



RISK ASSESSMENT COVID-19 NOVEMBER 2021

AIMS

SCHOOL COVID 19 OPERATIONAL GUIDANCE 27 AUGUST 2021

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 to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low, and 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 chances, mental and physical health.

The risk assessment has been written based on [School COVID 19 operational guidance](#) and the [Contingency Framework: Education and childcare setting](#)

SHARING OF RISK ASSESSMENT

Risk assessment shared with union representative on Tuesday 31st August

Risk assessment shared with staff and governors via email on Friday 3rd September

Risk assessment discussed with staff on Monday 6th September

Risk assessment shared with parents on: Friday 3rd September

Risk assessment changes shared with staff and parents Tuesday 30th November

SUMMARY OF UPDATES

21.10.21 Masks to be worn by adults in communal areas

5.11.21 CO2 monitors in each classroom to ensure effective ventilation

9.11.21 Parents Evening – face to face protocol

30.11.21 Changes/enhancements as a result of Omicron variant

HAZARD/RISK OBSERVED	WHO MAYBE HARMED?	RISK PRIOR TO CONTROLS	CONTROL MEASURES	RISK AFTER CONTROLS	LEAD PEOPLE
POOR COMMUNICATION	Staff Children Parents Visitors	High	<ul style="list-style-type: none"> Risk assessment and controls shared with staff and governors (see dates above) and updates/changes/reminders communicated daily Daily reminders through day screen (Staffroom and sent directly to all staff via MTeams) Weekly whole staff briefing each Friday; health and Safety is a fixed agenda item A collegiate ethos – it's everyone's responsibility to stop the spread of the virus; all stakeholderviews are important and feedback is asked for and welcomed Headteacher/ School Business Manager will meet with union representatives and evaluate procedures and controls against any joint union guidelines All staff to load up MS Teams each morning so key messages can be shared throughout the day 	Low	MT CG
CLINICALLY EXTREMELY VULNERABLE	Staff Children	High	<ul style="list-style-type: none"> Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else Should staff members that are CEV and/or not vaccinated and wish to consider additional precautions and controls, a meeting will be arranged between staff member and headteacher. School will do all it can to support the staff member. <p>Contingency/outbreak management plan:</p> <ul style="list-style-type: none"> Shielding is currently paused. Shielding can only be reintroduced by national government School will support staff that are required to shield 	Low	MT

MIXING OF BUBBLES	Staff Children	High	<ul style="list-style-type: none"> • It is no longer necessary to keep children on consistent bubbles • Face to face assemblies will resume but we will build up to this over the first half term (Sept – Oct) • Children will mix during break and lunch but we have continued to reduce the number of classes out at one time as children have benefited from this • Children/staff/parents to continue to use one way systems (internal and external) around school • HOOSC will continue in the hall • If positive cases within a class are identified, actions will be taken by MT to limit mixing with other classes e.g. lunchtimes/assemblies etc. <p>Contingency/outbreak management plan:</p> <ul style="list-style-type: none"> ➤ Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education. ➤ Extra action will be taken if the number of positive cases substantially increases. ➤ The thresholds below will be used by settings as an indication for when to seek public health advice. <p>Thresholds:</p> <ul style="list-style-type: none"> ➤ 5 Children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or ➤ 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period • School has an action plan in place should bubbles need to be reintroduced 	Low	MT
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TRACING CLOSE CONTACTS AND ISOLATION	Staff Children Parents Visitors	High	<ul style="list-style-type: none"> School is no longer responsible for contact tracing; this will be carried out via NHS track and trace Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply: <ul style="list-style-type: none"> ➤ 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 Staff/Parents 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. Staff who do not need to isolate and children that have been identified as a close contact, should continue to attend school as normal. If a staff member does not meet the above criteria, they must isolate for ten days and follow the current ‘Stay at home’ guidance. A close contact of an Omicron case they must isolate for 10 days (they will be informed by NHS test and trace or by the local health protection team 30.11.21) Staff or children returning from abroad will need to isolate and get a PCR test by day 2 and can end Isolation once they receive a negative result. (Don’t book a holiday without allowing for extra time in isolation). 30.11.21 	Low	MT
FACE COVERINGS	Staff Children Parents Visitors	Low	<ul style="list-style-type: none"> Face covering to be worn by staff, visitors and parents in enclosed spaces Parents/carers to wear masks when dropping off and collecting children 21.10.21 As a school, it is now mandatory to wear masks in communal spaces (unless exempt) Face covering should be worn if meeting parent/carers within the classroom/hall e.g. Parents Evening, Meet the teacher 	Low	MT

