

# RISK ASSESSMENT FORM



<b>Rokesly Infant and Nursery school</b>		<b>Location:</b> Rokesly Infant and Nursery school	<b>Assessment Completed by:</b>
<b>Description of Activity/Task Assessed:</b> Early Years and Primary School Educational Provision (Covid-19 Assessment) <b>Opening school fully – September 2020</b>		<b>Date of Assessment:</b> 11/08/2020	<b>Review Date:</b> Due to the changing circumstances and guidance around the coronavirus epidemic, this risk assessment is to be kept under constant review. Staff will be notified when changes are made.
<p><b>Approach to risk estimation and management (DfE Guidance 7/8/2020)</b></p> <ul style="list-style-type: none"> <li>• Some types of control are more effective at reducing risks than others. Risk reduction measures should be assessed in order of priority as set out below; schools should not simply adopt the easiest control measure to implement. Controls should be practical to be implemented and, ideally, should be able to be maintained easily over time. It is critical to remember that it will only rarely be feasible to eliminate individual risks completely. The combination of controls introduced should aim to reduce the risk to as low as reasonably practicable and prioritise structural, environmental interventions over individual level ones. This does not just mean considering risks of transmission, but also balancing these against risks to wider health and well-being and to education. Schools have the flexibility to respond to risks in a way that suits their circumstances whilst complying with their duties under health and safety legislation. Schools should work through the following steps to address their risks, considering for each risk whether there are measures in each step they can adopt before moving onto the next step:</li> <li>• <b>Elimination:</b> stop an activity that is not considered essential if there are risks attached.</li> <li>• <b>Substitution:</b> replace the activity with another that reduces the risk. Care is required to avoid introducing new hazards due to the substitution.</li> <li>• <b>Engineering controls:</b> design measures that help control or mitigate risk.</li> <li>• <b>Administrative controls:</b> identify and implement the procedures to improve safety (for example, markings on the floor, signage).</li> <li>• <b>Having gone through this process, PPE should be used in circumstances where the guidance says it is required.</b></li> </ul>			
1.	<p>The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded to show how the controls have been applied. Where points are not completed but will need to be addressed, they should be placed in the Further Actions Required column with a time frame for completion. Items that are not applicable to the school's specific settings should be deleted.</p>		
2.	<p>Education settings must be able to achieve the controls as defined by the Department of Education before opening the school for the September term.</p> <p><b>System of controls</b> This is the set of actions schools must take, grouped into 'prevention' and 'response to any infection' and are outlined in more detail in the sections below.</p> <p><b>Prevention:</b></p> <ol style="list-style-type: none"> <li>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</li> <li>2) clean hands thoroughly more often than usual</li> <li>3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach</li> <li>4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach</li> <li>5) minimise contact between individuals and maintain social distancing wherever possible</li> <li>6) where necessary, wear appropriate personal protective equipment (PPE)</li> </ol>		

Numbers 1 to 4 must be in place in all schools, all the time.  
 Number 5 must be properly considered and schools must put in place measures that suit their particular circumstances.  
 Number 6 applies in specific circumstances.

**Response to any infection:**  
 7) engage with the NHS Test and Trace process  
 8) manage confirmed cases of coronavirus (COVID-19) amongst the school community  
 9) contain any outbreak by following local health protection team advice  
 Numbers 7 to 9 must be followed in every case where they are relevant.

3. **Vulnerable groups**  
**Children who are shielding or self-isolating**  
 We now know much more about coronavirus (COVID-19) and so in future there will be far fewer children and young people advised to shield whenever community transmission rates are high. Therefore, the majority of pupils will be able to return to school. You should note however that:

- a small number of pupils will still be unable to attend in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19)
- shielding advice for all adults and children will pause on 1 August, subject to a continued decline in the rates of community transmission of coronavirus (COVID-19). This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding. Read the [current advice on shielding](#)
- if rates of the disease rise in local areas, children (or family members) from that area, and that area only, will be advised to shield during the period where rates remain high and therefore they may be temporarily absent (see below).
- some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Child Health at [COVID-19 - 'shielding' guidance for children and young people](#).

**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. **See further guidance in annex A**

**Staff who are clinically vulnerable or extremely clinically vulnerable**  
 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.

