Risk Assessment

Establishment operation from 27.02.2022: response to Coronavirus (COVID-19). Issue 6.6

Section 1:

| Date of Assessment: | WAYCROFT MULTI ACADEMY TRUST Living and Learning Together | Review date: Ongoing with updated Government guidance | | |
|---------------------|---|---|------------|--|
| Assessed by: | 1. Tracy French | Date: | 15.07.2021 | |
| | 2. Tracy French | | 25.08.2021 | |
| | 3. Tracy French | | 30.10.2021 | |
| | 4. Tracy French | | 02/01/2022 | |
| | 5. Tracy French | | 10.01.2022 | |
| | 6. Tracy French | | 18.01.2022 | |
| | 7. Tracy French | | 27.01.2022 | |
| | 8. Tracy French | | 27.02.2022 | |

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Part A: Background and Context

This risk assessment has been developed with reference to:

- Schools Covid-19 operational guidance (July 2021- updated February 2022) <u>Schools COVID-19 operational guidance</u> (publishing.service.gov.uk)
- Actions for early years and childcare providers during the COVID-19 pandemic (July 2021 updated February 2022) Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak GOV.UK (www.gov.uk)
- SEND and specialist settings: additional COVID-19 operational guidance (6 July 2021 updated February 2022) <u>SEND and specialist</u> settings: additional COVID-19 operational guidance (publishing.service.gov.uk)
- Contingency Framework: Education and childcare settings (August 2021 updated February 2022) Contingency framework: education and childcare settings (publishing.service.gov.uk)

Rationale for guidance for schools from September 2021.

Government guidance has been developed on the premise that disruption to children and young people's education must be minimised. The Evidence summary: COVID-19 - children, young people and education settings - Contingency framework: education and childcare settings - GOV.UK (www.gov.uk) ov.uk) sets out the evidence relevant to, and in support of, the government's decision to revise the guidance on the COVID-19 safe working and protective measures that have been used within settings, colleges and early years settings in England during the pandemic.

In making this decision, the government has balanced education and public health considerations – weighing the impact of these measures on teaching, educational attainment, the health and wellbeing of children, pupils, students and staff and the functioning of schools, colleges and early years settings, against the COVID-19 risks in a context that has now fundamentally changed due to the success of the vaccination programme.

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Update to above issued on 2 January 2022 (reproduced directly from the guidance).

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 27 November the temporary introduction of new measures as a result of the Omicron variant and on 8 December that Plan B, set out in the autumn and winter plan 2021, was being enacted. This advice remains subject to change as the situation develops.

Version 6.6 issued on 24 February 2022: Updated to reflect the Prime Minister's announcement on 21 February 2022 setting out the steps required as we 'learn to live with' COVID-19. This includes the lifting of the legal requirements for self isolation and changes to asymptomatic testing requirements. COVID-19 Response: Living with COVID-19 - GOV.UK (www.gov.uk)

Contingency Planning

Government guidance requires settings to have an Outbreak Management Plan (sometimes called contingency plan) outlining how they would operate if any of the following circumstances applied to their setting or area.

- a COVID-19 outbreak within a setting
- if there is extremely high prevalence of COVID-19 in the community and other measures have failed to reduce transmission
- as part of a package of measures responding to a Variant of Concern (VoC)

This includes how we would ensure every child, pupil or student receives the quantity and quality of education and care to which they are normally entitled.

If necessary we will reinstate relevant control measures from our 2020-21 risk assessment to address the areas set out in <u>Contingency framework: education and childcare settings - GOV.UK (www.gov.uk)</u>

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Control Measures

This risk assessment addresses the essential control measures set out in the government guidance referred to above. They are as follows:

settings should

- 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.

This risk assessment will be made publicly available to those who wish to see it.

