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|  | **Establishment name:** **Bradford Primary School****Black Torrington Primary School**  |
| **Initial Assessment [ ]** **Review [x]** **Following Incident [ ]**  | **Date of Initial Assessment: 01/09/2020****Assessor(s): JHW****Date of Review: 08/03/2021, 19/04/2021, 14/06/2021, 31/08/2021, 30/11/2021 14/12/2021****Assessor(s): LP** |
| **Activity/Task/Process/Equipment****COVID-19 2021. School full return - March 2021 Review v1.6****Updated 07/06/2021 after Government announcement about lifting of Restrictions on June 21st 2021****Updated 1st September 2021 after Covid Restrictions lifted, August 2021****(NB Other risk assessment findings and policy arrangements apply where unaffected by COVID-19)****Updated 22nd October 2021 – in line with SW Regional Consensus Schools Statement****Updated 30th November 2021 – in line with government guidance****Updated 14th December 2021-in line with government guidance** |
| **Summary of changes:*** All changes in RED
* Daily weekly LFD testing for staff at
* Continuation of CEV shielding
* Lifting of restrictions around bubbles in August 2021 and changes to close contact isolation/testing
* Enhanced Area measures (Devon), including the use of face coverings.
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| **Summary of hierarchy of controls:*** Isolate all who have contracted Covid 19 – test all close contacts, cooperate with PHE (testing, track and trace).
* Adults and children with symptoms stay at home and take PCR test.
* Three times weekly asymptomatic LFD testing for all staff
* Continue to protect the vulnerable/extremely vulnerable in line with national guidance and by local risk assessment
* Regular and repeated hand washing/sanitising: on arrival, before food, after washroom visit, on entry/exit to room.
* Good respiratory hygiene practice
* Enhanced cleaning regime
* PPE for staff use when children are isolated in school due to Covid symptoms
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| **Significant hazard** | **Who/what is at****Risk?** | **Risk** | **Control measures in place** |
|  |  | **L** | **S** | **R** |  |
| **Essential premises services to keep school open**Injuries or ill-health arising from failure to maintain the building examples include: legionella contamination, CO production, failure to raise alarm in event of fire etc. | Staff, pupils | >1 | 5 | >5 | * Essential site maintenance should continue as normal and as determined by the timetable established on the Every system (Activities module)
* Every system used to monitor essential site maintenance: Compliance module can be scrutinised to identify gaps in maintenance provision.
* Annual H&S Review process will also monitor
* Contractors entering site will do so by appointment and will abide by hygiene controls and work to 1m plus social distancing rules.
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| LP liaise with premises lead IW and Estates Lead AK to ensure essential premises services and compliance activities are carried out. EVERY to be updated accordingly. |
| **Staff or pupils with symptoms**Potential for contracting COVID-19 via direct or indirect contact with someone displaying symptoms | Staff, pupils | 1 | 4 | 4 | * Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do. Children who are unwell should **not** attend the setting and should remain at home until their acute symptoms resolve (+24 hours for a fever).
* **IF** these symptoms develop into cough, temperature, changes to taste and smell, should isolate and test.
* **IF** test negative to COVID-19, still need to remain at home until at least 24 fever free and acute symptoms resolved.
* **Parents and settings should not try and ‘second guess’ diagnosis – if have the key symptoms, isolate and test.**
* If anyone in school develops COVID-19 symptoms, however mild, they will be sent them home and they should follow public health advice about taking a PCR test immediately – children of 4 and under are not required to take a PCR test unless there if a positive Covid Test in their home.

