

COVID-19 Risk assessment – January 2022

The Government has asked school leaders to take to reduce the risk of transmission of coronavirus (COVID-19) in their schools. This includes public health advice endorsed by Public Health England (PHE).

The link to reviewed Guidance: https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak. Separate Guidance is available, as follows:

- Early Years: https://www.gov.uk/government/publications/coronavirus-COVID-19-early-years-and-childcare-closures
- Further education colleges and providers:https://www.gov.uk/government/publications/coronavirus-COVID-19-maintaining-further-education-provision
- SEN schools & alternative provision:https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings

The overall government guidance says the following:

The Government continues to manage the risk of serious illness from the spread of the virus. Step 4 marked a new phase in the Government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative need to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low. Every adult has been offered a first vaccine and the opportunity for 2 doses by mid-September.

Our priority is for you to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life changes, mental and physical health. We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise this Guidance.

Some specific issues are addressed in the risk assessment, but please read the full Government advice to schools for clarity.

Additional PPE for coronavirus (COVID-19) is only required in a very limited number of scenarios, for example, when:

- a pupil becomes ill with coronavirus (COVID-19) symptoms, and only then if a 2-metre distance cannot be maintained
- performing aerosol-generating procedures (AGPs) Guidance is provided at <a href="https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#aerosol-generating-procedures-agps

If contact with the child or young person is necessary, gloves, an apron and a face covering should be worn by the supervising adult. In addition, if a risk assessment determines that there is a risk of splashing to the eyes, for example, from coughing, spitting, or vomiting, then eye protection should also be worn.

PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as a very young child or a child with complex needs). More information on PPE use can be found https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe



Risk assessment (Government guidance requirements):

You must comply with health and safety laws and put in place proportionate control measures. You must regularly review and update your risk assessments – treating them as 'living documents', as the circumstances in your school and the public health advice change. This includes having active arrangements in place to monitor whether the controls are effective and working as planned.

Your September 2021 operational risk assessment should include:

Control measures

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

Social Distancing and 'bubbles' - Government operational guidance:

It is no longer necessary to keep children in consistent groups ('bubbles'). As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.

You should make sure your contingency/outbreak management plans cover the possibility that in some local areas, it may become necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.

Clinically extremely vulnerable (CEV) Pupils

All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

Engage with the NHS Test and Trace process:

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.

Individuals are not required to self-isolate if they live in the same household as someone with COVID-19 or are a close contact with someone with COVID-19, and any of the following apply:

- they are fully vaccinated
- they are below the age of 18 years and 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

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. Please encourage all individuals to take a PCR test if advised to do so.



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.

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 close contact.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if the central Government offers the area an enhanced response package, a director of public health might advise a setting to reintroduce some control measures temporarily.

In circumstances where face coverings are recommended

If you have a substantial increase in the number of positive cases 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 contingency plans cover this possibility.

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.

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.

Stepping measures up and down

You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children, pupils, Pupils or staff test positive for COVID-19 or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.

Central Government, Local Authorities, and the DfE may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

Outbreak management plan

For most settings, it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the contingency framework: https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings



The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

Asymptomatic testing

Staff should undertake twice-weekly home tests whenever they are on site.

Confirmatory PCR tests

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. Whilst awaiting the PCR result, the individual should continue self-isolating. 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.



Health and Safety Risk Assessment – Opening Schools – COVID-19

Academy / School		Nova	Primary Sc	hool		Assessment No	•	
Site				Location				
Subject of Assessi	ment	Schools operating from Sep	otember 202	1.				
Assessed by		Anna Morris/Jo Ferns	Date	2 nd Septembe	er 2021	Review date	Ongoing – latest revision date detailed in the footer	
Details of workplace/activity		and employees partaking in ses, including general classroo				Persons Affected (Who may be harmed)		
		ounds, pick-up and drop off (all visitors to the school.	(where appli	cable), First aid and		yees, Volunteers, Contractors and Visitors.		