Part B:

| What is the Task/Activity or Environment you are assessing? | What Hazards are present or may be generated? (Use a row for each one identified) | Who is affected or exposed to hazards? | What Severity of Harm can reasonably be expected? (See Table 1) | What Precautions (Existing Controls) are already in place to either eliminate or reduce the risk of an accident happening? | What Likelihood is there of an accident occurring? (See Table 1) | What is the Risk Rating? (See Table 2 and 3) | |
|---|--|---|---|---|--|--|--|
| 1: ENSURE GO | 1: ENSURE GOOD HYGIENE FOR EVERYONE | | | | | | |
| Hand hygiene | Poor hand hygiene increases the likelihood of infection from coronavirus | Pupils and staff | Minor | Opportunities are provided for staff and pupils to clean their hands with soap and water or hand sanitiser and dry thoroughly: on arrival at setting after using the toilet after breaks and sporting activities | L | | |

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| | | | | before food preparation before eating any food, including snacks before leaving setting after sneezing/coughing. Covered bins available for disposal of paper towels will be emptied periodically during the day. Signage about how to wash hands properly, is on display and reinforced with pupils. Where sinks are not easily accessible hand sanitiser will be available. Supervision by staff is provided as needed. | | |
|---------------------|--|------------------|---------|--|---|--|
| Respiratory Hygiene | Poor respiratory hygiene increases the likelihood of infection from exposure to coronavirus. APPROPRIATE CLEANING | Pupils and staff | Minor | Catch it, kill it, Bin it – tissues are available in all classrooms, staffroom and reception at a minimum. The message is reinforced with pupils. Covered bins are available for the disposal of used tissues. | L | |
| Cleaning | Person contracts COVIS 19 as a result of inadequate cleaning | Pupils and staff | Serious | WE HAVE REVIEWED THE CLEANING ARRANGEMENTS SET OUT BELOW TO ENSURE THAT ALL HIGH-RISK AREAS ARE COVERED IN OUR SCHEDULE Our cleaning specification has been reviewed to ensure we comply with requirements set out in https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings Where our own cleaners and/or additional staff are required to undertake cleaning duties we have ensured that they have received appropriate training and are provided with PPE, as set out in guidelines above. This also applies to other staff who may be asked to carry out cleaning duties during this period. We have identified cleaning of high-risk areas to be undertaken throughout the setting day to include: | M | |

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| Safe use of | Inappropriate exposure to | Pupils and staff | Serious | Door handles Kettles Taps Switches Phones Laptops / Printers and photocopiers Staffroom/ food preparation Surfaces that pupils are touching e.g.: toys, books, chairs, tables, doors, sinks, toilets, bannisters, light switches, etc. As a minimum, frequently touched surfaces will be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning will 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 of frequently touched surfaces is particularly important in bathrooms and communal kitchens. All staff involved in cleaning duties will receive training re: safe | L | |
|----------------------|---|------------------|---------|---|---|--|
| cleaning products | cleaning product results in allergic reaction/ poisoning etc Storage arrangements of cleaning product change increasing potential for unauthorised 'use' by pupils. | | | use and storage of cleaning materials. PPE will be provided for all cleaning activities. Safety data sheets for cleaning products are available. Only recommended cleaning products will be used. | | |
| | Use of hand sanitiser: potential for improper use and ingestion. | Pupils and staff | Serious | We are providing/allowing the use of hand sanitisers that contain at least 60% alcohol. Staff supervision provided as required We have obtained the Safety Data Sheet for the product(s). They advise on action to be followed if the sanitiser is not used as designed i.e., a child drinks some; it gets in eyes etc. This will also help with potential reactions to the product. | L | |

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| | | | | We have and will secure adequate supplies of the product and provide it, especially in areas such as reception to the building(s). | | |
|---|--|------------------------|---------|--|---|--|
| Ventilation (Open windows and doors are recommended as a means of improving air circulation | Falls from height (open windows) | All premises occupants | Serious | Whilst taking into consideration the necessity to increase ventilation by improving air circulation within the building we have advised staff that window opening restrictors must not be removed. | L | |
| within the building) | Additional doors and windows are left open compromising site security/fire safety. | All premises occupants | Serious | We have reviewed our site and identified doors that could remain open without compromising fire safety/ and or security. Here, for high-risk areas such as kitchens and boiler rooms fire doors will be kept in the closed position. Lower risk rooms such as classrooms and offices may be propped open with removable things - a weight or wedge - if there are people present who will be tasked with removing it if the alarm goes off and at the end of the day. | L | |
| | Inadequate ventilation contributes towards the spread of coronavirus. Open windows in the winter months mean that the temperature in buildings is uncomfortable. | All premises occupants | Serious | We will ensure that our building is heated to a temperature whereby staff and pupils can work comfortably whilst endeavouring to ensure that there are measures in place to ensure good ventilation. This will be achieved by a variety of measures including: • mechanical ventilation systems – these will be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal | L | |