**Symptoms** of one or more of the following:* New and continuous cough
* high temp >37.8
* loss/change to sense of smell/taste
* As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. School may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.
* Setting based contact tracing of staff cases and staff contacts to be reported to the Self-Isolation Hub (020 3743 6715)
* people who are fully vaccinated and identified as a contact of someone with COVID-19 – whether Omicron or not – should take an NHS rapid lateral flow test every day for 7 days
* Those who test positive or develop symptoms will need to self-isolate
* Unvaccinated adults must continue to self-isolate for 10 days if they are a contact of someone with COVID-19

Anyone whose rapid test comes back positive or who develops COVID-19 symptoms should self-isolate and take a confirmatory PCR test to verify the result. If the PCR result comes back positive, contacts must self-isolate for 10 days from the day they took the positive rapid test or developed symptoms. They do not need to continue taking rapid tests during that 10 day isolation period. If the PCR result comes back negative, contacts can leave self-isolation but should continue to take rapid tests for the remainder of the 7 days.Anyone identified as a contact with a negative rapid lateral flow result is strongly advised to limit close contact with other people outside their household, especially in crowded or enclosed spaces and with anyone who is more vulnerable. They should also follow government guidance on wearing a face covering and working from home where possible.* Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should **continue to attend school as normal**.
* Stocks of tissue, hand-sanitiser and cleaner-sanitiser to be located in Isolation Room at school where child or adult with symptoms will wait to be collected/go home. PPE also to be to hand for use by staff assisting this person *if this is unavoidable* (see First Aid section).
* The room must then be cleaned in line with previously circulated guidance.
* If visual contamination is evident in the room e.g. saliva on table surfaces etc then PPE in the form of gloves, apron, respirator to be worn for clean. Contaminated area to be pre-treated with Titan sanitiser.
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| **Asymptomatic transmission**Potential for contracting COVID-19 via direct or indirect contact with someone NOT displaying symptoms | Staff, students | 1 | 4 | 4 | * Daily lateral flow device (LFD) testing of staff to be undertaken on an ongoing rotational basis.
* Tests to be undertaken 3-4 days apart.
* Separate risk assessment describes controls, consent process and training requirements for LFD testing. Risk assessment record follows format determined by NHS Track and Trace.
* Any staff member testing positive will not come into work but will isolate as soon as the notification has been received for 10 days. They will take the full PCR test to confirm.
* Primary Pupils will not be asymptomatically tested with LFD tests.
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| **Remote Education** | Staff, students | 1 | 1 | 1 | Where appropriate, pupils who need to work or learn from home will be provided with remote education if they are well enough to do so. The remote education provided will be equivalent in length to the core teaching pupils would receive in school.School will work collaboratively with families and put in place reasonable adjustments so that pupils with special educational needs and disabilities (SEND) can successfully access remote education. |
| All staff to continue daily testing, reporting to LP immediately if positive. Each school admin to maintain records for managing test kits and results. Clear roles and expectations defined for all staff, reminders of procedures when someone displays symptomsReminders to all staff about latest PHE SW flow chart.Communication and reminders to parents and communities of the necessary PHE procedures schools must follow. |
| **Shielding the vulnerable - CEV**Potential for contracting COVID-19 via direct or indirect contact whilst attending school site with elevated consequence | Staff, pupils, co-habitants of staff/pupils | <1 | 5 | 5 | **Staff*** Clinically Extremely Vulnerable (CEV) who were shielding up until 02.12.2020 after receipt of letter from GP or NHS should continue shielding and work from home. Original risk assessment for these staff members (for September return) should be reviewed.
* Clinically Vulnerable (CV) staff (expectant mothers, over-70s, BAME staff, those with medical conditions whereby they are advised to have an annual flu-jab) must have been risk assessed ahead of the September return by their line manager.
* Controls measures could be: strict social distancing of 2m at all times, work away from higher risk pupils, avoid close contact 1:1 work, avoid direct face to face contact, PPE, other work tasks which avoid direct close contact. The school will try as far as practically possible to accommodate additional measures where appropriate.
* A separate risk assessment record must be completed to record the findings of the assessment. A format has been circulated for this purpose.
* Risk assessments for CEV/CV staff should be subject to ongoing review

