RISK ASSESSMENT FORM

Part A

DEPARTMENT/ SERVICE Beckfor						Phoenix				
	Assessor/ Person(s) assisting with the assessment Rachel Stirland/ Jason F								DATE	2/11/2020
	TASK / ACTIVITY Include duration and frequency of task activity) Include duration and frequency of task activity Include duration and frequency of task activity) Include duration and frequency of task activity Include duration and frequency <t< th=""></t<>									
				•	-	Persons / groups at risk				
Likelihood		Sev	verity of Outco	ome		Α	Employees	E	Genera	l Public / Pupils
of Occurrence	1 Na aliaibhe	2 Oliarhat	3	4	5	В	New Employees	F		Visitors
1	Negligible	Slight	Moderate	Severe	Very Severe	С	Contractors / Sub-Contractors	G	V	olunteers
Very Unlikely	LOW (1)	LOW (2)	LOW (3)	LOW (4)	LOW (5)	D	Young person / Work	Н	Clients	/ Service users
2 Unlikely	LOW (2)	LOW (4)	LOW (6)	MEDIUM (8)	MEDIUM (10)		experience			
3 Possible	LOW (3)	LOW (6)	MEDIUM (9)	HIGH (12)	HIGH (15)	Likelihood of occurrence X Severity of outcome = Risk Rating				
4 Probable	LOW (4)	MEDIUM (8)	HIGH (12)	HIGH (16)	HIGH (20)	Example:				
5 Very Likely	LOW (5)	MEDIUM (10)	HIGH (15)	HIGH (20)	HIGH (25)	Lik	elihood (possible 3) X Severity (N	loderat	:e 3) = Risk R	ating (Medium 9)

The Department of Education have made clear their expectation that all schools will be open for all pupils from September. The guidance contains a PHE-Endorsed 'system of controls' (**numbered and bold in the base control measures below**), which build on the previous Hierarchy of Controls used in the summer term. Where something is essential for public health reasons, the guidance uses the word 'must'. Schools must comply with health and safety law and put in place proportionate control measures to protect staff, pupils and others.

Schools must apply the system of controls in a way that reduces risk to the lowest, reasonably practicable level, in a way that works for their school, and allows them to deliver a broad and balanced curriculum for pupils.

The overriding principle is to reduce the number of contacts between children and staff through reduced mixing (through consistent groups) and increasing social distancing between individuals. The balance between these 2 options for reducing contacts will vary between schools depending on the ability of pupils to distance, the layout of the school and the requirement to provide a broad and balanced curriculum. In most

circumstances, staff can maintain 2m social distancing between themselves and others they should do so.

