

Template Risk Assessment for Covid-19 v4.0

This is a **generic Risk Assessment** intended to **supplement** existing school Risk Assessments, and provides additional information around the risks presented as a result of Covid-19, and must be considered as part of normal school activities and procedures. This Risk Assessment will be updated as necessary, but should be reviewed on a monthly basis in school to ensure the risks are being appropriately managed and controlled. Health and safety risk assessments identify measures to control risks during education and childcare setting activities. Health and safety law requires the school employer to assess risks and put in place measures to reduce the risks so far as is reasonably practicable.

For as long as coronavirus (COVID-19) remains in the community, judgments will need to be made at a school level about how to balance minimising risks from coronavirus (COVID-19), by maximising control measures, with providing a full educational experience for children and young people.

Version Control

Version	Updates include
v4.0 19/08/2021	<p>This version replaces version 3.0 for the new term in September 2021, following the removal of many of the national restrictions. It should be noted that at the time of writing the latest Operational Guidance for schools very much follows the return to more 'normal' day to day situations.</p> <p>Significant updates / amendments include in this template include;</p> <p>Managing Covid Symptoms Close contacts of someone with Covid symptoms - updated guidance from 16th August Covid Self Testing of Staff and Pupils Face Coverings Responding to cases in school - New section added with guidance on what to do when a case(s) is identified Movement of People</p> <p>Driving for Work - section removed Manual Handling - section removed Work at height - section removed Asbestos - section removed Workers under the age of 18 - section removed.</p>
V3.0 18/05/2021	<p>New issue v3.0 replacing version v2.6</p>

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**Recognised Covid 19 Symptoms:
a new continuous cough or fever or anosmia.**

Anosmia is the loss of or a change in your normal sense of smell. It can also affect your sense of taste as the two are closely linked.

Initial Risk	Existing Risk Assessment	Identified additional new hazards caused by Covid 19	New and additional control measures required	Level of Residual Risk L, M, H)	Review Date / Initial
	Managing Covid Symptoms	A pupil, member of staff or visit presents Covid symptoms or has a Positive test	<p>When an individual develops COVID-19 symptoms or has a positive test Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do.</p> <p>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).</p> <p>If anyone in your school develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.</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 use of PPE in education, 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 PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection.</p>		

	<p>Close contacts of someone with Covid symptoms</p>	<p>An individual may become or be identified as a close contact.</p>	<p>Any member of staff who has provided close contact care to someone with symptoms, regardless of whether they are wearing PPE, and all other members of staff or pupils who have been in close contact with that person, do not need to go home to self-isolate.</p> <p>From 16 August, fully vaccinated adults and those under-18 and 6 months identified by NHS Test and Trace as a close contact are strongly advised to take a PCR test. There is no requirement to self-isolate whilst awaiting that PCR test result and so individuals can continue to attend school.</p> <p>If an individual is symptomatic they should stay at home.</p> <p>Children and young people aged under 18 years 6 months who usually attend an education or childcare setting and who have been identified as a close contact should continue to attend the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport.</p> <p>Children who are aged under 4 years old and identified as close contacts are advised to take a PCR test only if the positive case is within their own household.</p> <p>18-year-olds will be given the opportunity to get fully vaccinated before being treated as adults. But 6 months after their 18th birthday, 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> <p>Individuals should only be asked to stay home for Covid-related reasons if:</p> <ul style="list-style-type: none"> • they are symptomatic • they have tested positive with a PCR or LFD (they may return if a positive LFD result is followed by a subsequent confirmatory negative PCR within 2 days) <p>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 after they have left, to reduce the</p>		
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			<p>risk of passing the infection on to other people. See the guidance on the cleaning of non-healthcare settings.</p>		
	<p>Covid Self Testing of Staff and Pupils</p>	<p>Schools are being provided with Self Test Kits for distribution and use by staff in their homes.</p> <p>Staff could cause harm or injury to themselves or others</p> <p>Kits could become contaminated or damaged resulting in accurate results</p> <p>Non Reporting</p> <p>Inadequate Communication / Record Keeping</p> <p>Poor Uptake of testing</p> <p>Storage of Testing Kits</p> <p>Procedures and practices for testing are poorly administered or controlled.</p>	<p>Asymptomatic testing</p> <p>Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain. Schools need to be prepared to step measures up or down in future depending on local circumstances.</p> <p>As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term.</p> <p>Settings may commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this. Pupils should then continue to test twice weekly at home until the end of September, when this will be reviewed.</p> <p>Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.</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> <p>Primary age pupils (those in year 6 and below) will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.</p> <p>Confirmatory PCR tests</p> <p>Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance 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.</p> <p>Whilst awaiting the PCR result, the individual should continue to self-isolate.</p>		