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| | operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply). • natural ventilation – opening windows (in cooler weather windows will be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air • natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so) We note the following advice from HSE: https://www.hse.gov.uk/temperature/thermal/managers.ht m https://www.cibse.org/coronavirus-covid-19/coronavirus,-sars-cov-2,-covid-19-and-hvac-systems NB: Minimum workplace temperature is 16 degrees centigrade. To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate: • opening high level windows in preference to low level to reduce draughts • increasing the ventilation while spaces are unoccupied (e.g., between classes, during break and lunch, when a room is unused) • providing flexibility to allow additional, suitable indoor clothing. Including advising staff and pupils re: the value of layering clothing. |
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| | | | | rearranging furniture where possible to avoid direct drafts | | |
|--|--|------------------------|---------|---|---|--|
| Ventilation – Use of CO2 monitor | Poor positioning of CO2 monitor gives inaccurate or misleading readings | All premises occupants | Serious | We note CO2 levels vary within an indoor space. It's best to place CO2 monitors at head height and away from windows, doors, or air supply openings. Monitors should also be positioned at least 50cm away from people as their exhaled breath contains CO2. If monitors are too close, they may give a misleadingly high reading. Measurements within a space can vary during the day due to changes in numbers of occupants, activities, or ventilation rates. Doors and windows being open or closed can also have an effect. The amount of CO2 in the air is measured in parts per million (ppm). If our measurements in an occupied space seem very low (far below 400ppm) or very high (over 1500ppm), it's possible our monitor is in the wrong location. We will move it to another location in the space to get a more accurate reading. Our readings will help us decide if a space is adequately | L | |
| | Inaccurate reading of CO2 monitors leads to misinterpretation of ventilation levels within a room. | All premises occupants | Serious | We will Check our monitor is calibrated before making CO2 measurements. Follow the manufacturer's instructions, including the appropriate warm-up time for the device to stabilise. Know how to use our portable monitor correctly, including the time needed to provide a reading. | L | |

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| | Take multiple measurements in occupied areas to identify a suitable sampling location to give a representative measurement for the space. In larger spaces it is likely that more than one sampling location will be required. Take measurements at key times throughout the working day and for a minimum of one full working day to ensure our readings represent normal use and occupancy. Record CO2 readings, number of occupants, the type of ventilation you're using at the time and the date. These numbers will help you use the CO2 records to decide if an area is poorly ventilated | | |
|---|--|---|--|
| Inadequate response to CO2 monitor readings | CO2 measurements will be used as a broad guide to ventilation within a space rather than treating them as 'safe thresholds'. We note that outdoor levels are around 400ppm and indoors a consistent CO2 value less than 800ppm is likely to indicate that a space is well ventilated. An average of 1500ppm CO2 concentration over the occupied period in a space is an indicator of poor ventilation. We will take action to improve ventilation where CO2 readings are consistently higher than 1500ppm. However, where there is continuous talking or singing, or high levels of physical activity (such as dancing, playing sport | L | |

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| | | or exercising), providing ventilation sufficient to keep CO2 levels below 800ppm is recommended. Identifying poorly ventilated areas by using CO2 monitors (hse.gov.uk) DfE 'How to' Use CO2 monitors in education and childcare settings Schools & Colleges handbook (70p.co.uk) | |
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| | | <u>1700.co.dk/</u> | |