Part B

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
Decision to reopen against national scientific advice & government policy	ALL	5 x 4 = 20	The Government has made it clear that it's intention is for all schools to be open to all pupils in September.	Continue to monitor DfE, SAGE and PHE guidance and amend risk assessment and decision to open accordingly. Official Government review due 11/08/20. All pupils and students should continue to attend education settings at all local COVID alert levels unless they are one of the very small number of pupils or students under pediatric or other specialist care and have been advised by their GP or clinician not to attend an education setting. Updated 15 October 2020 Department of Health & Social Care and PHE	1 x 4 = 4
Decision to reopen against local assessment of transmission risk	ALL	5 x 4 = 20	The Trust continues to monitor the local situation using data from PHE surveillance and local advice from the Director of Public Health.		2 x 4 = 8
Spread of Covid- 19 between pupils; staff; families of pupils/ staff.	ALL	4 x 4 = 16	1. Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school N.B. There will always be residual risk from those who are asymptomatic.	Communicate with pupils and staff that if they feel unwell or have tested positive for Covid-19 in the last 7 days they must not attend school. Communicate with parents that if pupils feel unwell or have tested positive for Covid-19 in the last 7 days they must not attend school. Communicate with staff, pupils and others that if they are displaying symptoms they should get tested for Covid-19. Symptoms are a new continuous cough, a high temperature, or a loss of, or change in, your normal sense of taste or smell – anosmia), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the Publicise the 'Guidance for Households with Possible Coronavirus Infection', and communicate to pupils, staff and parents that household should isolate for 14 days if someone in the household displays symptoms or they are told to by NHS Track and Trace. Communicate with visitors and contractors, that access to site is only possible with no symptoms, by following school procedures and	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				practices and where appropriate carrying out a separate risk assessment.	
		5 x 4 = 20	Take steps to reduce the risk when anybody starts to display symptoms in a school setting passing on the infection to others. See Trust procedure on "Dealing with Confirmed or Suspected Cases"	 Follow guidance "What to do if someone develops symptoms of coronavirus (COVID-19) whilst at an educational setting". If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. N.B. Government guidance states "A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult in these circumstances. The guidance states: [if] "there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn" It is considered there is a risk if someone is displaying symptoms and therefore eye protection and a mask should be worn (as per the Trust procedure). This is because we cannot predict the behaviour / symptoms that the pupil will display. 	3 x 4= 12
		3 x 4 = 12	2. Clean hands thoroughly more often than usual Coronavirus (COVID-19) is an easy virus to kill when it is on skin. This can be done with soap and running water or hand sanitiser. Only use alcohol hand rub or sanitiser if soap and water not available.	test (return to the setting when well or isolation of cohort)Schools must ensure that all pupils and staff to wash hands regularly: when they arrive at school, when they return from breaks, when they change rooms and before and after eating or handling food, as well as after touching your face, blowing your nose and sneezing or coughing.Promote handwashing through posters and regular reminders and building it into school routines and behaviour expectations.	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.	
				Demonstrate good hygiene practice	
				Make use of resources from e-bug and other sources	
				Provide alcohol rub where a sink is not readily available, and supervise it given the risks around ingestion.	
				Ensure pupils who need supervision and/or help whilst washing hands receive it.	
		3 x 4 = 12	3. Ensure good respiratory hygiene by	Refresh posters.	2 x 4 = 8
			promoting the 'catch it, bin it, kill it' approach Implement the 'catch it, bin it, kill it' approach.	Schools must ensure that they have enough tissues and bins available in the school to support pupils and staff to follow this routine. Talk to all pupils and staff about respiratory and hand hygiene.	
				Regular emptying of bins.	
				Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education. Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.	
		3 x 4 = 12	4. Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach	Identify surfaces that are regularly touched – such as desks, chairs, keyboards, handles, light switches and electronic devices (such as phones) etc. Instruct and ensure supervision of cleaning staff accordingly.	2 x 4 = 8
				 Points to consider and implement: putting in place a cleaning schedule that ensures cleaning is generally enhanced and includes: 	