No	Hazard Description (i.e. potential causes of injury/damage)	Potential injury/damage	Persons at risk	Current preventative and protective measures	Risk Level (See method)	Further action required	Residual Risk Level
4.	Contact with persons who are unwell with	Infection and transmission of the Covid-19 Virus	Staff, pupils, other	<ul style="list-style-type: none"> <li>• Pupils, staff and other adults must not attend school if they have Corona</li> </ul>	<i>Prevalence of virus in community is low</i>	<b>Parents need to know:</b> Their duty to report any illness to the school	Remote x

	<p>Covid-19 symptoms, currently recognised as: <i>a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia),</i></p>		<p>adults on site.</p>	<p>virus (Covid-19) symptoms or have tested positive in the last 7 days.</p> <ul style="list-style-type: none"> <li>• Anyone developing these symptoms during the school day is sent home.</li> <li>• All staff are aware of these requirements.</li> <li>• Anyone in school who develops recognised symptoms will be sent home and advised to follow '<a href="#">stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>', which sets out that they must self-isolate for at least <b>10 days</b> and arrange coronavirus (COVID-19 test). Other members of household (including siblings) will self-isolate for <b>14 days</b> from when the symptomatic person first had symptoms.</li> <li>• Anyone in school who develops recognised symptoms will be isolated in the Welfare room with staff attending them wearing PPE. First aid staff use PPE: <b><i>Surgical face mask, vinyl powdered examination gloves and disposable apron</i></b></li> <li>• Welfare room window will be kept open for ventilation</li> <li>• They will use a separate bathroom if possible. The bathroom will be cleaned and disinfected using standard cleaning products before further use.</li> <li>• PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the <a href="#">safe working in education, childcare and children's social care settings, including the use</a></li> </ul>	<p>Remote x Fatality or permanent disability  Medium</p>	<p>Not to send pupils to school if they exhibit any symptoms and not disguise symptoms e.g giving Calpol to bring down a fever and sending pupils to school – <i>RIS Update letter – Starting back to school September 2020</i></p> <p>Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).</p>	<p>Fatality or permanent disability  Medium</p>
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				<p><a href="#">of personal protective equipment (PPE) guidance.</a></p> <ul style="list-style-type: none"> <li>• As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.</li> <li>• Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive or they have been requested to do so by NHS Test and Trace.</li> <li>• Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with at least an anti-bacterial/viral cleaning agent after they have left to reduce the risk of passing the infection on to other people. See the <a href="#">COVID-19: cleaning of non-healthcare settings guidance.</a></li> </ul>			
5.	Hygiene	Infection and transmission of the Covid-19 Virus	As above	<p><b>Clean hands thoroughly more often than usual</b></p> <ul style="list-style-type: none"> <li>• Sanitation stations set up at each entrance. Children sanitize hands on arrival, and go straight to class</li> <li>• Sanitation stations supervised given risks around ingestion. Small children and pupils with complex needs are helped to clean their hands properly. Skin friendly cleaning wipes may be used as an alternative</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	COSH information for hand sanitiser gel used is attached to this document	<p>Improbable x Fatality or permanent disability</p> <p>Low</p>

				<ul style="list-style-type: none"> <li>Children must frequently wash their hands with soap and water for 20 seconds and dry thoroughly</li> <li>Doors propped open (where safe to do so) to limit use of door handles and aid ventilation</li> </ul>			
6.	Respiratory Hygiene	Infection and transmission of the Covid-19 Virus	As above	<p><b>Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach</b></p> <ul style="list-style-type: none"> <li>Use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it') encouraged not to touch their mouth, eyes, and nose</li> <li>Children to learn and practise habits through games, songs, and repetition</li> <li>Where possible, all spaces are well ventilated with open windows</li> <li>Younger children and those with complex needs are helped with respiratory hygiene.</li> <li>Children who spit uncontrollably or use saliva as a sensory stimulant are supported and methods of managing behaviour is in place.</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	Bins with foot operated lids may need to be purchased for high use areas.	<p>Improbable x Fatality or permanent disability</p> <p>Low</p>
7.	Cleaning of school and resources	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>Enhanced cleaning schedule agreed with cleaning contractor - SOS</li> <li>Daily focus on occupied areas</li> <li>Certificated antiviral mist undertaken on 30day cycle</li> <li>Sufficient handwashing facilities are available. Sinks or hand sanitiser in classrooms and other learning environments</li> <li>Frequently touched surfaces (handrails, door handles, switches) are cleaned regularly throughout the school day</li> <li>Fabric chairs /soft furnishings that are difficult to clean effectively will remain out of use wherever possible.</li> <li>Anti-bacterial/viral cleaning agents in use by cleaning staff to maintain good infection control.</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	<p><b>Public Health England</b> published revised guidance 15/7/2020 <a href="#">COVID-19: cleaning of non-healthcare settings guidance.</a></p>	<p>Remote x Fatality or permanent disability</p> <p>Medium</p>