| 4. FOLLOW PI | 4. FOLLOW PUBLIC HEALTH ADVICE ON TESTING, SELF ISOLATION AND MANAGING CONFIRMED CASES OF COVID-19 | | | | | | | |
|---|--|------------------|---------|--|---|--|--|--|
| Engagement with the NHS Test and Trace Process. Access to testing | Failure to follow PHE/ NHS Test and Trace procedures increases the likelihood of exposure to coronavirus in the setting community. | Pupils and staff | Serious | Relevant staff know how to contact their local Public Health England health protection team. Where necessary we will direct members of the setting community with symptoms of coronavirus to https://www.gov.uk/get-coronavirus-test Home test kits are available in our setting and will be offered in the exceptional circumstance that we believe an individual may have barriers to accessing testing elsewhere. We note that it is for settings to determine how to prioritise the distribution of their test kits in order to minimise the impact of the virus on the education of their pupils, and will therefore provide these to staff or pupils on the basis of an agreed set of criteria to be determined by the setting. Coronavirus (COVID-19): test kits for schools and FE providers - GOV.UK (www.gov.uk) We will ask parents and staff to inform us immediately of the results of a test. | L | | | |

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| Contact with infected persons/ exposure to the virus within the setting. | Person contracts coronavirus as a result of direct contact with an infected person (or a symptomatic person) entering the premises. | Pupils and staff | Serious | Guidance has been issued to the entire setting community. If anyone in the setting becomes unwell with a new and persistent cough or a high temperature, or has a loss of or change in, their normal sense of taste or smell (anosmia), they must be stay at home and are advised to follow guidance for households with possible or confirmed coronavirus (COVID-19) infection: From 24 February see: COVID-19: people with COVID-19 and their contacts - GOV.UK (www.gov.uk) | M | |
|--|---|------------------|---------|--|---|--|
| | | | | Excerpts from guidance below: "If you have COVID-19 you should stay at home and avoid contact with other people. You should: | | |
| | | | | not attend work. If you are unable to work from home, you should talk to your employer about options available to you. You may be eligible for <u>Statutory Sick</u> <u>Pay</u>etc etc. | | |
| | | | | Many people will no longer be infectious to others after 5 days. You may choose to take an LFD test from 5 days after your symptoms started (or the day your test was taken if you did not have symptoms) followed by another LFD test the next day. If both these test results are negative, and you do not have a high temperature, the risk that you are still infectious is much lower and you can safely return to your normal routine. | | |

| | | | If your day 5 LFD test result is positive, you can continue taking LFD tests until you receive 2 consecutive negative test results. Children and young people with COVID-19 should not attend their education setting while they are infectious. They should take an LFD test from 5 days after their symptoms started (or the day their test was taken if they did not have symptoms) followed by another one the next day. If both these tests results are negative, they should return to their educational setting if they normally attend one, as long as they feel well enough to do so and do not have a temperature. They should follow the guidance for their educational setting. | | |
|---|------------------|---------|---|---|--|
| Contact with those developing symptoms of the virus during the working day. | Pupils and staff | Serious | If anyone in our setting develops COVID-19 symptoms, however mild, they will be sent home and advised to get a PCR test and follow public health advice. When to stay at home if you have coronavirus (COVID-19) and what to do - NHS (www.nhs.uk) If a child is awaiting collection, they will be moved, via a route involving the shortest possible internal distance (i.e., including an outside route where possible where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window will be opened for ventilation. If it is not possible to isolate them, we will move them to an area which is at least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, we endeavour that they will use a separate bathroom if possible. The bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else. | M | |

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| | | | | PPE will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). In an emergency we will call 999 if they are seriously ill or injured or their life is at risk. We will not suggest a visit to the GP, pharmacy, urgent care centre or a hospital. Staff are instructed to wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. We will clean the affected area with normal household disinfectant after someone with symptoms has left to reduce the risk of passing the infection on to other people. See COVID-19: cleaning in non-healthcare settings outside the home - GOV.UK (www.gov.uk) | | |
|--|---|------------------|---------|--|---|--|
| Management of confirmed cases of coronavirus | Failure to follow PHE/ NHS Track and Trace procedures increases the likelihood of exposure to coronavirus in the setting community. Anxiety and dissent within the setting community | Pupils and staff | Serious | We note the thresholds, detailed below, The thresholds, detailed below, can be used by settings as an indication for when to seek public health advice if they are concerned. For most education and childcare settings, these include: • a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection • evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19 • a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group For special schools, alternative provision, SEND/AP units within schools and colleges, open and secure children's | M | |

