

Summary - Spring term cv19 risk assessment - JANUARY 2022

What's changed?

Updates for Education from the Government in January 2022:

- No need to isolate if a close contact for those under age of 18, or if over 18 and had 2 vaccinations.
- If living with someone that has tested positive for COVID, daily LFTs should be taken for 7 days. If any LFT returns a positive result, a PCR test must be taken. Isolation whilst awaiting PCR results is required.
- If a PCR test is taken within 2 days of the positive LFT, but returns a negative result, the PCR result overrides the LFT and the person may return to school/work.
- Following a positive PCR test, isolation can end before the mandatory 10 day isolation period, provided two consecutive days of LFTs have returned negative results. The earliest day to do this is day 6, meaning that the earliest return is day 8, providing the person is well.
- 'Bubbles' are not required unless part of an outbreak control measure. Any decision to reintroduce 'bubbles' would not be taken lightly and would need to take account for potential impact of delivery of education. In such a small school, there are not enough staff to effectively deliver all aspects of education without working across and between classes. In any case, the local authority and local health protection teams would advise.
- Close contacts will now only be identified via NHS test and trace and schools are not expected to undertake contact tracing. NHS will work with the individual and/or parent and follow up with any specific individual named, they may contact the school for more information.
- Parents and staff will be informed of positive cases in their (child's) class by way of a 'warn and inform' letter.
- Individuals no longer need to isolate as a close contact if they have been fully vaccinated, under 18, or they are not able to get vaccinated for medical reasons - **but** they will be contacted by NHS test and trace and advised they are a close contact and to take a PCR test.
- Schools will need to be ready to 'step up' and 'step down' on infection control measures, following advice from UK Health Security Agency (formerly Public Health England) and/or the local health protection team (Bromley LA).
- Classroom-based primary school staff should wear face-coverings when outside of their usual teaching space (communal areas) or with pupils other than their usual or majority (time) group of pupils. All non-class based staff should wear face-coverings when working outside of their usual room or moving around school (communal areas). Face-coverings can be worn in classrooms, by class staff, if they wish to do so, however it must be carefully weighed up with the possible negative impact on some teaching activities i.e. the delivery of phonics teaching may be negatively affected by adults wearing face-coverings, where the mouth is not visible and sounds are muffled/distorted.
- All visitors to the school, including parents, should wear a face covering (unless medically exempt) when entering the building. Any visitors coming in to meet with staff or volunteer their time, should carry out an LFT before arrival.

Rosherville Safety Health and Safety Service - School SLA Health and Safety - COVID-19 SCHOOL RISK ASSESSMENT

Education settings must be able to achieve the following controls as defined by the Department of Education. The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded if necessary, to show how the controls have been applied, add/amend for your school environment. The risk assessment should be reviewed at SLT and with the Governing Body and shared with all staff. The risk rating for each identified hazard and overall risk assessment must be considered and decided/changed to Low, Medium, or High by the school on how the school proceeds with the control measures and the wider opening of the school.

The current Government guidance for detailed review to assist in your risk assessment links: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-coronavirus-covid-19-operational-guidance> Separate guidance is available for:

- [Covid-19-early-years-and-childcare-closures](#) [special-schools-and-other-specialist-settings](#) • [Covid-19-maintaining-further-education-provision](#)

Description of Activity	COVID 19 Secure School Risk Assessment Version 7.0	Review Dates	29/11/2021
Location	Enter School Name		02/01/2022
Completed by	Jodene Panteli		
Date of Assessment	24 August 2021		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<p><i>CV19 infection</i></p> <p>1. Poor hand and respiratory hygiene</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor hand and respiratory hygiene causing severe infection/disease, sickness, and death</p>	<p>1. Hand and Respiratory Hygiene</p> <ul style="list-style-type: none"> • The school continues with the consistent routine of regular, thorough hand washing with soap and water and hand sanitiser. • This is encouraged at the start of the day and at set times during the day • Reminders of the importance and how to wash hands thoroughly, for at least 20 seconds with running water and soap supported by alcohol hand sanitiser. Ensuring all parts of the hand are covered • Promoting the importance of not only washing hands, but the need to thoroughly dry hands 	L	Ensure availability of soap, hand sanitiser and hand towels throughout the school, in every room	AT ongoing	