				<ul style="list-style-type: none"> <li>• Cleaning regimes/schedules are enhanced for the increased population of the school.</li> <li>• Rooms and areas that are shared are cleaned thoroughly and frequently.</li> <li>• toilets are cleaned regularly and pupils encouraged to clean hands thoroughly after using the toilet - <i>different groups being allocated toilet blocks has been considered but is not a requirement if the site does not allow for it</i></li> </ul>			
8.	Minimise contact between individuals and maintain social distancing wherever possible	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• 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. Class-sized groups are not compatible with offering a full range of subjects or managing the practical logistics within and around Rokesly Infant and Nursery school</li> <li>• Children and staff will return to school in exclusive year group pods and be kept together throughout day to avoid larger groups of children mixing</li> <li>• Measures are in place to keep pods separate as social distancing is not practical. These include: Staggered entrance/exit; Strict rota/timetabling of outside space; Staggered year group lunch provision</li> <li>• Number of contacts between children and staff reduced. No contact between each pod and children or staff of other pods during school day</li> <li>• Where class groups can be maintained during school day, this is preferable.</li> <li>• Limit as far as possible interaction, sharing of rooms and social spaces between groups.</li> <li>• Organisation of pod sets of resources by year group teams reduces sharing</li> </ul>	<i>Prevalence of virus in community is low</i>  Remote x Fatality or permanent disability  Medium	<b>Visibility of leaders</b> Leaders will continue to walk the school, <u>not</u> at transition times. Each classroom will have a demarcation on the floor where no children, furniture or equipment will be, enabling staff to enter the classroom, speak to children and staff, observe learning etc.	Improbable x Fatality or permanent disability  Low

				<ul style="list-style-type: none"> <li>• Ensure at all times that good hygiene and respiratory hygiene is observed.</li> <li>• Teaching staff who need to move between classes and year groups must maintain social distancing (ideally 2 metres) from other adults and children.</li> </ul>			
9.	Measures within the classroom	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• Classrooms cleared and remodelled where practical to support distancing where possible</li> <li>• Unnecessary items removed from classrooms and other learning environments</li> <li>• Windows and doors open to increase ventilation / reduce use of door handles</li> <li>• Soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts) removed from classes</li> <li>• Unnecessary furniture moved out of classrooms to increase space</li> </ul>	Prevalence of virus in community is low	<p>Guidance recommends further possible action:</p> <ul style="list-style-type: none"> <li>• <i>Staff in primary schools where children cannot maintain social distancing, children should be kept in smaller groups or class sized groups.</i></li> <li>• <i>Classrooms should be adapted to support distancing where possible, seating children side by side and facing forwards.</i></li> </ul>	<p>Remote x Fatality or permanent disability</p> <p>Medium</p> <p>Improbable x Fatality or permanent disability</p> <p>Low</p>
10	Measures outside the classroom	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• No whole school assemblies.</li> <li>• Class-based assemblies in class organised by year group lead.</li> <li>• Timetables and rotas revised to support separation of groups.</li> <li>• Movement around the school kept to a minimum to avoid busy corridors, entrances and exits.</li> <li>• Rearrange staff office spaces and staff rooms to allow for social distancing.</li> <li>• Calculate maximum occupancy of spaces available and ensure limited numbers are clearly communicated, understood, and enforced.</li> <li>• Lunch hall reinstated for lunches with staggered service for each year group pod allowing time for SMSAs to clean tables thoroughly between each pod.</li> <li>• Use of outside space optimised for exercise and breaks and outdoor</li> </ul>	Prevalence of virus in community is low	<p><b>Specialist intervention</b></p> <p>The school plans for specialist staff providing 1:1 and small support for pupils drawn only from single year group pods</p> <p><b>Lunch hall</b></p> <p>At lunchtime, hot lunches will be provided in the dining area for all children. If it is felt that staggered service impacts on learning time, hot packed lunches may be ordered in advance and delivered to be eaten in class on a rota – review 18/9/2020</p>	<p>Remote x Fatality or permanent disability</p> <p>Medium</p> <p>Improbable x Fatality or permanent disability</p> <p>Low</p>

