> </ul>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<ul style="list-style-type: none"> <li>House-keeping inspections of cleaning stations, cupboards are completed. Link to <a href="#">covid-19-decontamination-in-non-healthcare-settings</a></li> </ul>				
<b>CV19 infection</b>  <b>4. Poor ventilation</b>	<b>Employees, agency, Pupils, visitors</b>  Poor ventilation transmission causing severe infection/disease, sickness, and death	<b>1. Keep occupied spaces well ventilated</b> <ul style="list-style-type: none"> <li>A ventilation assessment has been completed that includes all areas of the school with any identified control measures specific for identified areas of concern re rooms/areas lacking in ventilation</li> <li>We open windows and/or increase/operate air flow building management systems when the school buildings are first opened</li> <li>CO2 monitors are being used in our ventilation review to assist in our risk control measures</li> <li>We have completed assessments with our ventilation contractor on our mechanical ventilation systems to ensure that only fresh outside air is being circulated – and that only single rooms only have recirculated air supported by outdoor air supply</li> <li>All ventilation systems have been serviced and maintained as per statutory/manufacture requirements</li> <li>We open doors from outdoor to internal corridor and room doors to create a good air flow, fire doors are not propped open, only opened with dorgards or mag-holders so that they would release in the event of fire (fire alarm)</li> </ul>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<ul style="list-style-type: none"> <li>As the winter months approach we continue to balance the need for ventilation and temperature control following HSE guidance, this includes opening windows just enough to provide constant background ventilation and then opened fully during breaks and when the room is not being used to purge the air in the space. Opening higher level windows in preference to lower level to reduce draughts</li> <li>We continue to use air conditioning, turning off recirculated air and switching to fresh air supply</li> </ul>				
<b>CV19 infection</b> <b>4.Poor management of cv19 confirmed cases</b>	<b>Employees, agency, Pupils, visitors</b>  Poor management of CV19 symptoms, confirmed cases, attributing to transmission causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li><b>When an individual develops COVID-19 symptoms or has a positive test</b></li> </ul> <p>Pupils, staff and other adults should follow public health advice on <a href="#">when-to-self-isolate-and-what-to-do</a>. They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine or <b>they are a close contact of a suspected or confirmed case of the Omicron variant of COVID-19</b>).</p> <p>If anyone in your school develops <a href="#">covid-19 symptoms</a>, however mild, you should send them home and they should follow public health advice.</p>		If anyone in your school develops <a href="#">covid-19 symptoms</a> , however mild, you should send them home and they		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>If a pupil in a boarding school shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, others may then benefit from self-isolating in their family home.</p> <p>For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.</p> <p>If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the <a href="#">use of PPE in Education</a> childcare and children's social care settings guidance. Any rooms they use should be cleaned after they have left.</p> <p>The household (including any siblings) should follow the UKHSA <a href="#">covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection</a> stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection.</p> <ul style="list-style-type: none"> <li>• <b>Asymptomatic testing</b></li> </ul>		should follow public health advice.		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>Testing remains important in reducing the risk of transmission of infection within schools.</p> <p>Staff should continue <u>to test twice weekly at home</u>, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.</p> <p>There is no need for primary age pupils (those in year 6 and below) to test.</p> <p>Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.