			<p>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.</p> <p>Additional information on PCR test kits for schools and further education providers is available.</p>		
	<p>Responding to cases in school.</p>	<p>Cases in school may require a higher level of intervention.</p> <p>Contact tracing process is not clearly understood.</p>	<p>The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned.</p> <p>For most school whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> ● 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; ● 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period <p>Close contacts will now be identified via NHS Test and Trace and schools will no longer be expected to undertake contact tracing.</p> <p>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 only 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.</p> <p>Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:</p> <ol style="list-style-type: none"> 1. they are fully vaccinated 2. they are below the age of 18 years and 6 months 3. they have taken part in or are currently part of an approved COVID-19 vaccine trial 4. they are not able to get vaccinated for medical reasons <p>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 encourage all</p>		

			<p>individuals to take a PCR test if advised to do so.</p> <p>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, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.</p> <p>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. 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> <p>Schools 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 school (see Stepping measures up and down section for more information) 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.</p>		
H	Face Coverings	Use of face covering to reduce risk of transmission	<p>Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.</p> <p>The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.</p> <p>Circumstances where face coverings continue to be recommended;</p> <ul style="list-style-type: none"> • If you have an outbreak in your school, a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). You should make sure your outbreak management plans cover this possibility. <p>In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently</p>	L	

			<p>very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.</p> <p>Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p> <p>Schools have a duty to make reasonable adjustments for disabled pupils to support them to access education successfully. Where appropriate, you should discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual.</p>		
H	RLT Staff	<p>Member of staff falls ill during the day and is COVID symptomatic</p> <p>Member of staff comes into contact with a potential COVID symptomatic person</p> <p>Potential transfer of virus between staff members</p> <p>Clinically Extremely Vulnerable/Vulnerable or BAME staff</p>	<p>See guidance on Face Coverings</p> <p>Colleagues are encouraged to have a vaccine.</p> <p>Ensure regular hand washing is carried out.</p> <p>If any staff are feeling unwell then arrange for them to be isolated and to go home and arrange testing</p> <p>Ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach and ensure that tissues are made available.</p> <p>In an environment of heightened transmission all school colleagues must be extra vigilant to ensure they follow the following;</p>	L	

		<p>Colleagues are encouraged to make use of the covid testing systems in place and respond swiftly to close contact detail requests.</p> <p>Separate COVID 19 office risk assessment provided for admin staff in schools as well as Central Office.</p> <p>Ensure that suitable (lidded with foot pedal preferable) bins are provided which prevent physical contact being made with the lid when disposing used tissues after nose blowing (pedal bins)</p> <p>Children who exhibit potentially dangerous behaviour by refusing to self-isolate, age appropriate socially distance or decide to wander about will not be permitted into school. Speak to parents of those who are identified as presenting a risk. (Check that this is covered by your existing Behaviour Policy to check that it permits exclusion)</p> <p>Consider the use of staggered lunch breaks when using staff room to reduce any overcrowding.</p> <p>Staff who move from one classroom to another should continue to adopt hand hygiene by washing hands before entering the other classroom.</p> <p>Consideration must be given to staff who are in one of the vulnerable categories, to ensure that appropriate safeguards are in place in accordance with the latest guidance; as a minimum CEV colleagues should adopt the same practices as those without any vulnerabilities.</p> <p>If anyone feels or looks unwell see Managing Covid Symptoms and Close contacts of someone with Covid symptoms</p>		
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H	Cleaning and Waste Management	<p>Contaminated surfaces pre cleaning requiring additional care.</p> <p>Cleaning is not sufficiently thorough or monitored</p> <p>Toxic contamination from cleaning, occurring while staff and students are present</p> <p>Cleaning substances, cloths etc in use and at risk of handling by pupils and staff</p> <p>Equipment is left carelessly, causing a trip hazard</p>	<p>In line with the risk assessment and timetabling of the day, put in place and maintain an enhanced cleaning schedule. This should include:</p> <ul style="list-style-type: none"> • more frequent cleaning of rooms or shared areas that are used by different groups • frequently touched surfaces being cleaned more often than normal; as a minimum, frequently touched surfaces should be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. • cleaning toilets regularly • encouraging pupils to wash their hands thoroughly after using the toilet <p>Request a COVID 19 Risk assessment from the cleaning contractor company to ensure that suitable controls and minimum exposure levels are maintained.</p> <p>Ensure that cleaners activities are monitored to ensure that safe procedures are followed and cleaning is meticulous and thorough.</p> <p>See the guidance on the cleaning of non-healthcare settings.</p> <p>Cleaning after an individual with symptoms of, or confirmed, COVID-19 has left the setting or area:</p> <p>The minimum PPE to be worn for cleaning an area after a person with symptoms of COVID-19, or confirmed COVID-19, has left the setting, is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed.</p> <p>Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.</p> <p>All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched</p>	L	
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areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