		<ul style="list-style-type: none"> Toilets having sufficient supply of paper towels and daily cleaning and emptying of waste bins Appropriate hand wash stations, alcohol hand sanitiser, managed and monitored to ensure adequate replenishment Staff will wash hands regularly, before using shared equipment, such as kettle or microwave, and again afterwards. <p>2. Respiratory hygiene</p> <ul style="list-style-type: none"> We continue with the promotion of the ‘catch it, bin it, kill it’ approach We continue to use the e-bug resources to promote and teach pupils appropriate for their age groups to raise the profile and importance of hygiene and infection control. Regular reminders and information sharing including displays in classrooms will continue. Link to e-bug We continue to only use the normal PPE already used for certain activities re: Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children’s social care settings provides more information on the use of PPE for COVID-19. Link to PPE 		<p>Provide and replenish soap, hand towels and hand sanitiser supply.</p> <p>Separate bins with lids used for tissues.</p> <p>Ensure supply of PPE for use when with suspected cases of COVID-19</p>	<p>Daily check on supply by AT</p> <p>DA</p>	
CV19 infection	Employees, agency, Pupils, visitors	1. Maintain appropriate cleaning regimes	L			

		<p>c) Higher risk areas/pupils, who may find it difficult to maintain personal hygiene or where we cannot supervise personal hygiene, such as toilet areas are included in our cleaning regime</p> <p>d) All rooms are provided with cleaning wipes so that these can be used i.e. following a sneeze on a surface</p> <p>3. Monitoring cleaning</p> <ul style="list-style-type: none"> We continue to monitor and manage our cleaning regime to ensure it is being completed Fogging/spraying is only considered as an addition to the normal cleaning regime, and we would check with our competent health and safety advisor the type and frequency of product and application required House-keeping inspections of cleaning stations, cupboards are completed. Link to covid-19-decontamination-in-non-healthcare-settings 			<p>twice-daily routine.</p> <p>DA by 01/09/21 Daily check on supply by AT</p>	
<p>CV19 infection</p> <p>3. Poor ventilation</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor ventilation transmission causing severe infection/disease, sickness, and death</p>	<p>1. Keep occupied spaces well ventilated</p> <ul style="list-style-type: none"> A ventilation assessment has been completed that includes all areas of the school with any identified control measures specific for identified areas of concern re rooms/areas lacking in ventilation We open windows and/or increase/operate air flow building management systems when the school buildings are first opened in the morning CO2 monitors are being used in our ventilation review to assist in our risk control measures 	L	<p>Complete new assessment</p> <p>Open all windows and external doors every morning</p> <p>CO2 monitors in each classroom. Class teachers to monitor and</p>	<p>JP by 06/01/22</p> <p>AT</p> <p>AT - daily.</p>	

		<ul style="list-style-type: none"> We have completed assessments with our ventilation contractor on our mechanical ventilation systems to ensure that only fresh outside air is being circulated - and that only single rooms only have recirculated air supported by outdoor air supply All ventilation systems have been serviced and maintained as per statutory/manufacture requirements We open doors from outdoor to internal corridor and room doors to create a good air flow, fire doors are not propped open. As the winter months approach we continue to balance the need for ventilation and temperature control following HSE guidance, this includes opening windows just enough to provide constant background ventilation and then opened fully during breaks and when the room is not being used to purge the air in the space. Opening higher level windows in preference to lower level to reduce draughts Air purifiers with HEPA filters are installed in each of the four classrooms. They are portable so can be used in other enclosed spaces if required. 		<p>report unsafe levels to JP/DA. (over 1500ppm)</p> <p>Order more so that other rooms can have them</p> <p>New air purifiers with HEPA filters installed.</p> <p>Open windows during breaks during colder weather when windows are not open all the time.</p> <p>Pupils to wear additional layers of clothing.</p> <p>All air purifiers switched on when the school is opened each morning and off when the school is locked each evening.</p>	<p>JP by 06/01/2022</p> <p>Class teachers</p> <p>AT daily</p>	
CV19 infection	Employees, agency, Pupils, visitors	<p>1. Following public health advice on testing, self-isolation and managing cases of COVID-19</p> <ul style="list-style-type: none"> Pupils/staff/others will follow the Government advice on when to self-isolate, link covid-19/self- 	L			