Hazards and Risks	Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions \sqrt{IX} (If \sqrt{See} Actions)
Spread/contraction of COVID-19 due to interaction with a person who has symptoms of the disease, a person who may be asymptomatic or lack of information on how infection risks are controlled in the school. Stress or anxiety caused due to lack of support, information or staff consultation.	 Staff are briefed and consulted on school procedures and the plans for re-entry of pupils in the autumn term; Employees have had sufficient training and briefing regarding infection control and school protocols; Staff are up to date on other related Guidance and support in relation to themselves and pupils such as stress and wellbeing, including: 	Medium	
Those who are clinically extremely vulnerable becoming ill.	https://www.gov.uk/government/publications/COVID-19- guidance-on-supporting-children-and-young-peoples-mental- health-and-wellbeing/guidance-for-parents-and-carers-on-		



Hazards and Risks	Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions √/X (If √ See Actions)
	supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-COVID-19-outbreak In relation to mental health and stress support organisation, details are available to staff including confidential employee helplines and information that can be provided to pupils; Staff can access the free helpline Education Support Partnership for school staff and targeted support for mental health and wellbeing There are communication, consultation and support networks in place for staff and if there are particular concerns staff can raise them quickly and effectively; Hazard reporting mechanisms are in place and are easily accessible; Talks with staff about the planned changes (E.g. safety measures), have taken place, including discussing whether additional training would be helpful COVID-19 guidelines are published on the school's website The school will try as far as practically possible to be flexible and accommodate additional measures for vulnerable people where appropriate Specific risk assessments for new and expectant mothers are completed in line with current Government Guidance. An ongoing review will be carried out for expectant mothers from 28 weeks gestation and for new or expectant mothers with underlying health conditions to identify reasonable adjustments and home working arrangements when required Lateral flow testing is completed by all staff twice weekly, with results sent to NHS. Full training has been given and recorded for any future regular staff. Engagement with LF testing is monitored weekly by the School Business Manager and Head and non-engagement is challenged constructively, allowing for the fact that the tests are not statutory		



	Hazards and Risks Existing Control Measures		Risk Level (Very High, High, Medium, Low)	Further Actions \sqrt{IX} (If $\sqrt{See\ Actions}$)
		 Communication with contractors: The school has detailed discussions with contractors to ensure all of the school's COVID-19 controls measures are understood and followed. This includes hygiene measures. Where possible, site visits are made outside of school working hours. A record of all contractors/visitors is kept in order that NHS Test and Trace measures can be adhered to. 		
2.	Spread/contraction of COVID-19 due to lack of good ventilation.	 Good ventilation will be maintained at all times. This is achieved by: Identifying poorly ventilated areas and improving the flow of fresh air by opening external doors and windows (not internal fire doors); Ensuring mechanical ventilation draws in fresh air or extract air from a room (rather than circulated old air) Adjusting systems to increase the ventilation rate and switching to full fresh air where possible Most classrooms have carbon dioxide monitors so levels can be monitored 	Medium	
3.	Spread/contraction of COVID-19 due to lack of hand-washing and general poor hygiene.	 Primary (early years): Hand washing/hand sanitisation is completed on entrance to the class and between specific activities Staff and parents are encouraged to use education resources such as e-bug and PHE school's resources; Hand washing stations or hand sanitisation provision are positioned at each pupil, staff and visitor entrance to the school; All those entering the school are required to wash/sanitise their hands; Hand washing stations/hand sanitisation are located within each classroom and on entry to the dining hall; Hand washing sinks are located within each toilet provision; 	Medium	



	Hazards and Risks	Hazards and Risks Existing Control Measures		Further Actions \sqrt{IX} (If \sqrt{See} Actions)
		 Signage is located adjacent to each wash station or sink reminding occupants to wash their hands and how to do it effectively; Pupils and staff have been shown how to wash hands properly; Help is available for children and young people who have trouble cleaning their hands independently; Hand washing is recommended frequently and required at the following times: Entry and exit from the school; After using the toilet; When returning from breaks On entry to the dining hall; Before and after eating; On entry and exit from each classroom. Unnecessary touching of the face is discouraged. Teachers will remind pupils to use tissues and bin them once used. If tissues are not readily available exactly when needed occupants are reminded to cough or sneeze into their arm, 'catch it, bin it, kill it'; Any tissues must be disposed in the Covid-19 swing bins provided; Toilets and wash stations have single-use paper towel or hand dryers for drying hands. 		
4.	Spread/contraction of COVID-19 due to lack of adequate cleaning measures.	 The school has implemented additional cleaning regimes. This includes the following: Frequent cleaning of classrooms, toilets, common areas and dining halls; Frequent cleaning of all touched surfaces, such as door handles, handrails, table tops, play equipment and toys. Classroom furniture and soft furnishings have been reduced in order to improve the ability to effectively clean rooms; Classrooms will be cleaned every day after school; 	Medium	