**Pupils:*** Pupils who continue to be identified as being in the CEV category (as identified by letter) by their clinician should continue to learn via remote learning at home.
* Pupils in this category will be offered access to remote education and engagement with this activity will be monitored.
* Risk assessments should be completed for pupils with EHCP to identify additional control measures necessary to control the risks to the individual, their peers and the staff who work with them. A format has been circulated for this purpose.
* This process should be led by the SENCO
* The risk assessment should continue to consider the balance of risks between attending school and remaining at home.
* IHCP to be reviewed to ensure all students with medical needs can attend College with all protective elements of plan in place.
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| **Shielding the vulnerable – CV**Potential for contracting COVID-19 via direct or indirect contact whilst attending school site with elevated consequence | Staff, pupils, co-habitants of staff/pupils | 1 | 4 | 4 |
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| Potential for contracting COVID-19 via direct contact whilst attending school site | Staff, pupils | 2 | 3 | 6 | **Pupils:*** It is no longer recommended that it is necessary to keep children in consistent groups (‘bubbles’). Contingency plans (sometimes called outbreak management plans) cover the possibility that in some local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups. Parents will be informed if Contingency Plans are to be implemented
* As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and there is no longer a need to make alternative arrangements to avoid mixing at lunchtime and break times.

**Staff:*** In primary schools, it is recommended that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. Health advice continues to be that children in primary schools should not be asked to wear face coverings.
* Face coverings do not need to be worn when outdoors.
* Transparent face coverings can be worn to assist communication with someone who relies on: • lip reading • clear sound • facial expression.
* Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.
* Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.
* A face visor or shield may be worn in addition to a face covering but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth, and do not filter airborne particles.
* If there is a substantial increase in the number of positive cases in school, a director of public health might advise that face coverings should temporarily be worn in classrooms (by staff and visitors, unless exempt). This is included in contingency planning.
* Staff and pupils have the choice to wear face coverings in other areas of the school if they wish to do so.

**Visitors:*** Visits that are absolutely necessary are permitted. Only visits with a prior appointment will be made. Parents are able to come in to school for specific activities/meetings at agreed times.
* Contractors who must attend for essential maintenance must follow hygiene practices and must try to maintain social distance. Wherever practicable (and as is consistent with safeguarding protocols), they must be left alone in the room where their work can be undertaken (e.g. plant room etc).

**Food provision:*** Pupils partaking in school meals pre-order from menu options.
* Food pre-paid – no payments upon collection to speed up collection
* HACCP reviewed by kitchen managers to control any additional COVID-19 risk areas in food production.
* Children are now able to meet in communal areas to eat their lunch together.
* Cutlery handed out to prevent cross contamination at the point of collection
* Hand-hygiene before and after consumption of food.
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| **Hygiene**Potential for contracting COVID-19 via direct and indirect contact whilst attending school site | Staff, adult co-habitants of pupils | 2 | 3 | 6 | **Hand-hygiene:*** Ongoing regular hand-hygiene is the principal control for indirect transmission.
* Hand washing or hand sanitising with alcohol hand sanitiser must be undertaken at the following times:
* Upon arrival at class base at day’s start
* After using a washroom
* Before and after food
* Upon entering and leaving classrooms
* After coming in from outside recreation
* Upon final departure
* *Therefore, hand- sanitiser must be available at the entrance/s to each teaching space and class bubble*.
* Staff to undertake hand-hygiene after handling pupils’ work.
* Hand hygiene should also be undertaken after use of any shared resources..
* Staff should supervise hand sanitising in teaching spaces.
* All visitors must wash/sanitise their hands upon arrival and departure

**Respiratory hygiene:*** Good respiratory hygiene – ‘Catch it, Bin it, Kill it’ to be followed and modelled as much as possible.
* Tissues and covered bins to be provided in each room
* *Behaviours to be taught and modelled at all ages.*
* Regular checks of washrooms must be undertaken to ensure that stocks of soap etc are available.
* Pupil access to washrooms to be controlled to limit numbers as well as to control behaviour.
* Message to be reinforced by posters displayed around the site
* Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers. This should be considered in pupil specific risk assessments in order to support these pupils and the staff working with them.