				<p>education, where possible, as this can limit transmission and more easily allow for distance between children and staff, although outdoor equipment should not be used</p> <ul style="list-style-type: none"> <li>• PE lessons are with a specialist sports coach (with the coach remaining distanced from the pupil group)</li> </ul>		<p><b>Assemblies / larger group gatherings</b> We are planning that a weekly assembly limited to year group pod – spaced class groups in hall – may be possible and will plan and review this option on 18/9/2020</p>	
11	Measures for arriving at and leaving school	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• The school has three entrances to the school site (two of which have been reinstated during the pandemic):</li> <li>• Separate entrances in use for each year group pod are Year 1, Main gate and Year 2 gates.</li> <li>• Start and finish times are staggered by 10mins for each class ensuring that overall teaching time is not affected.</li> <li>• Parents/adults not allowed on site</li> <li>• Revised arrangements for start and finish times communicated to parents along with instruction not to gather at school gates.</li> <li>• Procedures for removing face coverings worn by children and staff arriving at school in place. Disposable coverings to be put into a bin or reusable face coverings placed in a plastic bag to be taken home at the end of the day.</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	<p><b>Parents need to know:</b> Only one parent should accompany the child. Drop off and collection times and which entrance to use They must not gather at entrance gates or doors, or enter the site (unless they have a pre-arranged appointment <i>RIS Update letter – Starting back to school September 2020</i></p>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>
12	Other considerations	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• Children with SEND (whether with Education, Health and Care Plans or on SEN support) will need specific help and preparation for the changes to routine that this will involve, so teachers and special educational needs coordinators should plan to meet these needs, for example using social stories.</li> <li>• Supply teachers, peripatetic teachers and/or other temporary staff can move between schools. They should ensure</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	<p><b>Parents need to know:</b> Any recommendations on transport to and from education or childcare setting (including avoiding peak times). <a href="#">Read the Coronavirus (COVID-19): safer travel guidance for passengers</a></p>	<p>Improbable x Fatality or permanent disability</p> <p>Low</p>

				<p>they minimise contact and maintain as much distance as possible from other staff and children.</p> <ul style="list-style-type: none"> <li>● Specialists, therapists, clinicians, and support staff for pupils with SEND can provide interventions as usual.</li> <li>● Other visitors to the site, such as contractors, will have site guidance on physical distancing and hygiene. This will be explained by Premises manager on or before arrival. Where visits can happen outside of school hours, they should.</li> <li>● A record is kept of all visitors.</li> <li>● Staff and pupils have their own equipment that is not shared.</li> <li>● Classroom based resources, such as books and games, can be used and shared only within the bubble. These should be cleaned regularly, along with all frequently touched surfaces.</li> <li>● Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and meticulously and always between bubbles, or rotated to allow them to be left unused and out of reach for a period of 72 hours between use by different bubbles.</li> <li>● Outdoor playground equipment more frequently cleaned.</li> <li>● Children only bring essentials such as lunch boxes, hats, coats, books and book bags to school</li> <li>● Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development.</li> </ul>		
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	PPE	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• First aid staff use PPE: <b><i>Surgical face mask, vinyl powdered examination gloves and disposable apron</i></b></li> <li>• Majority of school staff will not require PPE, but may choose to wear it for their own security</li> <li>• <b>PPE is only needed in a very small number of cases:</b></li> <li>• Children whose care routinely already involves the use of PPE due to their intimate care needs</li> <li>• Intimate care - cleaning of children who are wet or soiled will continue to receive care in the same way</li> <li>• If a child has symptoms, they will be isolated and parent called to collect them</li> <li>• where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used.</li> <li>• Refer to guidance on <a href="#">safe working in education, childcare and children's social care</a> for more information about preventing and controlling infection, including when and how PPE should be used, what type of PPE to use, and how to source it.</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	Health plan and risk assessments undertaken for all children who may need more intimate care due to medical condition / treatment	<p>Remote x Fatality or permanent disability</p> <p>Medium</p>
13	Response to any infection	Infection and transmission of the Covid-19 Virus	As above	<ul style="list-style-type: none"> <li>• School will use the NHS Test and Trace process to contact the local <a href="#">Public Health England health protection team</a>. Haringey Public Health have previously sent a slide set to school with a flow chart which will be referenced to ensure correct procedures are followed. Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:</li> <li>• <a href="#">book a test</a> if they or their child are displaying symptoms. Staff and pupils must not come into the school if they</li> </ul>	<p><i>Prevalence of virus in community is low</i></p> <p>Remote x Fatality or permanent disability</p> <p>Medium</p>	<p><b>Parents need to know:</b></p> <p>Track and Trace arrangements – <i>RIS Update letter – Starting back to school September 2020</i></p> <p>Guidance states: <i>The government will ensure that it is as easy as possible to get a test through a wide range of routes that are locally</i></p>	<p>Improbable x Fatality or permanent disability</p> <p>Low</p>