	Hazards and Risks	Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions \sqrt{IX} (If \sqrt{See} Actions)
		 Toilets will be cleaned according to the cleaning regime during the day and at the end of the day; Common areas will be cleaned once a day; Equipment used by the pupils and staff will be suitably cleaned at the end of each day or before it is used by another person; If an area is suspected to have been contaminated by coronavirus (a positive case is detected for an occupant of a classroom), the room will be subject to a hard surface clean with disposable cleaning materials and the associated waste will be double bagged to be stored securely for 72 hours before disposal as per the guidance set on COVID-19: cleaning un non-healthcare settings. The Caretaker will perform a disinfectant fogging of an area that has been suspected to have been contaminated. 		
5.	Spread/contraction of COVID-19 due to insufficient First aid measures or poor arrangements when handling pupil'd medication. This includes: • Dealing with general First aid; • Lack of trained first aiders; • Dealing with a suspected case of COVID-19; • Inappropriate handling/removal of clinical waste • Aerosol Generating Procedures (AGP)	 A specific First Aaid (FA) needs assessment has been completed – see other 'First Aid Needs assessment – COVID-19; The FA assessment takes into account numbers and ages of pupils, number and training of employees; This information forms the decision on what activities and groups can safely be managed within the school; This includes sufficient first aiders for the school to the number of pupils with a particular focus on early years provision; Qualified first aiders are in place at an appropriate ratio for paediatric first aiders for Early Years provision; Where an individual exhibits symptoms during the school day, the individual will be escorted to the marked Isolation Room/Area to isolate them from the main population until additional medical assistance can be gained. This may be 111 support, an ambulance or until they leave the site to self-isolate; The door to the isolation room will be closed (where possible). 	Medium	



Hazards and Risks	Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions \sqrt{IX} (If \sqrt{See} Actions)
	 Staff escorting the individual will be provided with disposable gloves and apron if the 2-metre social distancing rule cannot be maintained Where the risk of contact with droplets to the face, e.g., from coughing or vomiting, face protection should be provided Where visible contamination, e.g. saliva droplets, is present face protection in the form of mask, goggles or face shield will be provided. The classroom area or workspace the individual leaves will be subject to a hard surface clean with appropriate disinfectant products and all waste double bagged and stored securely for 72 hours before disposal. The Caretaker will carry out a disinfectant fogging of the area. All building users are advised regarding monitoring their own health, reporting symptoms and self-isolating Where available, the school will provide individuals displaying symptoms with a home testing kit – where the individual is a pupil, the kit will be provided to their parent or carer if they are unable to book a PCR test at a testing centre First aiders required to assist this person will wear full PPE including, apron, gloves, mask and visor; First aiders have completed appropriate training for 'donning and doffing' PPE; First aiders have completed appropriate training for 'donning and doffing' PPE – PHE guidance: https://www.gov.uk/government/publications/COVID-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures PPE is disposed of in accordance with NHS COVID-19 waste management guidance; https://www.gov.uk/government/publications/COVID-19-decontamination-in-non-healthcare-settings/COVID-19-decontamination-in-non-healthcare-settings 		



Hazards and Risks	Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions \sqrt{IX} (If \sqrt{See} Actions)
	 The first aid room is cleaned frequently and after each use (when first aid care has been provided). Staff dispensing medication to pupils should minimise contact and their wash hands before and after dispensing the medication. If required, gloves will be worn by staff when giving medication Where appropriate, pupils should take the medication out of the blister packs/bottles then place the unused ones back in the cupboard, etc. Waste disposal measures Waste control measures from possible cases of COVID-19 and cleaning of areas where possible cases have been identified (including disposable cloths and tissues) are as follows: Put in a plastic rubbish bag and tied when full; The plastic bag is placed in a second bin bag and tied; It is put in a suitable and secure place and marked for storage until the individual's test results are known; Waste is stored safely and kept away from children; Waste is not put 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 put in with the normal waste; If the individual tests positive, then waste is stored for at least 72 hours and then put in with the normal waste; If storage for at least 72 hours is not appropriate, a collection as a Category B infectious waste is arranged by either local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for waste bags can be sent for appropriate treatment. 		