**Cleaning:*** Demands of whole school opening in combination of reduced national risk means all rooms utilised in the timetable should be cleaned **daily** with an additional interim clean ofregularly touched surfaces during the day. Nursery and KS1 should be cleaned in response to need as identified by staff.

.* Clear desk policy: staff to clear hard surfaces to allow for cleaning.
* A combined cleaner-disinfectant to be used which is BSEN1276 compliant.
* Cleaning protocol circulated. Regularly touched hard-surfaces to be sanitised: tables, desk tops, light switches, keyboards/mouse, phones, taps, flush handles.
* Staff throughout day to clean regularly touched corridor surfaces (door handles, taps, bannisters etc)
* Cleaner-disinfectant and paper towels to be located in teaching spaces for staff to clean if they see the need i.e. if a child sneezes on a desk top etc.
* Cleansing wipes to be located by photocopiers to allow users to wipe buttons/touchscreen after each use.
* Please refer to Cleaning Guidance for full details of cleaning methodology plus a *suggested* example cleaner/disinfectant.

**Nursery/Early Years:*** Due to the reduced capacity of younger children to follow hygiene norms and social distancing rules, indirect transmission risk may be slightly higher. Therefore:
* The following additional precautions over and above what is listed above should be employed:
* Nursery/KS1 classes to be cleaned in response to need but at least **twice daily.**
* More frequent hand washing should be undertaken by both staff and children – a suggested frequency is hourly.
* Model and supervise correct hand-washing.
* Avoid/limit direct face to face contact at the level of the child.
* An additional risk assessment should be undertaken for any staff vulnerable staff working in this area – as described above.
* Intimate care of very young children must continue using established protocols. Robust hygiene controls must already be established in this area. Please refer to existing risk assessment and planning documents.
* A cleaner-disinfectant and a stock of paper towels should be available in the area for staff supervising young children so that obviously contaminated surfaces can be cleaned *as required* throughout the session as needed. This must be stored securely out of reach of the children concerned.

**First Aid:*** Delivering First Aid will often necessarily mean that staff have to remain for several minutes in close proximity (<1m) to a pupil often face to face. PPE is no longer required in these instances unless Contingency plans are actioned.
* Disposable gloves should be worn.
* If people report to First Aid with COVID-19 symptoms, beyond testing temperature if needed, they should NOT be treated by First Aid but should be shown to a separate isolation room where they can be isolated until they return home. They should be required to cover their mouths with a tissue/paper towel until this happens.
* A contactless thermometer is available to take a temperature. PPE will nevertheless be worn as described above.
* There is a room set aside for this eventuality with a supply of tissues/paper towels on hand.