- Should be put in a plastic rubbish bag and tied when full
- The plastic bag should then be placed in a second bin bag and tied
- This should be put in a suitable and secure place and marked for storage until the individual's test results are known

This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual tests negative, this can be disposed of immediately with the normal waste.

If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.

If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:

keep it separate from your other waste
arrange for collection by a specialist contractor as hazardous waste
There will be a charge for this service.

Other household waste can be disposed of as normal.

H	Classrooms and Occupied areas	<p>Increased risk of transmission through poor ventilation.</p> <p>Poor management of crowded spaces especially where ventilation is poor.</p> <p>Exposure to unwell pupils and staff</p> <p>Contaminated Surfaces, particularly regularly used surfaces like desks, keyboards, handles, taps et</p> <p>Transfer of virus by staffing moving between classrooms.</p>	<p>See guidance on Face Coverings</p> <p>If anyone feels or looks unwell see Managing Covid Symptoms and Close contacts of someone with Covid symptoms</p> <p>Frequent and thorough hand cleaning should now be regular practice.</p> <p>Ensure that children are encouraged to wash their hands regularly throughout the day.</p> <p>Keep occupied spaces well ventilated</p> <p>It remains important to ensure it is well ventilated and that a comfortable teaching environment is maintained.</p> <p>Schools should identify any poorly ventilated spaces and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.</p> <p>Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.</p> <p>If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</p> <p>Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.</p> <p>Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).</p> <p>Where windows and doors are opened, ensure that they are locked open to prevent accident or injury through trapped fingers, or accidental bumping into.</p>	L	
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You should balance the need for increased ventilation while maintaining a comfortable temperature.

The [Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic](#) and [CIBSE COVID-19 advice](#) provides more information.

- Avoid contact with anyone with symptoms
- frequent hand cleaning and good hygiene practices
- regular cleaning of settings and minimising contact and mixing
- Ensure adequate supplies of tissues
- Remind parents to check that their children are physically well enough to attend school in the first instance, and if in doubt, to take their temperatures and call 111 for further advice, describing their symptoms.
- Staff who move from one classroom to another must ensure that they adopt strict hand hygiene by washing hands before entering the other classroom. If the member of staff touches any surfaces (door, handles etc) during transfer, further hand washing or sanitising is required.

Windows should remain open where possible and if temperatures drop below 16°C then schools should consider the follow steps:

1. Ensure staff and pupils are dressed appropriately i.e. warm layers.
2. Adjust heating systems to increase temperature.
3. If all other reasonable steps above have been taken and windows need to be closed, this should not be for longer than necessary in order to maintain airflow for example;
 - open windows (in cooler weather windows should be opened just enough to provide constant background ventilation, during lessons and opened more fully during breaks to purge the air in the space) between lesson changes and lunch and breaktimes.
 - if temperature increases during the day then windows can be opened again.
 - Open higher level windows in preference to low level windows to reduce draughts

Make sure you allow time for cleaning surfaces in the dining hall.