	Hazards and Risks	Hazards and Risks Existing Control Measures		Further Actions √/X (If √ See Actions)
6.	Lack of staffing / insufficient staff ratios	 Adequate ratio of staff to children will be maintained and is assessed on a daily basis, based on potential staff illness or self-isolation; Children are suitably supervised at all times. 	Low	
7.	Lack of suitable premises management	 Premises staff levels are maintained and suitable for the use of the building; Appropriate cleaning and premises staffing levels are in place; Waste removal and enhanced cleaning programs are in place for the potential coronavirus contaminated waste; Contingency in place for sudden premises staff absence; Good ventilation can help reduce the risk of spreading coronavirus, where possible windows and doors (unless fire doors) will be opened to improve general ventilation through fresh air 	Low	
8.	Hazardous substances management, unsuitable COSHH management and unsafe use of chemicals leading to ill-health, environmental contamination or fire.	 Suitable storage and management of flammable hand sanitiser is in place; All chemicals used for the cleaning of school buildings and equipment is COSHH assessed and managed appropriately; Safety data sheets are held for all chemicals and readily available to all staff; All cleaning chemicals are stored safely and securely in accordance with requirements; Appropriate PPE is available for all cleaning, including suitable PPE for cleaning of potential coronavirus contaminated rooms or equipment. 	Low	
9.	Spread/contraction of COVID-19 during an educational visit.	 Domestic local, residential and international education visits can take place with appropriate planning in line with the School's Educational Visits Policy. The school will liaise with the visit provider and the insurance provider to assess the protection available and ensue the safety and wellbeing of staff and pupils 	Medium	



	Hazards and Risks Existing Control Measures		Risk Level (Very High, High, Medium, Low)	Further Actions √IX (If √ See Actions)
		 All visits will be conducted in line with relevant COVID-19 Guidance and regulations in place at the time. Sports fixture competitions with other schools that take place outside have resumed and follow Guidance A risk assessment – in line with the school's policy will be carried out for all educational visits. 		
10.	Pupil's stress, anxiety or poor behaviour due to the ongoing changes and challenges caused by the pandemic.	 The school is utilising all the advice and resources available on the Pupil wellbeing and support section of the DfE guidance Schools coronavirus (COVID-19) operational Guidance 	Low	
11.	Rising case rates in school & changes to self-isolation period for individuals who test positive	 Commencing from 22nd October 2021 no whole school gatherings throughout Term 2 – replaced with smaller phase assemblies Parent/carer consultations to revert to online video apppointments From 30th November face masks to be worn by all adults in communal areas From 22nd December the 10 day self isolation period for those who record a positive PCR test has been reduced to 7 days. Indiviudals may now take LFD tests on day 6 and day 7 (24 hours apart) and if two negative tests are recorded they are no longer required to complete 10 days of self-isolation and can return to school from day 8. People who are fully vaccinated, or children and young people aged between 5 and 18 years and 6 months, identified as a close contact of someone with COVID-19, should take an LFD test every day for seven days and continue to attend their setting as normal, unless they have a positive test result or develop symptoms at any time. Children under 5 are not being advised to take part in daily testing of close contacts. If a child under 5 is a contact of a confirmed case, they are not required to self-isolate and should not start daily testing. If they live in the same 	Medium	



Hazards and Risks	Existing Control Measures	Risk Level (Very High, High, Medium, Low)	Further Actions \sqrt{IX} (If \sqrt{See} Actions)
	household as someone with COVID-19 they should limit their contact with anyone who is at higher risk of severe illness if infected with COVID-19, and arrange to take a PCR test as soon as possible. They can continue to attend an education or childcare setting while waiting for the PCR result. If the test is positive, they should follow the stay at home guidance for households with possible or confirmed COVID-19 infection • Anyone travelling abroad will need to take a PCR test within two days of their return to the UK and isolate until they have a negative result.		

ACTION PLAN (Additional Control Measures Required/Recommended Actions)				
Hazards and Risks	Recommended Actions	Target Date	Completed by	Date Completed