<p>4. Poor management of cv19 confirmed cases</p>	<p>Poor management of CV19 symptoms, confirmed cases, attributing to transmission causing severe infection/disease, sickness, and death</p>	<p>isolation-and-treatment/when-to-self-isolate-and-what-to-do/</p> <ul style="list-style-type: none"> • Anyone with cv19 symptoms must not come into school, we promote this instruction and information on CV19 symptoms with staff, contractors, visitors, pupils and parents • Anyone with a positive test or have been told to quarantine must not come into school • The school must be notified of any cv19 symptoms, and confirmed test results as soon as possible • Anyone in school that develops these symptoms however mild, will be sent home and must follow public health advice, avoiding public transport wherever possible and be collected by a member of their family or household (re: pupil with symptoms) • A designated room to locate suspected cv19 individual with protocol in place, good ventilation, good space separation, whilst still being looked after, if close contact required we use face mask FFP2, full visor, and disposable gloves • Designated staff have been trained in the control and management of those with identified cv19 symptoms and have a supply of PPE • The school refuse pupil entry to school if we believe they present an infection control risk such as having symptoms but their parents still insisting to send into school 		<p>Headteacher's office. PPE required in case of suspected case.</p>	<p>DA to ensure a small supply of FFP2 masks and visors by 06/01/22</p>	
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		<ul style="list-style-type: none"> ● We will support remote work and education for those isolating and able to complete work/studies, link remote-education ● We follow the education recovery where necessary link education-recovery-support <p>2. When to self-isolate</p> <ul style="list-style-type: none"> ● Self-isolate straight away and get a PCR test (a test that is sent to the lab) on GOV.UK as soon as possible if you have any of these 3 symptoms of COVID-19, even if they are mild: <ul style="list-style-type: none"> A. a high temperature B. a new, continuous cough C. a loss or change to your sense of smell or taste ● Self-isolation includes the day your symptoms started or the day you had the test if you had no symptoms, and the next 10 full days. Under some conditions, self-isolation can be ceased after 7 days https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/ <p>You should also self-isolate straight away if:</p> <ul style="list-style-type: none"> ● you've tested positive for COVID-19 - this means you have the virus ● someone you live with has symptoms or tested positive (unless you are not required to self-isolate - check below if this applies to you) 				
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		<ul style="list-style-type: none"> ● you've been told to self-isolate following contact with someone who tested positive - find out what to do if you're told to self-isolate by NHS Test and Trace or the NHS COVID-19 app <p>Information:</p> <p>You may need to quarantine when you arrive in England from abroad. Check the quarantine rules when entering England on GOV.UK</p> <p>3. When you do not need to self- isolate</p> <ul style="list-style-type: none"> ● If someone you live with has symptoms of COVID-19, or has tested positive for COVID-19, you will not need to self-isolate if any of the following apply: <ol style="list-style-type: none"> A. you're fully vaccinated - this means 14 days have passed since your final dose of a COVID-19 vaccine given by the NHS B. you're under 18 years, 6 months old C. you're taking part or have taken part in a COVID-19 vaccine trial D. you're not able to get vaccinated for medical reasons <p>Even if you do not have symptoms, you should still:</p> <ul style="list-style-type: none"> ● get a PCR test on GOV.UK to check if you have COVID-19 ● follow advice on how to avoid catching and spreading COVID-19 ● consider limiting contact with people who are at higher risk from COVID-19 <p>4. Asymptomatic testing</p> <ul style="list-style-type: none"> ● Staff should continue to complete the <u>optional</u> twice weekly testing until informed otherwise 				
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		<p>5. Confirmatory PCR tests</p> <ul style="list-style-type: none"> Staff and pupils with a positive LFD test should self-isolate in line with the stay at home guidance, link stay-at-home-guidance and should get a free PCR test. Link to test https://www.gov.uk/get-coronavirus-test Whilst awaiting PCR test, you must 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 any cv19 symptoms Additional info on PCR test kits, link covid-19-home-test-kits-for-schools 		LFTs can be ordered direct from the Government website.	All staff	
<p>CV19 infection</p> <p>5. CEV children</p>	<p>Employees, agency, Pupils, visitors</p> <p>Individual medical conditions may be at higher risk of infection causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> All pupils including CEV should attend school, with the only exceptions of those who are specifically instructed not to by their clinician or specialist We continue to follow the guidance on supporting pupils with medical needs, and have specific risk assessments and pupil profiles in place. Link supporting-pupils-at-school-with-medical-conditions--3 We continue to complete our infection control cleaning regime and hand/respiratory control measures. 	L			
<p>CV19 infection</p>	<p>Employees, agency, Pupils, visitors</p>	<ul style="list-style-type: none"> Contractors are approved and managed by the school 	L			