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| homes and settings that operate with 20 or fewer children, pupils, students and staff at any one time: • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period and/or there are concerns about the health needs of vulnerable individuals within the affected group Identifying a group that is likely to have mixed closely will |
|--|
| Examples are available for each section, but a group will rarely mean a whole setting or year group. Settings can seek public health and operational advice by phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements homes and settings that operate with 20 or fewer children, pupils, students and |
| • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period and/or there are concerns about the health needs of vulnerable individuals within the affected group Identifying a group that is likely to have mixed closely will be different for each setting. |
| Examples are available for each section, but a group will rarely mean a whole setting or year group. Settings can seek public health and operational advice by phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements |
| |

| Containing any local outbreak | Disruption to pupils' education | Pupils and staff | Serious | We have developed a Contingency Plan to ensure that the education of affected groups of pupils is maintained. This will include the provision of remote learning. The Coronavirus Act 2020 Provision of Remote Education (England) Temporary Continuity (No.2) Direction - explanatory note (publishing.service.gov.uk) which makes it clear that settings have a duty to provide remote education for state-funded, setting-age children unable to attend our setting due to coronavirus (COVID-19). | L | | |
|--|---|-----------------------|-------------------|--|---------------------|-----------|--|
| | Parents/carers of a child with symptoms of coronavirus refuse to keep them at home. | Pupils and staff | Serious | If a parent or carer of a pupil with coronavirus or with a suspected case of coronavirus insists on their child attending your setting, we will take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Our decision will be carefully considered in light of all the circumstances and current public health advice | L | | |
| 5. USE OF FACE COVERINGS AS OF 21 FEBRUARY 2022 THE GUIDANCE IN PURPLE BELOW APPLIES TO ALL EDUCATIONAL ESTABLISHMENTS. FOR THE TIME BEING WE HAVE RETAINED THE SECTION BELOW RE: USE OF FACE COVERINGS AS WE UNDERSTAND THAT SOME SCHOOLS MAY STILL REQUIRE THEIR USE 21 February 2022: Face coverings are no longer advised for pupils, staff and visitors in classrooms or communal areas. Staff and pupils should follow wider advice on face coverings outside of school, including on transport to and from school. | | | | | | | |
| 6. USE OF PER | SONAL PROTECTIVE EQUIPMENT | Г (РРЕ) (A fac | e covering is not | PPE because they are not designed to protect the wearer from i | nfection from coror | navirus). | |
| Use of Personal Protective Equipment (PPE) (Mainstream) | Incorrect use exacerbates the risk of further infection. | Pupils and staff | Serious | "The majority of staff will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including: | L | | |

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| | | | | children, whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way if a child becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. 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. 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" We are complying with the above and are using our local supply chains to obtain PPE. We will ensure that, staff who are likely to have to support pupils in the circumstances identified above and potentially in the administration of some first aid have access to appropriate equipment and training in its correct use and disposal. See: 20200821 COVID-19 Non AGP Donning and doffing PPE droplet precautions-1.pdf (publishing.service.gov.uk) | | |
|-----------------|--|-----------|---------|--|---|--|
| 7: SETTING W | ORRFORCE | | 1 | | | |
| Staff wellbeing | Staff anxiety re: potential exposure to the virus. | All staff | Serious | Where necessary Individual discussions are held with staff to identify concerns. (NB: recognising that some could be experiencing bereavement, mental health issues, etc.). We have signposted to relevant counselling services. Including the Education Support Partnership which provides a free helpline for setting staff and targeted support for mental health and wellbeing. | M | |