H	Lobby/ Main Reception	Close contact between reception and office staff and others	<p>Parents should be discouraged from entering schools. When they are permitted there should be consideration of Perspex or glass partitions and face coverings to shield against cross contamination</p> <p>Provide a two metre mark on the floor or place a barrier with signage to ensure that the safe distance is maintained. Ensure that the intercom system, where existing is regularly cleaned.</p> <p>Encourage hand washing or hand sanitisation from all colleagues, students and visitors as they enter the school.</p>	L	
M	Classroom Resources	Risk of transfer of virus from different users of resources and Equipment	<p>For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared.</p> <p>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. Resources that are shared between classes, such as sports, art and science equipment should be cleaned frequently and meticulously or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics)</p> <p>Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.</p>	L	
H	Fixed (Internal) Play Equipment (eg climbing apparatus)	<p>Additional risk of close contact due to first aid or medical treatment necessary from injuries</p> <p>Equipment becomes contaminated (perhaps through injury)</p>	<p>Good hand cleaning should be applied before and immediately after play.</p> <p>Play equipment should be cleaned with antiviral cleaning substances frequently through the day</p> <p>Consider minimal use of apparatus which may give rise to an accident that would require any NHS involvement.</p>	L	

H	Soft / Loose Play Equipment	<p>Close contact with children using the equipment</p> <p>Play equipment becomes contaminated with body fluids</p>	<p>Consider restricting soft toys to specific groups to limit risk of cross contamination.</p> <p>Good hand cleaning should be applied immediately before and after play.</p> <p>Play equipment should be cleaned with antiviral cleaning substances frequently through the day.</p> <p>In the case of contact with a suspected or confirmed case, ensure items are removed and thoroughly cleaned through disinfection of washing.</p> <p><i>This can be reduced to low risk by ensuring that each item of play equipment or toy is cleaned immediately after use by a pupil, and before the next pupil plays.</i></p>	M	
H	Arrival and Departure	<p>Parents/carers/pupils mixing in playground or at gate not observing 2m distancing</p> <p>Hand washing</p>	<p>Communicate with parents and request that they do not congregate at school gates during drop off and pick up, and maintain distancing to avoid the need for face coverings</p> <p>Encourage hand washing or hand sanitisation from all colleagues, students and visitors as they enter the school.</p> <p>Discourage use of cars and car parks. Vehicles parked in alternate bays where possible.</p>	L	
H	Movement of People	<p>People moving around the school in narrow spaces (eg corridors)</p>	<p>Ensure that all corridors and walkways are kept clear to maximise the space available.</p> <p>Frequent and thorough hand cleaning should now be regular practice</p>	L	
H	Contractors/ Third Party Workers carrying out maintenance work or	<p>Anyone on site comes into contact with a contractor who may be symptomatic or asymptomatic</p> <p>Contractor may be contaminated prior to entering site</p>	<p>Remind contractors/third party workers that they should not be entering the premises if they feel unwell and especially if they are experiencing COVID 19 symptoms.</p> <p>Ensure that contractors wash their hands if entering the premises.</p> <p>Review existing Contractors form to ensure that it includes a notice to maintain a 2m distance rule, suitable PPE, suitable welfare arrangements, particular attention to</p>	L	

	Statutory tests and checks		<p>cleaning areas after work is completed, personal hygiene, minimum staffing levels. Attendance outside of school operating times where possible.</p> <p>Ensure that any method statements provided by contractors reflect the above.</p> <p>Ensure they clean up after themselves.</p> <p>Request a COVID 19 risk assessment from contractors working on site prior to attending site.</p>		
M	Administering Medicines	Potential close contact with an infected individual	Use extra PPE for those pupil or staff who are displaying symptom, storage of medicines to avoid cross contamination of bags/bottles, extra hand washing (also refer to section on First Aid)	L	
M	Fire Safety	<p>Consider how the school and its buildings are being used; fewer areas, etc How does this impact of the schools existing Fire Evacuation Procedure</p> <p>Assess that fire routes and final exits are clear and accessible</p> <p>Fire Alarm is activate</p>	<p>Fire Doors should not be held open for ventilation unless they have hold-open systems in place linked to the schools Fire Safety Systems which would automatically trigger door closure in the event of a fire.</p> <p>Ensure that suitable numbers of teachers are trained to deal with fire evacuations and that each group teacher, or teaching assistant, takes full responsibility to evacuate the classroom safely.</p> <p>Maintain existing controls for weekly fire alarm sounder/bell testing and ensure that the fire equipment is maintained and that fire routes and doors are left unobstruct</p>	L	