</p> <ul style="list-style-type: none"> <li> <b>Confirmatory PCR tests</b>  Staff and pupils with a positive LFD test result should self-isolate in line with the <a href="#">stay-at-home-guidance</a> for households with possible or confirmed coronavirus (COVID-19) infection. They will also need to get a free PCR test to check if they have COVID-19. Whilst awaiting the PCR result, the individual should continue to self-isolate. If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have COVID-19 symptoms. </li> </ul>		<p>Reinforce this message as regularly as possible – staff testing via LFT kits at least twice per 7 days</p> <p>Staff and secondary school pupils should <u>continue to test twice weekly at home</u>, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.</p> <p>Reinforce this message as appropriate with individuals who have tested positive via a LFT test and in general so that staff aware of process in advance should such a situation arise</p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>Additional information on <a href="#">PCR test kits for schools</a> and further education providers is available.</p> <ul style="list-style-type: none"> <li><b>Other considerations</b> You should ensure that key contractors are aware of the school's control measures and ways of working.</li> </ul> <p>Children and young people previously considered CEV should attend school and should follow the same <a href="#">covid-19 guidance</a> as the rest of the population. However, if advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist</p> <p>The government recommend all school staff and eligible pupils take up the offer of a vaccine.</p> <p>You can find out more about the in-school vaccination in <a href="#">covid-19-vaccination-programme-for-children</a> guidance for schools.</p>		<p><b>Premises Team/admin Team to run through school COVID procedures with contractors in advance of site visit as well as 'on arrival'</b></p>		
<p><b>CV19 infection</b></p> <p><b>5.Poor management of cv19 close contacts</b></p>	<p><b>Employees, agency, Pupils, visitors</b></p>	<p><b>Tracing close contacts and isolation</b></p> <ul style="list-style-type: none"> <li>Close contacts in schools are now identified by NHS Test and Trace and education settings are not expected to undertake contact tracing.</li> </ul>		<p><b>Schools now no longer expected to identify close contacts within the setting</b></p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<b>including the new variant Omicron</b>	Poor management of CV19 symptoms, close contacts including the new variant Omicron. attributing to transmission causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a school setting will <b>only</b> be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</li> <li>All individuals who have been identified as a close contact of a suspected or confirmed case of the <u>Omicron variant of COVID-19, irrespective of vaccination status and age, will be contacted directly and required to self-isolate immediately and asked to book a PCR test.</u> They will be informed by the local health protection team or NHS Test and Trace if they fall into this category and provided details about self-isolation.</li> <li>Further actions for educational settings may be advised by a local Incident Management Team (IMT) investigating a suspected or confirmed case of the Omicron variant of COVID-19. 7</li> <li>For everyone else, isolation rules are unchanged. <b>Individuals are not required to self-isolate if</b></li> </ul>		<p><b>NHS will conduct this via liaison with the infected individual.</b></p> <p><b>Vaccination state has no bearing on the need to self- isolate if you are identified as a close contact</b></p>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p><b>they live in the same household as someone with COVID-19 who is not a suspected or confirmed case of the Omicron variant, or are a close contact of someone with COVID-19 who is not a suspected or confirmed case of the Omicron variant, and any of the following apply:</b></p> <ul style="list-style-type: none"> <li><b>• they are fully vaccinated</b></li> <li><b>• they are below the age of 18 years and 6 months</b></li> <li><b>• they have taken part in or are currently part of an approved COVID-19 vaccine trial</b></li> <li><b>• they are not able to get vaccinated for medical reasons</b></li> </ul> <ul style="list-style-type: none"> <li>Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.</li> <li><b>• Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact of someone with COVID-19 who is not a suspected or confirmed case of the Omicron variant, should continue to attend school as normal.</b></li> <li>18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated.</li> </ul>				