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				 more frequent cleaning of rooms / shared areas that are used by different groups frequently touched surfaces being cleaned more often than normal different groups don't need to be allocated their own toilet blocks, but toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet By the end of the summer term, Public Health England will publish revised guidance for cleaning non-healthcare settings to advise on general cleaning required in addition to the current advice on <u>COVID-19: cleaning of non-healthcare settings guidance</u>. Prop doors open so they don't have to be touched. However, don't leave fire doors propped open and unattended, and must be shut in the case of a fire alarm. 	
		3 x 4 = 12	5. Minimise contact between individuals and maintain social distancing wherever possible Different elements of minimising contact and maintaining distancing are detailed by activity below	Minimising contacts and mixing between people reduces transmission of coronavirus (COVID-19). This is important in all contexts, and schools must consider how to implement this. Schools must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum.	2 x 4 = 8
		3 x 4 = 12	a) Grouping Children (Bubbles) Consistent groups reduce the risk of transmission by limiting the number of pupils and staff in contact with each other to only those within the group	Aim to implement base sized bubbles Groups should be kept apart from other groups Young people with less complex needs who are able to self-regulate their behaviours without distress should be encouraged to keep distance within groups Where capacity allows, limit interaction and sharing of rooms and social spaces between groups. NB Benefits exist even if separating groups and maintaining distance can only be partially implemented Rebound to be reintroduced, to three bases, each of the bases listed will have sole use of the rebound room on the day allocated to them. After use the rebound door to be locked and a sign will go on the door saying this room needs to be cleaned. Cleaning team will give the area a deep clean, cleaning wall and floor mats and the rebound bed using (Microsan) this chemical if certified safe to use on soft furnishings and is effective against	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				bacteria including Coronavirus. If anyone has been symptomatic, the room will be left for 72 hours before cleaning where possible, or full PPE will be worn if cleaning needs to be quicker.	
		3 x 4 = 12	b) Measures within the classroom Avoid close face to face contact and minimise time spent within 1m of anyone	 Keep desk workstations as far apart as possible (1m) Staff to maintain distance from pupils where possible and not to work unnecessarily close to pupils. Pupils to be supervised when going to the toilet. Manage toilet facilities so that they don't become overcrowded. They should be cleaned after each break, after lunchtime and at the end of the school day. Keep groups consistent. Teachers to stay with same group (as far as possible). Consider teaching lessons outside if possible. Clean rooms between bubbles if they need to be shared. More frequent cleaning of touched surfaces more often than normal, such as: play equipment and toys Adopt clear and comprehensive cleaning schedules. Zones to respond to emergencies e.g. Team teach and medical emergency – allocated evacuation room – where possible (time 	2 x 4 = 8
		4 x 4 = 16	c) Measures elsewhere i) corridors When timetabling, groups should be kept apart and movement around the school site kept to a minimum. While passing briefly in the corridor or playground is low risk, schools should avoid creating busy corridors, entrances and exits.	allows and does not escalate situation) if mixing PPE to be worn Strict adherence to single file and keeping to the left on corridors that are two meters wide. Staff to check corridors are clear before escorting pupil out. Pupils to be kept in one classroom for as much of the day as possible Pupils will not be asked to queue on corridors but should enter rooms immediately and go to their allotted desk where appropriate. Corridors and shared areas to be kept as clear as possible e.g. computers.	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
		4 x 4 = 16	ii) break-times/outdoor lessons	 Rota outdoor areas so that fewer pupils outside at any one time. Make sure pupils go straight outside. Encourage socially distant activities where pupils stay two metres apart (passing rather than contact football etc.) Do not use outdoor equipment unless it has been sanitised between 	2 x 4 = 8
		4 x 4 = 16	iii) lunchtimes	Deliver lunches to classrooms.	2 x 4 = 8
		3 x 4 = 12	iv) school start/end	 Parents to be asked to keep two metres apart when collecting / dropping off pupils and to remain in cars where possible. Stagger start/ finish times. Parents should not congregate around doorways or in reception. Consider other steps to control social mixing at pick-up and drop-off. Staff must adhere to 2m social distancing rule when arriving / departing school. Encourage parent-staff communication via technology (phone, app, email), and if a face-to-face conversation is needed arrange by prior appointment and ensure social distancing arrangements are adhered to a face to face with parents for ENCOM 	2 x 4 = 8
		5 x 4 = 20	v) large events/assemblies	adhered to. Face-to-face meetings with parents for EHCPs. No assemblies, weekly joint activity within zones via Teams Under no circumstances should physical meetings / assemblies occur with pupils from more than one bubble.	2 x 4 = 8
		3 x 4 = 12	vi) meetings	Meetings not to be held unless 2m social distancing can be strictly maintained. Extended meetings in rooms with no external ventilation to always be avoided. Meetings to be held outside where possible. Limit meeting length as far as possible.	