H	First aid	<p>Provision is in place to be able to administer first aid and if necessary to isolate someone presenting with COVID 19 symptoms, and that there is suitable PPE in place.</p> <p>‘Mouth to Mouth’ resuscitation is avoided by first aiders</p> <p>Pupil requires First Aid - what will be the requirement for PPE if someone shows COVID symptoms.</p> <p>Adequate numbers of suitably trained First Aider</p>	<p>Display notice and contact details showing who the Duty First Aider is for the session / day</p> <p>Ensure that suitable training is provided to staff who may be involved in the isolation process to ensure that PPE is worn correctly and following the departure of the affected person, the area is thoroughly cleaned and disinfected and the used PPE is correctly disposed of in accordance with routines described under ‘Waste Management’</p> <p>If a child becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home, Depending on how close you need be to an individual with COVID-19 symptoms you may need the following PPE:</p> <ol style="list-style-type: none"> 1. fluid-resistant surgical face masks (also known as Type IIR) 2. disposable gloves 3. disposable plastic aprons 4. eye protection (for example, a face visor or goggles) <p>How much PPE you need to wear when caring for someone with symptoms of COVID-19 depends on how much contact is needed;</p> <ul style="list-style-type: none"> ● A face mask should be worn if you are in face-to-face contact. ● If physical contact is necessary, then gloves, an apron and a face mask should be worn. ● Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting. ● If a child tests positive for COVID-19 and needs to remain in a residential setting, the same type and level of PPE as above should be used. <p>When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination.</p> <p>Where emergency resuscitation is required, do so under the advice of the Emergency Services, and use PPE as appropriate.</p> <p>Mouth to Mouth resuscitation of adults is to be avoided, but if given the mouth and nose of the patient should be covered loosely with a cloth. Where mouth to mouth</p>	L	
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			resuscitation is given to a child, this should be carried out by an adult who does not have any underlying condition, and who is paediatric first aid trained.		
H	<p>Substances hazardous to health</p> <p>New process will involve a cleaner being present on site all day.</p>	<p>More regular frequent use of chemicals around children and adults.</p> <p>Alcohol Based Hand Sanitisers</p>	<p>Ensure COSHH assessments are reviewed to ensure that the cleaning products and the methods used do not result in a rise of chemical residues being retained on surfaces that children may come into contact with.</p> <p>Ensure that cleaners are reminded not to spray cleaning products in close proximity of children or other persons on site. Use cleaning chemicals with neutral scents and low levels of toxicity as well as keeping the occupied areas well ventilated. Ensure that manufacturers safety data sheets are provided to the central office in the case of a chemical first aid related accident or incident.</p> <p>Consider particularly the risks to children that may be suffering with asthma, skin allergies or other respiratory conditions and may also be affected by high levels of pollen resulting in hay fever.</p> <p>Ensure chemicals and cleaning items are not left unattended.</p> <p>Teachers to be vigilant to the use of and disposal of cleaning items</p> <p>Ensure ALL Cleaning containers are appropriately marked with the content</p> <p>Alcohol based Hand Gel - alcohol is flammable. Containers must be stored away from sources of heat or ignition. When used ensure that hand sanitiser is completed dry and evaporated before touching items or coming near sources of ignition</p>	L	

H	Toilets	<p>Toilets used by children at the same time</p> <p>Toilet facilities for someone showing Covid symptoms</p>	<p>Restrict number of pupil who can enter the toilets spaces</p> <p>Toilet cubicle reserved for suspected covid positive children is used</p> <p>Any cubical used by a suspected case, must be thoroughly cleaned immediately.</p> <p>Toilets should be cleaned with antiviral wipes or cleaning substances frequently throughout the day</p> <p>Hand dryers are ok for use as long as they are automatic and where button operated users are reminded to use their elbow to turn them on and off. Particular care needs to be taken when using hand dryers requiring you to insert your hands into them or they have trays (eg Dyson Airblades, Crocodile or Mitsubishi). Use of these types of hand dryers should be discouraged as there is risk of contact with the dryer surface areas when drying hands, which may have contamination, and must be cleaned thoroughly</p>	L	
H	Visitors to School Site	<p>Risk of contamination due to additional persons on site and the difficulty in policing their risk control measures</p>	<p>Avoid visitors on site unless they are considered to be essential</p> <p>When making arrangements with visitors ensure that clear guidelines and expectations have been communicated.</p>	L	
M	Eating	<p>Children sharing food increasing risk of viral cross contamination</p> <p>Children dropping food on floors</p> <p>Children eating and drinking in classrooms</p> <p>Disposal of waste food and drink</p>	<p>Cleaners on site to deal with food debris.</p> <p>Teachers to be clear about the rules for allowing eating in classrooms including hygiene expectations and disposal expectations.</p> <p>Children will be supervised and instructions will be given where bad practices are identified.</p> <p>All food waste will be and disposed of in lidded external bins.</p> <p>Use cashless systems where possible to prevent contamination from money.</p>	L	