			<p>have symptoms, and must be sent home to self-isolate if they develop them in school. All children can be tested, including children under 5. Children aged 11 and under will need to be helped by parents /carers if using a home testing kit</p> <ul style="list-style-type: none"> <li>● <b>provide details</b> 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</li> <li>● <b>self-isolate</b> if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19)</li> <li>● Anyone who displays symptoms of coronavirus (COVID-19) will be advised to book a test online through the NHS <a href="#">testing and tracing for coronavirus website</a>, or ordered by telephone via NHS 119 for those without access to the internet.</li> <li>● Staff are informed that essential workers, which includes anyone involved in education or childcare, have priority access to testing</li> <li>● School asks parents and staff to inform them immediately of test results</li> <li>● if someone tests negative, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating.</li> <li>● if someone tests positive, they will follow the <a href="#">‘stay at home: guidance for</a></li> </ul>		<p><i>accessible, fast and convenient. We will release more details on new testing avenues as and when they become available and will work with schools so they understand what the quickest and easiest way is to get a test. By the autumn term, all schools will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.</i></p>	
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			<p><a href="#">households with possible or confirmed coronavirus (COVID-19) infection</a> and must continue to self-isolate for at least <b>10 days</b> from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. <b>The 10-day period starts from the day when they first became ill.</b> If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full <b>14 days</b>.</p> <ul style="list-style-type: none"> <li>• The school will take swift action when we become aware that someone who has attended has tested positive for coronavirus (COVID-19).</li> <li>• School will contact the local health protection team.</li> <li>• 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.</li> <li>• The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate. Close contact means:</li> </ul> <p><b>direct close contacts</b> - 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)</p>		<p><b>Managing outbreaks:</b>  <i>If school has 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 must continue to work with their local health protection team who will be able to advise if additional action is required.</i></p>	
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			<p><b>proximity contacts</b> - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual</p> <p><b>travelling in a small vehicle, like a car, with an infected person</b></p> <ul style="list-style-type: none"><li>• The health protection team will provide definitive advice on who must be sent home.</li><li>• A template letter will be provided to school, on the advice of the health protection team, to send to parents and staff if needed. Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.</li></ul>			
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## Risk Assessment Method

In order to assess a risk associated to a hazard, two factors need to be considered:-

i - the possible severity of the outcome

Realistically, what is the worst likely outcome? This method defines four categories of severity:-

Fatality or permanent disability
Major injury or long-term absence
3-day injury or temporary disability
Minor injury

ii - the likelihood of the outcome to occur

How likely is it that the severe outcome will occur? Five categories are defined:-

<b>Likely</b>	A repetitive occurrence should be expected
<b>Probable</b>	Foreseeable
<b>Possible</b>	Could occur sometime
<b>Remote</b>	Unlikely, though conceivable
<b>Improbable</b>	Almost negligible

Once those two factors are assessed, the matrix on the next page can be used to determine the level of risk. This information was then used to prioritise any control measures necessary to eliminate or reduce the risk to an acceptable level.