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
		3 x 4 = 12	vii) swimming pool and changing areas for school staff and children	Use IT solutions to facilitate on-line meetings. No physical meetings involving staff from multiple sites Use of the staff room may need to be limited / on a rota basis. 2m social distancing needs to be regularly cleaned and staff must wash hands before and after using the kitchen. Reduced amount of people in the pool area, this will be made up of one NARS person to ensure pool safety and the maximum of six additional people. Staff must keep social distance as much as practically possible especially while in the water. Close face to face contact with children and staff must be kept at a minimum or completely avoided when in the water, due to no PPE protection. Staff to wear facial PPE when hoisting and changing children. Pool and changing area to be used by one bubble for the full day and then cleaned down before next bubble. The pink cleaning fluid NOT to be used on the poolside due to cross contamination of chemicals, pool water can be used to wipe and swill down the area on the poolside, however the pink cleaning fluid can be used in the changing rooms. Caretaker will clean down all touch points, handles, taps, emergency buttons at the end of the morning session to be ready for the afternoon session. All beds and benches that have been used by the children during the session must be cleaned down by the staff present using the cloths and pink cleaning fluid that has been provided. All used cloths must be placed in the bucket near the door that leads onto the main school corridor. Caretaker will ensure there are adequate amounts of cloths and cleaning spray available for each session and will remove all dirty cloths.	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				Everyone must gel their hands on way in and out of the pool area and must ensure that gel and cleaning products are kept out of the reach of children.	
				Staff and children to remove their shoes when entering the changing rooms to avoid any cross contamination or staff can put on blue shoe covers.	
				Cleaning team will complete a full clean down on a daily basis, mopping the floor, cleaning showers, toilets and all touch points	
				After October half term the following bubbles will have access to the pool area • Orange • Red (Kate) • Yellow	
				When changing children before and after swimming, staff to ensure that they have washed or gelled their hands and are wearing face protection and apron, hands to be washed or gelled when finished – will need more gel in there in places that children can't get to.	
				If buoyancy aids and play equipment is to be used, these need to be cleaned down after the children have used them. The chlorine in the water is a bleach and the NARS person to submerge all equipment in the pool water – for 30 seconds before returning it to the store room.	
				If the pool music and light are to be used, these must be turned on in the morning session and turned off at the last session. All keyboards, and touch points must be cleaned after use by the NARS person.	
				In the event a child needs to go to the toilet during the session, staff will wear PPE when assisting the child, the changing bed or toilet in the changing rooms to be used and cleaned down after using the pink cleaning spray by the member of staff assisting the child.	
				Caretaker will ensure that there is enough bins in the changing rooms for the PPE waste and he will ensure that they are emptied regularly.	
				If a member of staff needs to use the toilet, they will use the toilets in the shower rooms next to the pool office.	

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				 IMPORTANT – the disabled toilet outside in the pool foyer is for the SLT bubble and must not be used for changing or used as a toilet by any staff or children. If it needs to be used in an emergency, a sign should be put up that it needs cleaning. – sign needs to be in toilet – and toilet should be cleaned by caretaker. To enable the pool to reopen we have had to make some changes to the toilet facilities; cleaning team will now share the toilet with Jason near the photocopier care team will now share the toilet with the school nursing team in the staff lobby near the PPA room. Child from Green base will now use the changing room 	
				opposite class. Towels and costumes to be bagged and washed immediately if not going home. An electronic form has been created to reduce the need of staff moving around school to complete the pool risk assessment. This form will also be used for the Track and Trace of who has been in the pool. Each class will be given a QR code to scan to access the online form. In the event that the emergency alarm is activated, staff attending the incident must ensure that they have full PPE .	
				 Paper risk assessment will be printed off and issued to the relevant bubbles. Teacher or leaders of them bubbles must go through the risk assessment with all their staff, so everyone is clear on what is expected. <u>The following information has been taken from Swimming.org, The World Health Organisation, Public Health England and PWTAG.</u> The World Health Organisation states that: "Conventional, centralised water treatment methods that utilise filtration and disinfection should inactivate the Covid-19 virus. Other human 	