What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.</p> <ul style="list-style-type: none"> <li><b>Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.</b></li> </ul>				
<b>CV19 infection</b>  <b>6.. Those previously considered CEV children</b>	<b>Employees, agency, Pupils, visitors</b>  Individual medical conditions may be at higher risk of infection causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>All pupils including those previously considered CEV should attend school, with the only exceptions of those who are specifically instructed not to by their clinician or specialist, and should follow the same <a href="#">COVID-19 guidance</a> as the rest of the population</li> <li>We continue to follow the guidance on supporting pupils with medical needs, and have specific risk assessments and pupil profiles in place. Link <a href="#">supporting-pupils-at-school-with-medical-conditions--3</a></li> <li><b>We continue to complete our infection control cleaning regime and hand/respiratory control measures, this also includes identified specific areas and equipment that may require an increased level of cleaning, such as hoists</b></li> </ul>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<ul style="list-style-type: none"> <li>All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can access the vaccine via some walk-in COVID-19 vaccination sites.</li> <li>You can find out more about the in-school vaccination programme in COVID-19 vaccination programme for children and young people guidance for schools.</li> <li>You should ensure that key contractors are aware of the school's control measures and ways of working.</li> </ul>				
<b>CV19 infection</b>  <b>7.Contractors</b>	<b>Employees, agency, Pupils, visitors</b>  Poor contractor infection control standards causing	<ul style="list-style-type: none"> <li><b>All contractors must wear face coverings unless exempt</b></li> <li>Contractors are approved and managed by the school</li> </ul>		<b>Premises Team/admin Team to run through school COVID procedures with contractors in advance of site visit as well as 'on arrival'</b>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
	severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>We request their risk assessments as part of our normal contractor health and safety management, and review their cv19 control measures</li> <li>We try and isolate and separate their work away from staff and pupils</li> <li>We manage and monitor all contractors on site</li> <li>Unsafe work including CV19 infection control will be stopped immediately and reviewed with senior management</li> </ul>				
<b>CV19 infection</b>  <b>8..School workforce</b>	<b>Employees, agency, Pupils, visitors</b>  Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>We have completed this covid-19 risk assessment with the consideration of those previously considered at higher risk/CEV following the Operational School Guidance</li> <li><b>We continue to complete individual risk assessment when needed to further review control measures such as for new and expectant mothers</b></li> </ul>				
<b>CV19 infection</b>  <b>9.Pupil wellbeing concerns</b>	<b>Employees, agency, Pupils, visitors</b>  Lack of pupil support leading to anxiety and stress, ill health	<ul style="list-style-type: none"> <li>We monitor our pupils through the network of teaching and support staff</li> <li>We raise up concerns in a timely manner</li> <li>We have close links to the parents/carers</li> <li>We follow the wellbeing support link <a href="#">/mental-health-and-wellbeing-support-in-schools</a></li> </ul>				
<b>CV19 infection</b>	<b>Employees, agency, Pupils, visitors</b>	<ul style="list-style-type: none"> <li>We continue to provide free school meals</li> <li>We continue to liaise with the kitchen contract company</li> </ul>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<b>10. School meals, catering</b>	Use of contractors serving food and interacting in an unsafe manner causing severe infection/disease and death	<ul style="list-style-type: none"> <li><b>We continue to request the enhanced cleaning of the dining hall and kitchen</b></li> <li>We request and review the contract catering cv19 risk assessment</li> </ul>				
<b>CV19 infection</b>  <b>11. Educational visits</b>	<b>Employees, agency, Pupils, visitors</b>  Poor off site infection control standards causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li><b>You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).</b></li> </ul>				