## Risk Assessment Method (continuing).

### Matrix

	Likely	Probable	Possible	Remote	Improbable
Fatality or permanent disability	VERY HIGH	VERY HIGH	HIGH	MEDIUM	LOW
Major injury or long-term absence	VERY HIGH	VERY HIGH	HIGH	MEDIUM	LOW
3-day injury or temporary disability	HIGH	HIGH	MEDIUM	MEDIUM	LOW
Minor injury	MEDIUM	MEDIUM	LOW	LOW	VERY LOW

### Action Level

VERY HIGH	Unacceptable risk - immediate action required
HIGH	Risk reduction required - high priority
MEDIUM	<u>Medium risk - action required so far as is reasonably practicable</u>
LOW	Low priority - further risk reduction may not be feasible or cost effective
VERY LOW	Low risk - no further action required

## **Annex A - School workforce – DfE Guidance 7/8/2020**

### **An individual risk assessment will be carried out with staff members following the provision of pro forma by Haringey HR – September 2020**

We have worked closely with the Department of Health and Social Care (DHSC) and PHE to develop this specific guidance for school settings. The PHE and DHSC endorsed system of controls outlined in this document sets out the measures that school leaders and all school staff should follow when planning for full return in September.

Where schools implement the system of controls outlined in this document, in line with their own workplace risk assessment, PHE and DHSC confirm that these measures create an inherently safer environment for children and staff where the risk of transmission of infection is substantially reduced. As a result, on current evidence, PHE and DHSC advise that schools are not currently considered high risk settings when compared to other workplace environments. Rates of community transmission of coronavirus (COVID-19) are now reduced to levels below those seen when shielding was introduced, and shielding measures will be paused from 1 August 2020, with the exception of areas where local lockdown means that shielding will continue. It is therefore appropriate for teachers and other school staff to return to their workplace setting. Accordingly, we expect that staff who need to will attend school.

From 1 August, wider government policy on going to work is expected to change, with employers to be given more discretion about where staff work. Most school-based roles are not ideally suited to home working and schools may expect most staff to return to work in settings. Some roles, such as some administrative roles, may be conducive to home working, and school leaders should consider what is feasible and appropriate. All staff should follow the measures set out in the system of controls section of this guidance to minimise the risks of transmission. This includes continuing to observe good hand and respiratory hygiene and maintaining social distancing in line with the provisions as set out in part 5 of the 'Prevention' section.

School leaders should explain to staff the measures the school is putting in place to reduce risks. We anticipate adherence to the measures in this guidance will provide the necessary reassurance for staff to return to schools.

If staff are concerned, including those who may be clinically vulnerable, clinically extremely vulnerable or at increased comparative risk from coronavirus, we recommend school leaders discuss any concerns individuals may have around their particular circumstances and reassure staff about the protective measures in place.

#### **Staff who are clinically extremely vulnerable**

Rates of community transmission of coronavirus (COVID-19) are now reduced to levels below those seen when shielding was introduced. Shielding measures will therefore be paused from the 1 August 2020, with the exception of areas where local lockdown means that shielding will continue. Therefore, we advise that those who are clinically extremely vulnerable can return to school in September 2020 provided their school has implemented the system of controls outlined in this document, in line with the school's own workplace risk assessment. In all respects, the clinically extremely vulnerable should now follow the same guidance as the clinically vulnerable population, taking particular care to practise frequent, thorough hand washing, and cleaning of frequently touched areas in their home and/or workspace.

#### **Staff who are clinically vulnerable**

Clinically vulnerable staff can return to school in September. While in school they should follow the sector-specific measures in this document to minimise the risks of transmission.

This includes taking particular care to observe good hand and respiratory hygiene, minimising contact and maintaining social distancing in line with the provisions set out in section 5 of the 'Prevention' section of this guidance. This provides that ideally, adults should maintain 2 metre distance from others, and where this is not possible avoid close face to face contact and minimise time spent within 1 metre of others. While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children/adolescents.

People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.

### **Staff who are pregnant**

Pregnant women are in the 'clinically vulnerable' category, and are generally advised to follow the above advice, which applies to all staff in schools. Employers should conduct a risk assessment for pregnant women in line with the Management of Health and Safety at Work Regulations 1999 (MHSW).