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				 coronaviruses have been shown to be sensitive to chlorination and disinfection with ultraviolet (UV) light." The Pool Water Treatment Advisory Group (PWTAG) state that: "The available evidence shows that the physical effect of the pool water and an appropriate relationship between free chlorine and pH value should inactivate the virus within 15-30 seconds. The dilution of virus in the pool water volume will also reduce the risk of exposure and transmission." Furthermore, Swim England's Returning to Pools guidance and PWTAG technical notes have been produced in consultation with Public Health England, supporting the view that coronavirus would be inactivated at the levels of chlorine used in swimming pools. The air circulation systems within pool halls are designed to undertake at least four complete air changes every hour. Alongside this addition of fresh air our pool hall air circulation systems are designed to remove the air above the surface, which in turn should assist in removing airborne transmission of viruses. There is also anecdotal evidence that suggest that higher temperatures and humidities we have in pools can play a positive effect in reducing transmission of airborne particles. Again, we are also recommending further risk control measures such as maintaining social distance wherever possible, reducing the maximum number of swimmers allowed in a pool at any time. 	
Staff physical and mental wellbeing adversely affected	A	3 x 5 = 15 3 x4 = 12 3 x 3 = 9	 viii) Protect pupils with clinical Vulnerabilities ix) Evacuation / Invacuation protocols – consider how to manage both evacuation and invacuation. Consider staff wellbeing "Proper operation, maintenance, and disinfection" 	Parents and carers of the children that will be using the pool will have to give written permission before the child goes in the water. Parents need to know that staff will not be wearing PPE when in the water and this could be an increased risk. Marked zones to be put in car park area that are at least 2m away from each other. Bubbles to use alternative fire escapes where possible. Some staff may not feel safe not using PPE when working with the children, therefore they must be given the option not to undertake the swimming if they are not fully confident that they will be safe. Staff to have this discussion with SLT.	2 x 5 = 10 2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
Inadequate chlorinated pool levels			 Make sure the pool is running properly, and that it is been used in the way it was intended to be used. Make sure it is being maintained and the equipment is working the way it's supposed to, and maintaining the pool itself (i.e., cleaning it, etc.). Make sure that the pool has the correct amount of sanitizer in the water. That is of the upmost importance. 	Identified staff who are vulnerable are NOT allowed to go in the pool water, they can however change wearing full PPE. Caretaker must ensure that the chemical levels are within is safe working levels. Chlorine levels of between 3 ppm and 5 ppm, with 3 ppm being ideal and a PH of 7.2 the correct levels should remove or inactivate the virus that causes COVID-19. To ensure the pool levels are at the safe working level at all times, pool testing to be increased – • one at the start of the day • one mid-morning, after the first session • one during lunch • one at the end of the day In the event the pool does not have the adequate amount of chemicals in the water, the pool must be closed and not opened until the pool has had two 45 minute cycles this will ensure the water is fully chlorinated. A further test will be needed before the pool is re-opened. More frequent back washes to ensure the filter tanks are kept clean and fully working. If in doubt the pool must be closed and external support from Bradford Council or Pool Tech must be obtained.	2 x 3 = 6
Swimming when feeling ill			While chlorine and other sanitizers can kill some viruses, they will not cure you if you're ill due to a virus.	Someone who's sick may still cough into their hand, and then touch the pool ladder or parts of the pool area that are not submerged in chlorinated water.	
		3 x 4 = 12	6. Where necessary, wear appropriate personal protective equipment (PPE)	 The majority of staff in education settings will not require PPE beyond what they would normally need for their work. PPE is only needed in a very small number of cases, including: where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the 	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				 same PPE should continue to be used From 1 September 2020, new guidance applies to the use of face coverings in education settings – see the guidance on face coverings in education. Further information is also available in the guidance for schools, guidance for early years, guidance for further education and guidance for higher education Some individuals are exempt from wearing face coverings. For example people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability, or if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate. In the event people not wearing a face mask or shield comes into school the 2 metre distance must be followed and all staff are pre warned. 	
		4 x 4 = 16	Response to infection 7. Engage with NHS Test and Trace	 Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to: book a test if they are displaying symptoms. provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace self-isolate if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19) Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Essential workers, which includes anyone involved in education, childcare or social work, and their households, have priority access to testing. Schools also have access to a small number of home testing kits for use in line with guidance on home testing kits. Following the launch of the NHS COVID-19 app in England, settings may find it helpful to refer to the guidance on the use of the app in schools and further education colleges. The app is intended for use by anyone aged 16 and over, including staff members, if they 	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
		4 x 4 = 16	8. Manage confirmed cases of Coronavirus amongst the school community Schools must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Schools should contact the local health protection team. This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.	 choose to do so. You should understand how the app relates to your setting's process for managing a positive case or an outbreak. Further guidance is available on <u>NHS test and trace</u>, and there is also further <u>guidance for schools</u>, <u>guidance for further education</u> and <u>guidance for early years providers</u>. If anyone displays symptoms whilst in school they should follow the Trust procedure "dealing with confirmed and suspected cases" The health protection team will work with schools in this situation to guide them through the actions they need to take. Based on the advice from the health protection team, schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means: direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin) proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected person The health protection team will provide definitive advice on who must be sent home. To support them in doing so, we recommend schools keep a record of pupils and staff in each group, and any close contact that takes places between children and staff in different groups (see <u>section 5 of system of control</u> for more on grouping pupils). Contact the Trust Covid Operations team for support 	2 x 4 = 8
		4 x 4 = 16	 9. Contain any outbreak by following local health protection team advice If schools have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and 	Contact the PHE Health Protection Team (0113 386 0300) In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. If schools are implementing controls from this list, addressing the risks they have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of	2 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
			must continue to work with their local health protection team who will be able to advise if additional action is required.	health protection teams. Contact the Trust Covid Operations team for support	
		3 x 4 = 12	School Workforce Following the reduction in the prevalence of coronavirus (COVID-19) and relaxation of shielding measures from 1 August, we expect that most staff will attend school.	It remains the case that wider government policy advises those who can work from home to do so. We recognise this will not be applicable to most school staff, but where a role may be conducive to home working for example, some administrative roles, school leaders should consider what is feasible and appropriate. Office staff to work from home wherever possible.	2 x 4 = 8
		3 x 5 = 15	Protect staff with medical vulnerabilities / living with vulnerable people.	Where schools apply the full measures in this guidance the risks to all staff will be mitigated significantly, including those who are extremely clinically vulnerable and clinically vulnerable. We expect this will allow most staff to return to the workplace, although we advise those in the most at risk categories to take particular care while community transmission rates continue to fall. Advice for those who are <u>clinically-vulnerable</u> , including pregnant <u>women</u> , is available.	2 x 5 = 10
				Individuals who were considered to be clinically extremely vulnerable and received a letter advising them to shield are now advised that they can return to work from 1 August as long as they maintain social distancing. Advice for those who are extremely clinically vulnerable can be found in the <u>guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19</u> .	
				Follow HR guidance to undertake or update individual risk assessments of those in a Clinically Vulnerable group. These staff should be considered if there is a school outbreak in any bubble/local lockdown.	
		3 x 5 = 15	Protect pupils with clinical vulnerabilities	The parents of pupils with vulnerabilities should seek medical advice before the pupil attends school. The above must be clearly communicated to (and discussed with if necessary) to all parents.	2 x 5 = 10
				These pupils should be considered if there is a school outbreak in any bubble/local lockdown.	