<b>CV19 infection</b>  <b>12. Wrap around care after school clubs, breakfast club</b>	<b>Employees, agency, Pupils, visitors</b>  Poor infection control standards causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>Our standard CV19 control covers this area</li> <li><b>Cleaning and ventilation of areas continues to be well managed</b></li> <li>Outbreak management risk assessment will be followed</li> <li><a href="#">protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak</a></li> </ul>				
<b>CV19 infection</b>	<b>Employees, agency, Pupils, visitors</b>	<ul style="list-style-type: none"> <li>Switch the water fountains off and provide water via bottles, or having the pupils use their own personal bottle</li> </ul>		<b>Water fountains continue to be closed and have been converted to hand washing stations</b>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<b>13. Water fountains causing easy transmission of cv19</b>	Causing severe infection/disease	<ul style="list-style-type: none"> <li>Having a designated area for pupils to store or/have access to water</li> <li>If have water coolers provide disposable cups</li> <li>Ensure the water fountains are maintained in shut down mode following service/maintenance requirements</li> <li><b>Ensure the schools legionella contractor manage monitor and advise the school on any actions required to manage any legionella risks</b></li> </ul>		<b>Ongoing – TWC: managing contractor</b>		
<b>CV19 infection</b>  <b>14. Poor communication</b>	<b>Employees, agency, Pupils, visitors</b>  Poor communication causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li><b>We continue to communicate with staff, contractors, pupils, hiring d. public health, and parents</b></li> <li><b>Designated staff are responsible for updating cv19 information</b></li> <li><b>Staff emails, website, newsletters continue to be used to update and share relevant information</b></li> </ul>		<b>Regular SchoolPing messages to parents</b>  <b>Staff Briefing meetings on a weekly basis or more regular if required</b>		
<b>CV19 infection</b>  <b>15. Not being prepared for changes, not having a contingency plan or outbreak risk assessment/plan</b>	<b>Employees, agency, Pupils, visitors</b>  Lack of planning causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>We are prepared to step up and down when infection rates and outbreak change the risk levels and actions required Link <a href="#">contingency framework</a> also called outbreak management plans</li> <li>We have completed an outbreak plan with risk assessment that covers the need to be ready to reinstate face covers, or reducing mixing, following the guidance and instruction from public health</li> </ul>		<b>As per existing Contingency Framework plan formulated by HT</b>		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<b>CV19 infection</b>  <b>16. No assessment of potential occupational disease/transmission caused by work</b>	<b>Employees, agency, visitors</b>  Causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> <li>Follow the Public health guidance for reporting confirmed cases</li> <li>Enter details within the accident recording reporting forms such as Evolve or Accident medical tracker or paper based accident form, or LA online accident system, following your employer accident reporting procedures to review potential exposure at work to staff</li> </ul>				
<b>CV19 infection</b>  <b>17. Increased chemical risk to pupils and others</b>	<b>Employees, agency, Pupils, visitors</b>  Use of sanitisers and cleaning products being located around the school, classrooms – pupils accidentally ingesting the chemical or having a reaction to the substance	<ul style="list-style-type: none"> <li>The location of cleaning products to be in a secure area away from pupils</li> <li>Safety data sheets and coshh risk assessments in place</li> <li>Staff trained in the safe use and storage of substances</li> <li>All containers <b>must</b> have their labels installed</li> <li>The coshh risk assessment must take consideration of volume of storage and location, to ensure there is no increased fire risk. This means no storage next to heat or ignition sources</li> </ul>				
<b>CV19 infection</b>  <b>18. Transport</b>	<b>Employees, agency, Pupils, visitors</b>  Use of school arranged transport	<ul style="list-style-type: none"> <li>LA Transport work with school transport providers to ensure they apply the principles of infection control to their services. All pupils should sanitise their hands before entering the setting. Settings are therefore required to provide sanitising stations and signage to encourage its use at each entrance. Settings may consider the additional measure of</li> </ul>				