**Ventilation:**When school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.Poorly ventilated spaces are identified in risk assessment and steps have been taken to improve fresh air flow in these areas, giving particular consideration when holdingevents where visitors such as parents are on site, for example, school plays. There is a balance the need for increased ventilation while maintaining a comfortable temperature.* Heating used as necessary to ensure comfort levels are maintained when the building is occupied.
* Occupied teaching spaces to be ventilated by opening windows (high level rather than low level to reduce draughts) both in classrooms and access spaces.
* Doors into room can be propped open when the room is occupied but teaching staff must close these when the room is unoccupied.
* Use fans for good air circulation*.*
* Air handling units and other mechanical ventilation systems should be used if the school has these. It should be ensured that these systems are not set to air re-circulation only.
* Re-circulating only air-conditioning systems not to be used in place of open windows and fresh air ventilation but can be used so long as source of fresh air available.
* Source of fresh air to be maintained in winter months when weather is colder whilst maintaining statutory minimum temperatures by:
* Open all windows by a small amount
* Opening doors to aid cross-ventilation (subject to controls for fire doors above)
* ‘Flush’ rooms at break times by opening all windows to fullest extent for 2 minutes.
* Allow pupils to wear jumpers/hoodies but if room is too cold, children cannot function in the classroom so ventilation must be reduced.
* A thermometer to monitor temperatures where opening windows and doors is used as a mechanism to aid ventilation.
* Ensure staff meetings and insets are in rooms with suitable and sufficient ventilation.
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| First AidPotential for contracting COVID-19 from direct and indirect contact with child due to administration of First Aid  | First Aid staff | 2 | 3 | 6 |
| Nursery/Early yearsPotential for contracting COVID-19 via direct and indirect contact whilst attending school site | EYFS Staff, adult co-habitants of pupils | 2 | 3 | 6 |
| Lack of ventilationPotential for contracting COVID-19 via direct contact due to poor ventilation | Staff, adult co-habitants of pupils | 2 | 3 | 6 |
| Staff to check that reminder posters are still in place Staff to check stock of cleaning resources and PPE Staff to ensure all areas adhere to clear desk and surfaces policy and are clutter free.TA/Support staff will undertake second clean before/after lunch times.All staff to continue on the spot cleaning as requiredAll staff to remind themselves of the cleaning guidanceStaff to check that fans are in good working order and are positioned correctly. |
| **Cleaning tasks**Potential for indirect contracting of COVID-19 whilst undertaking cleaning | Cleaning staff | 2 | 3 | 6 | * See separate cleaning guidance and associated risk assessments
* A cleaner-disinfectant/cleaner compliant with BSEN1276 to be used.
* Usual COSHH risk assessment findings to be followed in respect of chemical safety and use.
* Please refer to Cleaning Guidance for full details of cleaning methodology plus a *suggested* example cleaner-disinfectant.
* Use disposable paper towels/rolls.
* All staff to follow a ‘clear-desk’ policy to enable regular cleaning of all hard surfaces.
* Cleaning of isolation room: if visual contamination is evident in the room e.g. saliva on table surfaces etc then PPE in the form of gloves, apron, respirator to be worn for clean. Contaminated area to be pre-treated with Titan sanitiser as described in Cleaning Guidance document.
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| TA/Support Staff/MTA’s will undertake second clean before/after lunch times.All staff to continue on the spot cleaning as requiredAll staff to remind themselves of the cleaning guidance |
| **Transport**Potential for direct and/or indirect contracting of COVID-19 whilst travelling to and from school. | Pupils | 2 | 3 | 6 | * Alternative means of transport to bus travel encouraged wherever possible – walking, cycling, private car travel.
* The Trust is not the principal duty holder in respect of transport organised by others. The strategy will therefore be to cooperate with and communicate the risk assessment findings of other partner organisations as well as reinforcing and communicating government guidance for the safe use of general public transport.
* DCC Transport Coordination Service risk control measures to apply.
* Any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household.
* Transport provider to clean regularly touched hard surfaces between uses
* All passengers alighting from a bus will sanitise hands upon entering the building. Similarly, transport users will sanitise hands before leaving the building to board the bus.
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| **Educational Visits** |  | 2 | 3 | 6 | In line with the [roadmap](https://www.gov.uk/government/publications/covid-19-response-spring-2021), schools were able to resume educational day visits from 12 April 2021.Any educational day visits must be conducted in line with relevant COVID-secure guidelines and regulations in place at that time. All travellers arriving into the UK will need to isolate and get a PCR test by ‘day two’ after arrival. They may end their isolation once they receive a negative result. If the result is positive, they should continue to isolate and follow rules on isolation following a positive test. Unvaccinated arrivals aged over 18 will follow the existing, more onerous, testing and isolation regime. All Red list arrivals will enter quarantineIt is recommended that schools consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK. Refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling. Schools are advised to ensure that any new bookings have adequate financial protection in place. Schools should speak to either visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Independent advice on 18 insurance cover and options can be sought from the British Insurance Brokers’ Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits. Schools will undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).All travellers arriving into the UK will need to isolate and get a PCR test by ‘day two’ after arrival. They may end their isolation once they receive a negative result. If the result is positive, they should continue to isolate and follow rules on isolation following a positive test. Unvaccinated arrivals aged over 18 will follow the existing, more onerous, testing and isolation regime. All Red list arrivals will enter quarantine |
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