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
		4 x 4 = 16	Minimise office use by staff, and social distancing applied when they must be used.	If office staff are needed in the building they should maintain social distancing in the office (2m, or 1m with risk mitigation where 2m is not viable). This will mean some desks cannot be used, or changes to office layouts will be required. Hot-desking is also to be avoided. If it cannot be avoided the desk,	2 x 4 = 8
			phone and IT equipment etc. should be cleaned down after use and before use (with appropriate cleaning products). No personal belongings what so ever should be left on a desk which will be used for hot-desking.		
				Follow Government guidance for Office Workers: https://www.gov.uk/guidance/working-safely-during-coronavirus- covid-19/offices-and-contact-centres	
		3 x 4 = 12	Visitors, agency staff, peripatetic teachers Schools can continue to engage supply teachers and other supply staff during this period.	Supply teachers, peripatetic teachers and/or other temporary staff can move between schools. They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. Schools should consider how to manage other visitors to the site, such as contractors, and ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school hours, they should. A record should be kept of all visitors.	2 x 4 = 8
				Only essential visitors to be allowed by appointment only. Records to be kept of who has been on site and who they had contact with. Due to reducing the amount of people coming into school we are temporarily stopping any student placements, this is students from all settings, health, colleges and other schools. We are asking all visitors to wear either a face mask or face shield when entering the building. Due to health issues some visitors are exempt from wearing these items, in this instance the visitor is reminded that they must keep at least 2 metre distance from other staff and children when visiting our school. School staff will be informed that a visitor will be coming into school without face protection on and they will be reminded that it is also their responsibility to ensure they also keep a safe 2 metre distance.	
		3 x 4 = 12	Dilute the concentration of any air-borne virus in a building.	Ensure ventilation is kept to a maximum. (artificial or natural). Set heating/ventilation systems accordingly, open windows. Staff/pupils to wear warm clothing (if necessary) to facilitate this.	2 x 4 = 8
		3 x 4 = 12	Keep equipment separate / clean between uses.	Remove soft furnishings and soft toys as far as is possible.	2 x 4 = 8