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<p>supervising entrances in the morning as appropriate to support this. Further information on sanitiser points is provided in the hand cleaning and washing section.</p> <ul style="list-style-type: none"> <li>• Face covering should be worn unless exempt</li> <li>• Schools operating their own minibuses must ensure that: <ul style="list-style-type: none"> <li>➤ Transport is adequately ventilated</li> <li>➤ Cleaning and disinfection arrangements are implemented, following the Cleaning and Disinfection section Settings should continue to strongly encourage the use of face coverings by anyone not exempt from doing so, when using school transport.</li> </ul> </li> </ul>				
<b>CV19 infection</b>  <b>19.Visitors (including key contractors/agency)</b>	<b>Employees, agency, Pupils, visitors</b>  Use of school arranged transport	<ul style="list-style-type: none"> <li>• Where possible, schools should plan visits in advance, considering how space can be created as part of the visit for example, by using a different larger space, by separating chairs further, avoiding sitting face to face, by having a walking meeting outside. Information about the visit should be communicated. All visitors should: <ul style="list-style-type: none"> <li>➤ Be encouraged to participate in asymptomatic testing programmes where it is age appropriate.</li> </ul> </li> </ul>				

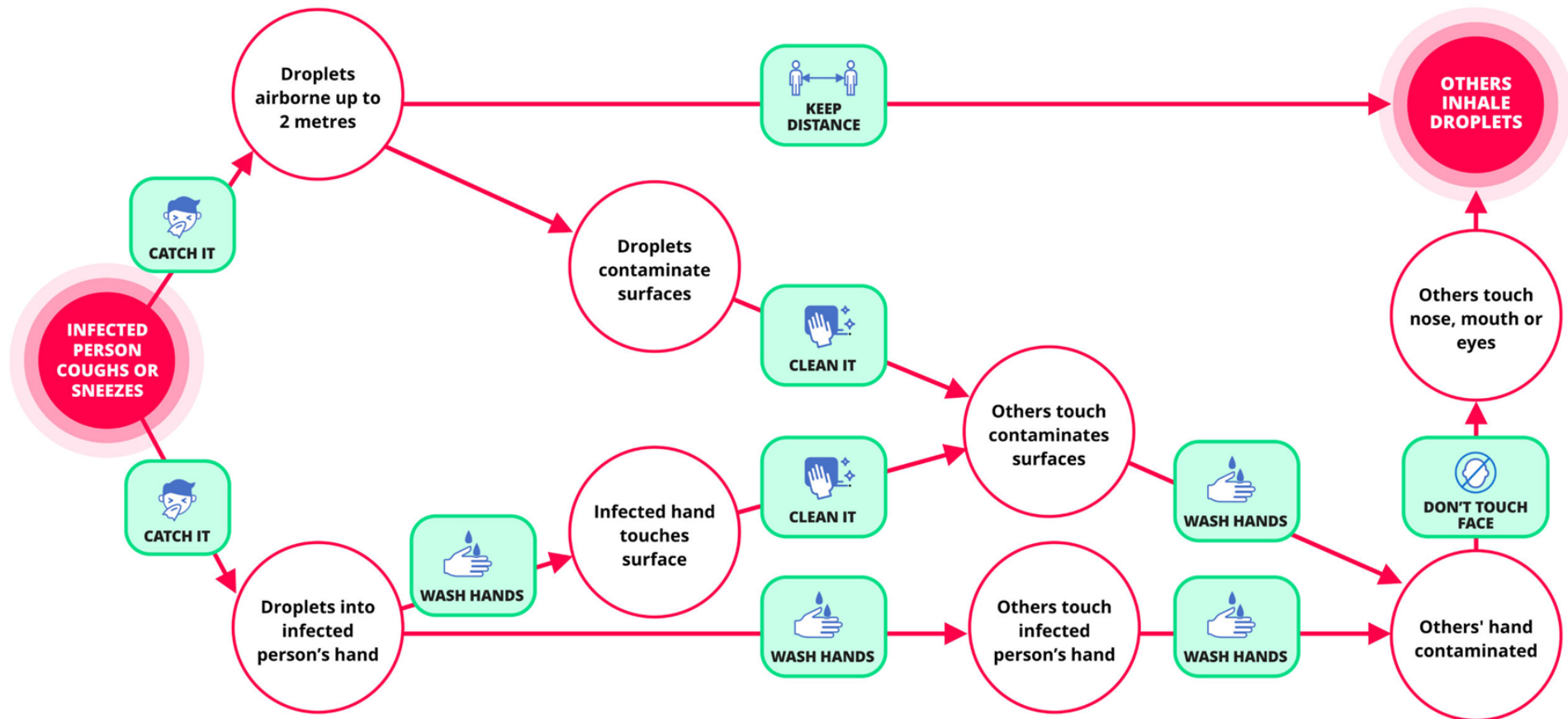
What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
		<ul style="list-style-type: none"> <li>➤ Perform hand hygiene before entering the site</li> <li>➤ Confirm that they do not have symptoms or are required to isolate</li> <li>➤ Be provided with any relevant safety instruction on arrival.</li> </ul> <p>Hand sanitiser, tissues and bins should also be provided in meeting rooms to encourage good respiratory hygiene and immediate disposal of tissues. You should ensure that key contractors are aware of the setting's control measures and ways of working prior to visiting the site.</p> <p>All visitors should wear face coverings and the school has face coverings displays up on the lead up to reception and in reception areas</p>				
<b>CV19 infection</b>  <b>20. Events</b>	<b>Employees, agency, Pupils, visitors</b>  Having more people coming together in enclosed spaces with the	<ul style="list-style-type: none"> <li>• Events should be planned on a reduced capacity basis for visitors, enabling respectful space to be given. Ventilation should be reviewed in order to ensure it remains adequate for an increased numbers of users and all other infection control measures must be applied.</li> </ul>				