H	Safeguarding	There are various Safeguarding Risks associated with children not being in school	Ensure that existing Safeguarding arrangements are maintained	L	
H	Vulnerable Persons	<p>Clinically / Clinically Extremely Vulnerable</p> <p>Pregnant women</p> <p>Children and staff not familiar with the school or part of it</p> <p>Children with EHCP</p> <p>BAME</p>	<p>Consider the requirements of staff who have (or may have) been recategorised from Clinically Vulnerable to Clinically Extremely Vulnerable, prepare individual Risk Assessment and follow appropriate working practices.</p> <p>Anyone who is identified as vulnerable will be subject to a more detailed assessment of risk. This is especially the case in an environment of heightened transmission.</p> <p>A child/young person or a member of staff who lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, can attend their education or childcare setting.</p> <p>Wear PPE as necessary.</p> <p>Ensure both Clinically Extremely Vulnerable and Clinically Vulnerable colleagues take particular care to observe good hand and respiratory hygiene,</p> <p>Since the 1 April, those who are clinically extremely vulnerable (CEV) are no longer advised to shield.</p>	M	
H	Routine H and S Controls and Checks	Routine H&S Controls and Checks may not completed due to other perceived priorities, increasing the number of hazards in the school environment	<p>Ensure that statutory tests and checks are maintained and logged on smart log.</p> <p>Ensure all the usual checks following a period of closure are completed</p>	L	

	Asthma	Staff or pupils with asthma may be at increased risk.	<p>Staff and pupils should continue to manage their asthma in their usual way as well as observing all the other Covid precautionary advice. Ensure that Asthma sufferers have their inhaler available at all times</p> <p>Be alert of any of the Covid-19 symptoms and take action as necessary.</p> <p>Ensure 2m social distancing is observed, and where this is not possible seek HR advice on what other options are available, including working from home for some of the time.</p> <p>Consider how the member of staff or pupil will get to and from school; avoid public transport</p> <p>The case of an asthma attack call 999 and ask for emergency assistance</p> <p>Remind staff and pupil to</p> <ul style="list-style-type: none"> ● maintain their usual contact with the GP or Medical Specialist ● ● The Government are now recommending that people wear a face covering in enclosed spaces, where social distancing may not be possible or they may come into contact with people they don't normally meet. Examples of where this could happen are public transport and some shops. ● ● for some people with asthma, wearing a face covering might not be easy. It could make it feel harder to breathe. The government has advised that people with respiratory conditions don't need to wear face coverings, so if the sufferer is finding it hard, then they don't need to wear one. ● ● The government has said that children and teachers do not need to wear face coverings at school <p>Further info here; asthmauk; What should people with asthma do now?ple-with-asthma-do-now/#ManageAsthma</p>		
	SEND Students	Students require 1-2-1 interventions / support from scribes, readers for exams etc.	<p>Scribes / Readers should be placed in rooms which are well ventilated and where ideally they are able to socially distance.</p> <p>Both the student and the support worker must not show signs of having any of the symptoms. If either party starts to show symptoms during the course of the session,</p>		

			<p>then there must be suitable means of flagging this and suspending the session as may be necessary.</p> <p>The room and any equipment used must be sanitised (monitors, keyboards, touched surfaces etc) before and after each use.</p> <p>All parties must also hand sanitise when entering the room.</p>		
	Performances	Performances with an audience present a higher risk	Schools planning an indoor or outdoor performance in front of an audience should follow the latest advice in the DCMS performing arts guidance, implementing events in the lowest risk order as described.		