			<ul style="list-style-type: none"> Face coverings should be worn if all staff are meeting in one classroom (Hall should be used in the first instance to allow for social distancing) <p>Contingency/outbreak management plan:</p> <ul style="list-style-type: none"> If the number of positive cases in school meet the thresholds outlines above, a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by children, staff and visitors, unless exempt). 		
<p>INFECTION/ TRANSMISSION OF THE VIRUS</p> <p>HAND HYGIENE</p>	<p>Staff Children Parents Visitors</p>	High	<ul style="list-style-type: none"> Good hand hygiene is part of the culture of school Wash hands thoroughly for 20 seconds with running water & soap and dry them thoroughly with a paper towel or use hand sanitizer, ensuring that all parts of the hands are covered. COSHH sheets completed for hand sanitizer (22.2.21) When children use hand sanitizer it must be supervised at all times Supplies of hand soap / sanitizer / paper towels are replenished daily by Mark Grainger (Site officer). Hand sanitizer available on the way into school (outside EY), in all classrooms (stored away from children), in the main entrance, at the photocopier, at the guillotine and when need to touch door release buttons. Children reminded at the start of each day and throughout the about handwashing technique; Staff model effective hand washing Staff and children will use hand sanitizer/wash hands before they enter the building Staff and children will use hand sanitizer before and after play/lunch times Children will wash their hands after they have been to the toilet using running water and soap Children will wash their hands before lunch using running water and soap 	Low	<p>MT CG MG All staff</p>

INFECTION/ TRANSMISSION OF THE VIRUS RESPIRATORY HYGIENE	Staff Children Parents Visitors	High	<ul style="list-style-type: none"> • Good respiratory hygiene is part of the culture of school • Children reminded at the start of each day and throughout the day about good respiratory hygiene • Staff model effective respiratory hygiene • Staff support younger children and/or children with additional needs • Coughing/sneezing into a tissue 'Catch it, bin it, kill it' • Coughing/Sneezing into your elbow • All used tissues must be put into the lidded bins that are in each classroom. The bins are emptied at the end of each day by the cleaning team. 	Low	MT CG MG All staff
INFECTION/ TRANSMISSION OF THE VIRUS CLEANING	Staff Children Visitors	High	<ul style="list-style-type: none"> • School deep cleaned over the summer (July August 2021) • Classrooms, toilets and communal areas cleaned each evening/morning by Bolton Cleaning Service • Toilets and common areas/high touch points cleaned at 10:30am (site officer), between 12 and 1pm (Heathfield Cleaning) • Classroom tables cleaned if children move places • Telephones are cleaned before and after a person is working at a work station; if a teacher is making a telephone call it is cleaned before and after use • Additional cleaning equipment in classrooms and offices to support with cleaning (Cleaning Box) Hand sanitizer, wipes, cleaning fluid, gloves • Shared resources/equipment used will be cleaned after use 	Low	CG MG MR Cleaners
INFECTION/ TRANSMISSION OF THE VIRUS VENTILATION	Staff Children Visitors	High	<ul style="list-style-type: none"> • All windows will be opened from 7am each day to allow for natural ventilation • Internal doors can be left open using the 'fire alarm prop' only • External classroom doors can be left open once the school grounds are secure • The need for increased ventilation while maintaining a comfortable temperature will be balanced • CO2 monitors are installed in each classroom to monitor ventilation. A reading 800 or below is classed as effective 	Low	MT CG MG

			ventilation. A reading between 800 and 1500 means more ventilation is required and a reading over 1500 indicated poor ventilation. If areas of poor ventilation are identified, immediate action will be taken.		
LACK OF PPE		High	<p>PPE available: Gloves, apron, masks and eye protection.</p> <ul style="list-style-type: none"> • PPE kit in each room • The majority of staff in education settings will not require PPE beyond what they would normally need for their work <p>PPE will be required when:</p> <ul style="list-style-type: none"> • Children, young people and students 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 (Gloves, apron, masks and eye protection) • If a child, young person or other learner 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 child has an accident and needs attention then the appropriate PPE needs to be worn. <p>Putting on PPE: Perform hand hygiene before putting on PPE. The order for putting on PPE is Apron, Surgical Mask, Eye Protection and Gloves.</p> <p>Taking off PPE: The order for removing PPE is Gloves, Apron or Gown, Eye Protection, Surgical Mask</p>	Low	All staff

			<ul style="list-style-type: none"> Any PPE/tissues that is used with a child that displays symptoms must be put into the transparent bin bag (double bagged) and put into the site management cabin for 72 hours and/or once a negative result has been confirmed. It can then be disposed of as normal. 		
WHEN AN INDIVIDUAL DEVELOPS COVID-19 SYMPTOMS OR HAS A POSITIVE TEST	Staff Children Parents Visitors	High	<ul style="list-style-type: none"> Staff, children and/or visitors should not come into school if they have COVID -19 symptoms. They should get tested and follow public health advice on when to self-isolate and what to do. If a parent or carer insists on a pupil attending school, school can 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. The decision would need to be carefully considered in light of all the circumstances and current public health advice. <p>Child develops symptoms:</p> <ul style="list-style-type: none"> If a child starts to display symptoms, they will be isolated in the Nurture room and parents contacted immediately for the child to be sent home. (Weather permitting, child to sit outside by the nurture room) Children should access the nurture room by exiting the classroom via the external door and entering the nurture room via the Year 3/6 cloakroom external entrance. Where possible, staff should stand outside the door to supervise. Where not possible, gloves, apron, face mask and eye protection to be worn. If the child needs the toilet whilst waiting to go home, they should use the KS2 toilet but this will need to be temporarily closed fully cleaned before being used by anyone else Parents to collect child from outside the nurture room. Parents arrange to get child tested. Parents must inform school of the outcome of the test immediately 	Low	MT SLT All staff