What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
	potential spread of CV19 and sickness, illness, death	<ul style="list-style-type: none"> <li>A contingency plan should be prepared as part of event planning in order to respond to increased positive cases in the community. Plans should consider: providing the event virtually, delay or cancellation. This now includes the review of the new variant and to review, implement the school's outbreak/new variant control measures in reducing the potential spread</li> </ul>				

Overall Residual Risk for Activity (L / M / H):	
Level of Risk	Suggested Action
LOW	Control measures are adequate but continue to monitor and review; ensure that they remain satisfactory and appropriate
MEDIUM	Control measures need to be introduced within a specified time period; continue to monitor and review
HIGH	Unless control measures can be immediately introduced to reduce the risk so far as is reasonably practicable, the task or activity should be suspended

# How COVID is transmitted



# **Summary of key infection control measures**

## **1. Regular testing – and isolation**

Asymptomatic testing will help to identify anyone who does not have symptoms but does have the virus so they can take appropriate action and isolate to prevent passing the virus onto others. Staff and pupils with a positive lateral flow test (LFD) will need to get a PCR test and self-isolate.

Anyone who has symptoms of cv19 should obtain a PCR test and follow the stay at home guidance.

## **2. Maximising fresh air**

Adequate ventilation reduces how much virus is in the air by helping to reduce the risk from aerosol transmission – when someone breathes in small particles/aerosols that can be in the air after a person with the virus has been in the same area. Therefore, everyone should:

- Work in well ventilated rooms/areas – making sure the indoor spaces have a good supply of fresh air
- Work outside if possible

## **3. Universal hygiene measures**

These measures both increase personal protection and also protects others;

- Thoroughly wash hands with soap and water often following the [NHS guidance](#). Use alcohol based hand sanitiser if soap and water not available. In particular wash hands when entering building, after using toilet, before eating or drinking, after sneezing/coughing, after using shared items or equipment, after moving around the premises if having touched surfaces such as hand rails, door panels, and before you leave for the day
- Keeping your hands below shoulder level as much as possible trying to keep them away from touching your face at all times
- Catch it , bin it, kill it – covering the mouth and nose with a tissue or sleeve when sneezing and put the tissue in the bin straight away, always washing your hands afterwards
- Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so

#### **4. Cleaning the space and things around you**

Enhanced cleaning and disinfection arrangements should continue. Where possible staff should support these measures by disinfecting touch points such as their own classrooms and shared equipment, even if cleaning isn't part of their normal role.

#### **5. Respectful space**

Whilst school bubbles and social distancing has been removed, any measures that minimise the number, the proximity, and duration of person to person contact reduces the risk of transmission. In addition, it is important to consider that increased mixing will lead to increased cases and therefore staff absence. You should follow the current guidance of not using bubbles, but it is advisable to consider within your risk assessments the following:

- Staff areas, staff rooms, keeping staff apart where possible
- Meeting outdoors, or in larger well ventilated rooms
- Continue to virtual meetings as this just eliminates the potential of cv19 transmission
- How to create better space in offices, rooms, by moving furniture or rearranging work stations, and creating a large space separation of staff

#### **6. PPE**

Having the correct PPE for the correct situation, with staff training in place, this may include close contact/confirmed cv10 symptoms