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				 Avoid sharing IT equipment or practical equipment; consider assigning it to named individuals Wash any equipment that is going to be used by different pupils or groups of pupils between uses. Use a chlorine based product. (Take care when washing IT/Electrical equipment - try to use a preparatory product designed to clean such equipment and never allow ingress of fluids into the equipment). Avoid sharing stationary. If no obvious contamination a 72hr quarantine of equipment (with hard surfaces) reduces the risk. Avoid sending any resources home with pupils or staff that are shared. Minimise the number of handouts/printouts 	
		4 x 4 = 16	19. Travel to School - Encourage parents and pupils to follow guidance on safe travel.Only one parent should accompany children who need accompanying.Travel should be by foot or bike if possible.	 Promote active travel Contact travel providers and discuss what precautions / risk assessments they have in place. Encourage: Bubbles sitting together Handwashing/sanitising before getting on and after getting off Pupils wearing a face covering on the bus 	3 x 4 = 12
		3 x 4 = 12	20. Evacuation / Invacuation protocols – consider how to manage both evacuation and invacuation.	Marked zones to be put in car park area that are at least 2m away from each other. Bubbles to use alternative fire escapes where possible.	2 x 4 = 8
Staff physical and mental wellbeing adversely affected	A	3 x 3 = 9	21. Consider staff wellbeing.	Breaks to be taken in staff room or conference room if not in use. Available resources and wellbeing activities publicised to staff. Room Audit Carried out to ensure we are providing safe areas for staff during lunch and PPA. The following rooms will be used. Orange – Lunch in staffroom, PPA in Gemma's office Purple – Lunch in small room next to class and the parents room, PPA in the physio room Red – Lunches in the small room next to class and the discrete dining room, PPA in the Small meeting room Yellow – Lunches and PPA in conference room Blue – Lunches in small room next to class and PPA in the PPA	2 x 3 = 6

What are the hazardsAffecter personandpersonWhat couldgroupshappen	s If no action	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
			room Green – Lunches and PPA in food tech room.	
Children's physical and mental wellbeing E adversely affected	3 x 3 = 9	22. Consider pupil wellbeing	Use of recovery curriculum. Phased return for pupils identified as excessively anxious.	2 x 3 = 6
First Aid Guidance from the HSE – Rescue Breaths		23. The HSE have issued revised guidance for First Aid in the workplace.	 Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone, (2m if possible) as much as they can. If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery. Preserve life: CPR Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms Ask for help. If a portable defibrillator is available, ask for it Rescue breaths must not be administered to those requiring CPR Only deliver CPR by chest compressions and use a defibrillator (if available) Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation If available, use: a fluid-repellent surgical mask disposable gloves eye protection apron or other suitable covering Prevent worsening, promote recovery: all other injuries or illnesses If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms 	

What are the hazards and What could happen	Affected persons groups	Risk rating if no action taken (see chart)	What are the base control measures	Further action required to eliminate or reduce the risk (who by and Date)	Residual risk rating (see chart)
				 If giving first aid to someone, you should use the recommended equipment listed above if it is available You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible 	
				 After delivering any first aid Ensure you safely discard disposable items and clean reusable ones thoroughly Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible 	