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| | | | | HR advice is available if required. SAS and Zurich counselling services are available http://www.schooladvice.co.uk/ SAS 01773 814402 Zurich 0117 934 2121 https://www.hse.gov.uk/news/assets/docs/talking-with-your-workers.pdf | | |
|--|---|--|--------------|--|---|--|
| Staff training (including induction for supply teachers and other visiting staff). | Staff are not aware or do not understand the requirements for working safely. | All staff | Serious | Training and written instruction re: operating procedures outlined in this risk assessment to all staff. This includes: • What to do if they suspect that they or a member of their household has coronavirus (including testing arrangements) • Day to day organisations and procedures including arrangements for cleaning, • Procedures to follow if they suspect that a child in their group is displaying coronavirus symptoms • Site security and fire safety including evacuation and lockdown procedures. Use of PPE (where applicable). | L | |
| Individual staff requirements | Concerns from staff in identified work groups | Previously considered to be clinically extremely vulnerable | Fatal/ Major | We note that following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higherrisk are not being advised to shield again. Children and young people who were previously identified as being in one of these groups are advised to continue to follow Guidance for people previously considered clinically extremely vulnerable from COVID-19 - GOV.UK (www.gov.uk) | L | |

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| | | | | Adults, children and young people over the age of 12 with a weakened immune system should follow Guidance for people whose immune system means they are at higher risk from COVID-19. COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk) We will continue to discuss with those employees previously considered to be CEV how they can be supported to carry out their duties in the workplace | | |
|---|--|---|---------|---|--------------|--|
| | Concerns from staff in identified work groups | Pregnant women | Serious | We will follow the specific guidance for pregnant employees <u>Coronavirus (COVID-19): advice for pregnant employees -</u> <u>GOV.UK (www.gov.uk)</u> <u>COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding - GOV.UK (www.gov.uk)</u> | М | |
| Use of volunteers | Potential for the introduction of coronavirus into the setting | Pupils & Staff | Serious | Volunteers may be used to support the work of the setting, as would usually be the case. All volunteers will be expected to follow our control measures to reduce the spread of coronavirus. | L | |
| 8: PUPIL WELI | BEING | | | | , | |
| Management of expectations within the setting community | Anxiety within the setting's community re: prevalence and effectiveness of infection control measures. | All members of the setting community | Serious | Our communication with parents and pupils prior to our return in September 2021 will include information about the control measures within this risk assessment. Government guidance for parents is available at: What parents and carers need to know about early years providers, settings and colleges - GOV.UK (www.gov.uk) | L | |

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| Individual pupil medical requirements | Increased likelihood of serious illness resulting from exposure to coronavirus. | Extremely clinically vulnerable pupils (shielded) | Fatal/ Major | All CEV pupils should attend their setting unless they are one of the very small number of pupils under paediatric or other specialist care and have been advised by their GP or clinician not to attend. Where a pupil is unable to attend our setting because they are complying with clinical or public health advice, we will immediately offer them access to remote education. settings should keep a record of, and monitor engagement with this activity but this does not need to be formally recorded in the attendance register. Where children are not able to attend our setting as parents are following clinical and/or public health advice, absence will not be penalised. | M | |
|---|---|---|-----------------|---|---|--|
| 9: PROVISION | OF FIRST AID AND ADMINISTRA | TION OF MI | EDICATION | | | |
| Provision of first aid | Inadequate first aid treatment exacerbates injury or pre-existing conditions. | Pupils and staff | Serious | Suitably qualified staff in administering medicine are available at all times. We will ensure a member of staff with a full PFA certificate is on site at all times when children are present, as set out in the EYFS. | L | |
| Administration of medication | Illness or injury to those who are unable to access their medication | Pupils and staff | Fatal/ major | Setting procedures for the administration of prescription and controlled medication will continue to apply. | L | |
| 10: LETTINGS | | | | • | | |
| Lettings | setting control measures re: cleaning etc are compromised leading to increased risk of infection, expense and possible reputational damage. | Pupils Staff Wider community | Serious | We will ensure that all users of our premises adhere to the control measures set out in this risk assessment. This will include ensuring that effective cleaning is maintained and additional ventilation measures do not compromise site security. | L | |