- Siblings will not be required to go home if they are well but it will be suggested to parent/carer that siblings get tested.
- Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell
- The area around the person with symptoms will be cleaned with normal household disinfectant after they have left to reduce the risk of passing the infection on to other people.
- Any PPE/tissues that is used with a child that displays symptoms must be double bagged into the transparent bin bags and put into the Site office cabin for 72 hours or negative result confirmed. It can then be disposed of as normal.
- If the test is negative, and the child no longer had symptoms they can stop self-isolating and return to school
- If the test is positive, they should follow the 'stay at home: [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

Adult develops symptoms:

- If a member of staff displays symptoms they must go home immediately, arrange a test and follow the stay at home: [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)
- Staff member should exit the school via their nearest external door
- A member of staff that works with/near staff member should inform SLT

ASYMPTOMATIC TESTING	Staff	High	<ul style="list-style-type: none"> • Staff should undertake twice weekly home tests until the end of September, when this will also be reviewed. • School insurance through Bolton LA provides sufficient cover for LFD testing. • Staff understand that opting in to home testing is voluntary and that they need to provide informed consent and have read the data privacy notice. Staff understand that the more staff that opt in, the safer the school environment (11.1.21) • Staff report positive and void results only to Mark Thornley and Cathryn Greenwood. (8.2.21) • Individuals are exempt from testing by both PCR and LFD within 90 days of a positive PCR test, unless they develop new symptoms. • Staff members to dispose of tests in their general waste at home using disposal bags provided in accordance with the new instructions provided. • 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 to self-isolate. • If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have COVID-19 symptoms. 	Low	CG MT
STAFFROOM	Staff	High	<ul style="list-style-type: none"> • All staff can use the staffroom without social distancing, a • If you have been identified as a close contact you should not use the staffroom until a PCR test confirms negative result • Staff should use anti bac wipes to clean surfaces, handles etc. that they have touched 	Low	All staff
STAFF TOILETS	Staff Visitors	High	<ul style="list-style-type: none"> • Both female toilets can be used at once • Staff should use anti bac wipes to clean surfaces, handles etc. that they have touched 	Low	All staff

VISITORS	Staff Visitors	High	<ul style="list-style-type: none"> • Meetings between visitors and staff, both are asked to wear face coverings if social distancing is not possible • Visitors regarding the site should be limited (where possible) to before and after school • If parents and teachers are meeting, social distancing will be maintained and encouraged to wear face coverings • School will offer a hybrid of virtual and face to face meetings • Planned visitors to school will be asked to do an LFD test prior to arrival • Parents Evening protocol (face to face) <ul style="list-style-type: none"> ➤ Parents enter building from external classroom door ➤ Parent and teacher sit at least 2m apart from teacher ➤ Parent (if able to) wears face covering ➤ Virtual meetings are also offered 	Low	CG ST TP
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CATEGORIES OF LIKELIHOOD	
Highly Likely	Expected to happen/reoccur, possibly frequently.
Possible	Might happen/reoccur at some time depends on circumstances.
Unlikely	Not expected to happen/reoccur but possible in certain circumstances.
Very Unlikely	Would only occur in very exceptional circumstances.

CATEGORIES OF CONSEQUENCE SEVERITY	
Catastrophic	Incident could result in <u>one or more fatalities</u> .
Major	Major injury resulting in incapacity, hospitalisation >24 hours.
Significant	Injury requires attention of a Doctor or Hospital treatment or hospitalisation <24 hours.
Minor	Small cut, bruise, abrasion, basic first aid treatment provided.
Negligible	Some discomfort, self-help. No treatment required.

RISK CLASSIFICATIONS	
A	Unacceptable risk , requires immediate attention. Work <u>should not be started or continued</u> until the level of risk has been reduced.
B	High risk , requires immediate attention. Control measures must be identified and put into place as soon as possible.
C	Medium risk , requires attention as soon as possible. The risk should be only be tolerated in the short term and only when further control measures are being planned and introduced, Timescales must be short.
D	Low risks , confirm that there are no low/no cost solutions which may eliminate/ reduce the risk further.
E	Trivial risk , no further action required but review at regular intervals to ensure controls remain effective.

RISK RATING				
	Highly Likely	Possible	Unlikely	Very Unlikely
Catastrophic	A	A	B	E
Major	A	B	C	E
Significant	B	C	D	E
Minor	C	D	E	E
Negligible	E	E	E	E