The Royal College of Obstetrics and Gynaecology (RCOG) has published [occupational health advice for employers and pregnant women](#). This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. We advise employers and pregnant women to follow this advice and to continue to monitor for future updates to it.

### **Staff who may otherwise be at increased risk from coronavirus (COVID-19)**

Some people with particular characteristics may be at comparatively increased risk from coronavirus (COVID-19), as set out in the [COVID-19: review of disparities in risks and outcomes report](#), which looked at different factors including age and sex, where people live, deprivation, ethnicity, people's occupation and care home residence. These staff can return to school in September as long as the system of controls set out in this guidance are in place. The reasons for the disparities are complex and there is ongoing research to understand and translate these findings for individuals in the future. People who live with those who have comparatively increased risk from coronavirus (COVID-19) can attend the workplace.

### **Employer health and safety and equalities duties**

Schools have a legal obligation to protect their employees, and others, from harm and should continue to assess health and safety risks and consider how to meet equalities duties in the usual way. Following the steps in this guidance will mitigate the risks of coronavirus (COVID-19) to pupils and staff and help schools to meet their legal duties to protect employees and others from harm.

### **Supporting staff**

Governing boards and school leaders should have regard to staff (including the Head teacher) work-life balance and wellbeing.

Schools should ensure they have explained to all staff the measures they are proposing putting in place and involve all staff in that process.

All employers have a duty of care to their employees, and this extends to their mental health. Schools already have mechanisms to support staff wellbeing and these will be particularly important, as some staff may be particularly anxious about returning to school. The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the [extra mental health support for pupils and teachers](#) is available.

The [Education Support Partnership](#) provides a free helpline for school staff and targeted support for mental health and wellbeing.

### **Staff deployment**

Schools may need to alter the way in which they deploy their staff, and use existing staff more flexibly, to welcome back all pupils at the start of the autumn term. Managers should discuss and agree any changes to staff roles with individuals.

It is important that planning builds in the need to avoid increases in unnecessary and unmanageable workload burdens. This could include a review of existing practices in this respect and schools may wish to draw on DfE's [workload reduction toolkit](#).

DfE has also published a range of resources, including [case studies to support remote education](#) and help address staff workload, this includes case studies on managing wellbeing.

If, having pursued all the immediate options available, you still have concerns about your staffing capacity talk to your local authority or trust.

### **Deploying support staff and accommodating visiting specialists**

Schools should ensure that appropriate support is made available for pupils with SEND, for example by deploying teaching assistants and enabling specialist staff from both within and outside the school to work with pupils in different classes or year groups.

Annex B – Relevant COSHH information and risk assessment

		<h1>COSHH Risk Assessment</h1>							
Service		Education		Section		Rokesly			
Describe the activity or work process. <i>(Inc. how long/ how often this is carried out and quantity substance used)</i>		Cleaning Hands to prevent the spread of COVID19							
Location of process being carried out?		Various entry points to building							
Identification of those at risk		Employees	x	Contractors	x	Public	x		
Name the substance involved in the process and its manufacturer. <i>(A copy of a current safety data sheet is attached to this assessment)</i>		Covex Hand Sanitizing Gel							
Classification <i>(state the category of danger)</i>									
 Explosive	<input type="checkbox"/>	 Harmful	<input checked="" type="checkbox"/>	 Long term health hazard	<input type="checkbox"/>	 Toxic	<input type="checkbox"/>	 Environmental	<input type="checkbox"/>
 Corrosive	<input type="checkbox"/>	 Oxidising	<input type="checkbox"/>	 Flammable	<input checked="" type="checkbox"/>	 Gas under pressure	<input type="checkbox"/>		
<input type="checkbox"/> Gas	<input type="checkbox"/> Vapour	<input type="checkbox"/> Mist	<input type="checkbox"/> Fume	<input type="checkbox"/> Dust	<input checked="" type="checkbox"/> Liquid	<input type="checkbox"/> Solid	<input type="checkbox"/> Other		
Routes of Exposure									
Inhalation	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	Eyes	<input checked="" type="checkbox"/>	Ingestion	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Workplace Exposure Limits (WELs) <i>please indicate n/a where not applicable</i>									
Long-term exposure level (8hrTWA):					Short-term exposure level (15 mins):				
N/A					N/A				