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| 11: EDUCATIO | DNAL VISITS | | | Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators - GOV.UK (www.gov.uk) | | |
|------------------------|--|--|----------------|---|-------------------|--------|
| Educational visits | Exposure to infection from inadequate social distancing etc | Pupils and staff | Serious | We will follow local Public Health advice and liaise closely with our transport provider and intended hosts then undertake full and thorough risk assessments in relation to all educational visits to ensure they can be undertaken safely. As part of this risk assessment, we will consider what control measures need to be used to reduce the risk of exposure to coronavirus and follow wider advice on visiting indoor and outdoor venues. OEAP National Guidance will be followed (see Contents (oeapng.info) NB – give careful consideration to any restrictions in place in other home nations – Wales, Scotland and Northern Ireland. | L | |
| 12: SCHOOL PE | - | lly included i | n government g | guidance for schools – please see link below for further in | formation re pote | ential |
| School Performances | Exposure to and increased opportunity for transmission of coronavirus within the school community. | All members of school community | Serious | Performances in schools can take place in front of live audiences, subject to Covid-secure measures being in place. See the Government's guidance on performing arts for more advice. Events and attractions - Working safely during coronavirus (COVID-19) - Guidance - GOV.UK (www.gov.uk) In deciding whether to admit parents/ carers to a school performance we will: | L | |

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| 13: SETTING R | RECEPTION AREAS | | | Consider holding the performance outside Limit numbers and space out seating. Ask the audience to wear face covering Ensure the performance space is well ventilated. You should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training. Using your NHS COVID Pass for travel abroad and at venues and settings in England - GOV.UK (www.gov.uk) | | |
|-----------------------------------|--|---|---------|--|---|--|
| Setting Reception areas | Exposure to infection from inadequate social distancing: visitors to setting. | Pupils and staff | Serious | Signage has been erected to advise visitors of hygiene protocols. Staff signing in arrangements - sanitiser available to clean hands after use. Hand sanitiser will be provided to all persons entering premises with signage to explain control measures etc. | L | |
| | Violence and aggression towards setting staff causes injury and distress | Pupils and staff | Serious | We will maintain transparency and regular contact with all members of the setting community. Regular briefings/updates for all staff so that they are aware of setting response to the COVID 19 virus and can communicate consistently to those who ask. Readiness to deploy the range of behaviour remedies if behaviour becomes unacceptable from warning to full banning from site/sect 547 warnings/action. | L | |
| 14: AFTER SCH | HOOL AND BREAKFAST CLUBS | | | | | |
| Afterwards and Breakfast Clubs | Arrangements for infection control, social distancing etc are not practised at Breakfast and Afterwards Club thus increasing the | All members of the setting community | Serious | Updated guidance for operating may be found as follows: OOSS Provider guidance (publishing.service.gov.uk) | L | |

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| risk of infection within the setting community. | | Control measures re: hygiene, cleaning, ventilation etc. set out above will be followed. | |
|---|--|--|--|
| | | | |

Table 1: Definitions

| Potential Severity of Harm | Meaning of the harm description | Likelihood/Probability of Harm | Meaning of likelihood/probability |
|--|---|-----------------------------------|--|
| Fatal/Major Injury Death, major injuries or ill health causing long term disability/absence from work. | | High (Likely/probable) | Occurs repeatedly/ to be expected. |
| Serious Injury Injuries or ill health causing short-term disability/absences from work (over three days absence) | | Medium (possible) | Moderate chance/could occur sometimes. |
| Minor Injury | Injuries or ill health causing no significant long-term effects and no significant absence from work. | Low (unlikely) | Not Likely to occur |

Table 2: Risk rating matrix: Potential severity of harm + Likelihood/ probability of Harm = Risk rating

| | High (Likely/Probable) | Medium (Possible) | Low (Unlikely) |
|--------------------|------------------------|-------------------|----------------|
| Fatal/Major Injury | VERY HIGH | HIGH | MEDIUM |
| Serious Injury | HIGH | MEDIUM | LOW |
| Minor Injury | MEDIUM | LOW | LOW |

Table 3: Action required: Key to ranking and what action to take

| VERY HIGH Risk | STOP ACTIVITY! Take action to reassess the work/activity and apply reduction hierarchy before proceeding. |
|-----------------------|--|
| HIGH Risk | Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue. |
| MEDIUM Risk | Implement all additional precautions that are not unreasonably costly or troublesome within an agreed timeframe. Reduce risk to a tolerable level. |
| LOW Risk | Monitor and review your rolling programme. |

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