**State the Risks to Health from Identified Hazards (including risk phrases from material safety data sheet)**

**EC Classification:** European BS EN1276, R11 Highly flammable R41 Risk of serious damage to eyes. R67 Vapours may cause drowsiness and dizziness. H225 Highly flammable liquid and vapour. H318 Causes serious eye damage. H319 Causes serious eye irritation. H336 May cause drowsiness or dizziness

**Control Measures (including information, instruction and training)**

Infa red dispensers only dispense a very small amount onto hands. Children should only use under the supervision of an adult. Data sheets and risk assesment to be stored closely to the distrubtion points.

Is health surveillance or monitoring required?

Yes

No

**Emergency arrangements**

Extinguish with the following media: Water spray, fog or mist. Foam, carbon dioxide or dry powder. Dry chemicals, sand, dolomite etc. Special hazards arising from the substance or mixture Specific hazards Highly flammable liquid and vapour. May form explosive mixture with air at very high concentration. Hazardous combustion products. Advice for firefighters Oxides of carbon. Protective actions during firefighting Cool containers exposed to flames with water until well after the fire is out. Special protective equipment Wear positive-pressure self-contained breathing apparatus (SCBA) and appropriate protective for firefighters clothing.

Personal precautions Wear protective clothing as described in Section 8 of the safety data sheet.

Environmental precautions Do not discharge into drains or watercourses or onto the ground. Contain spillage with sand, earth or other suitable non-combustible material.

Methods for cleaning up Eliminate all sources of ignition. No smoking, sparks, flames or other sources of ignition near spillage. Provide adequate ventilation. Absorb in vermiculite, dry sand or earth and place into containers. Wash thoroughly after dealing with a spillage

**Personal Protective Equipment (give details and any applicable standards)**

 Mask	<input type="checkbox"/>	<input type="checkbox"/>	 Visor	<input type="checkbox"/>	<input type="checkbox"/>
 Respirator	<input type="checkbox"/>	<input type="checkbox"/>	 Goggles	<input checked="" type="checkbox"/>	Not required normally but wear eye protection if you are conducting an operation where there is a risk of this product getting in the eyes.
 Gloves	<input type="checkbox"/>	<input type="checkbox"/>	 Overalls	<input type="checkbox"/>	<input type="checkbox"/>
 Footwear	<input type="checkbox"/>	<input type="checkbox"/>	 Other	<input type="checkbox"/>	<input type="checkbox"/>

**First Aid Measures**

Inhalation	Due to the small packaging, the risk of inhalation is minimal.
Skin	None known.
Eyes	May cause severe eye irritation
Ingestion	May cause nausea, headache, dizziness and intoxication.

**Storage considerations:**

Store in tightly closed original container in a dry, cool and well-ventilated place. Keep away from heat, sparks and open flame.

**Disposal of substances and contaminated containers**

Hazardous Waste  Skip  Return to depot  Return to supplier  Other

General information Dispose of waste to licensed waste disposal site in accordance with the requirements of the local Waste Disposal Authority.

Disposal methods Reuse or recycle products wherever possible. Dispose of waste to licensed waste disposal site in accordance with the requirements of the local Waste Disposal Authority.

Is exposure adequately controlled? Yes  No

**Risk Rating following control measures (use the matrix below)**

Very high  High  Medium  Low  Very Low

Assessed by: \_\_\_\_\_ Date: \_\_\_\_\_ Review Date \_\_\_\_\_

Risk Matrix	Likely	Probable	Possible	Remote	Improbable
Fatality or permanent disability	VERY HIGH	VERY HIGH	HIGH	MEDIUM	LOW
Major injury or long term effects	VERY HIGH	VERY HIGH	HIGH	MEDIUM	LOW
3 day injury or temporary disability	HIGH	HIGH	MEDIUM	MEDIUM	LOW
Minor injury	MEDIUM	MEDIUM	LOW	LOW	VERY LOW

VERY HIGH	Unacceptable risk – immediate action required
HIGH	Risk reduction required – high priority
MEDIUM	Medium Risk – action required so far as is reasonably practicable
LOW	Low priority – further risk reduction may not be feasible or cost effective
VERY LOW	Low risk – no further action required