<p>6.Contractors</p>	<p>Poor contractor infection control standards causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> • We request their risk assessments as part of our normal contractor health and safety management, and review their cv19 control measures • We try and isolate and separate their work away from staff and pupils • We manage and monitor all contractors on site • Unsafe work including CV19 infection control will be stopped immediately and reviewed with senior management 				
<p>CV19 infection</p> <p>7.School workforce</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death</p>	<p>1. CEV staff</p> <ul style="list-style-type: none"> • CEV staff are advised to follow as a minimum the same advice and guidance as everyone else. Link https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19 • We continue to ensure ventilation, good hygiene and cleaning, are applied strictly. • We continue to support individuals/groups by ensuring: <ol style="list-style-type: none"> a) Stressing the importance of individual and wider workforce engagement, buy-in and cooperation to ensure controls are applied stringently b) Individual discussions with their managers around their particular concerns c) Discuss the risk management measures we have put in place to minimise transmission to keep them, and others, safe 	<p>L</p>			

		<p>d) We explain the controls you will put/already have in place to protect them and other workers</p> <p>2. Pregnant Staff</p> <ul style="list-style-type: none"> We complete risk assessments for new or expectant mothers We recognise that some pregnant workers will be at greater risk of severe illness from coronavirus and this forms part of our individual risk assessment If we cannot put the necessary control measures in place, such as adjustments to the job or working from home, we would review if we need to suspend the pregnant worker on paid leave. This is in line with normal requirements under regulation 16(3) of the Management of Health and Safety at Work Regulations 1999. <p>3. Vaccination</p> <ul style="list-style-type: none"> We encourage vaccine uptake as a recognised major control measure, and any staff that are unsure or need further information should speak to the senior leadership staff 		<p>Pregnant staff to inform JP of pregnancy so that a risk assessment can be completed.</p>	<p>JP - as required</p>	
<p>CV19 infection</p> <p>8.Pupil wellbeing concerns</p>	<p>Employees, agency, Pupils, visitors</p> <p>Lack of pupil support leading to anxiety and stress, ill health</p>	<ul style="list-style-type: none"> We monitor our pupils through the network of teaching and support staff We raise concerns in a timely manner We have close links to the parents/carers We follow the wellbeing support link /mental-health-and-wellbeing-support-in-schools 	<p>L</p>			

<p>CV19 infection</p> <p>9.School meals, catering</p>	<p>Employees, agency, Pupils, visitors</p> <p>Use of contractors serving food and interacting in an unsafe manner causing severe infection/disease and death</p>	<ul style="list-style-type: none"> • We continue to provide free school meals as required • We continue to liaise with the kitchen contract company • We continue to request the enhanced cleaning of the dining hall and kitchen • We request and review the contract catering cv19 risk assessment • We recognise that face coverings and face visors required by law in most indoor venues, although not in hospitality settings. 	<p>L</p>			
<p>CV19 infection</p> <p>10. Educational visits</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor off site infection control standards causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> • International visits are not recommended in the spring term • The school continues to use local visits with the knowledge that outside visits and activities are safer than indoor occupied busy areas • Hand and respiratory control are in place • Ventilation is reviewed at all times to ensure there is appropriate air movement and taking action where necessary to move or increase ventilation by opening windows and doors 	<p>L</p>			
<p>CV19 infection</p> <p>12. Water fountains causing easy transmission of cv19</p>	<p>Employees, agency, Pupils, visitors</p> <p>Causing severe infection/disease</p>	<ul style="list-style-type: none"> • Switch the water fountains off and provide water via bottles, or having the pupils use their own personal bottle • Having a designated area for pupils to store or/have access to water • If have water coolers provide disposable cups • Ensure the water fountains are maintain in shut down mode following service/maintenance requirements 	<p>L</p>	<p>Switch off or tape up to prevent use. Signage to reinforce that these are not in use.</p>	<p>JP/AT/DA ensure signage is still in place by 06/01/22</p>	

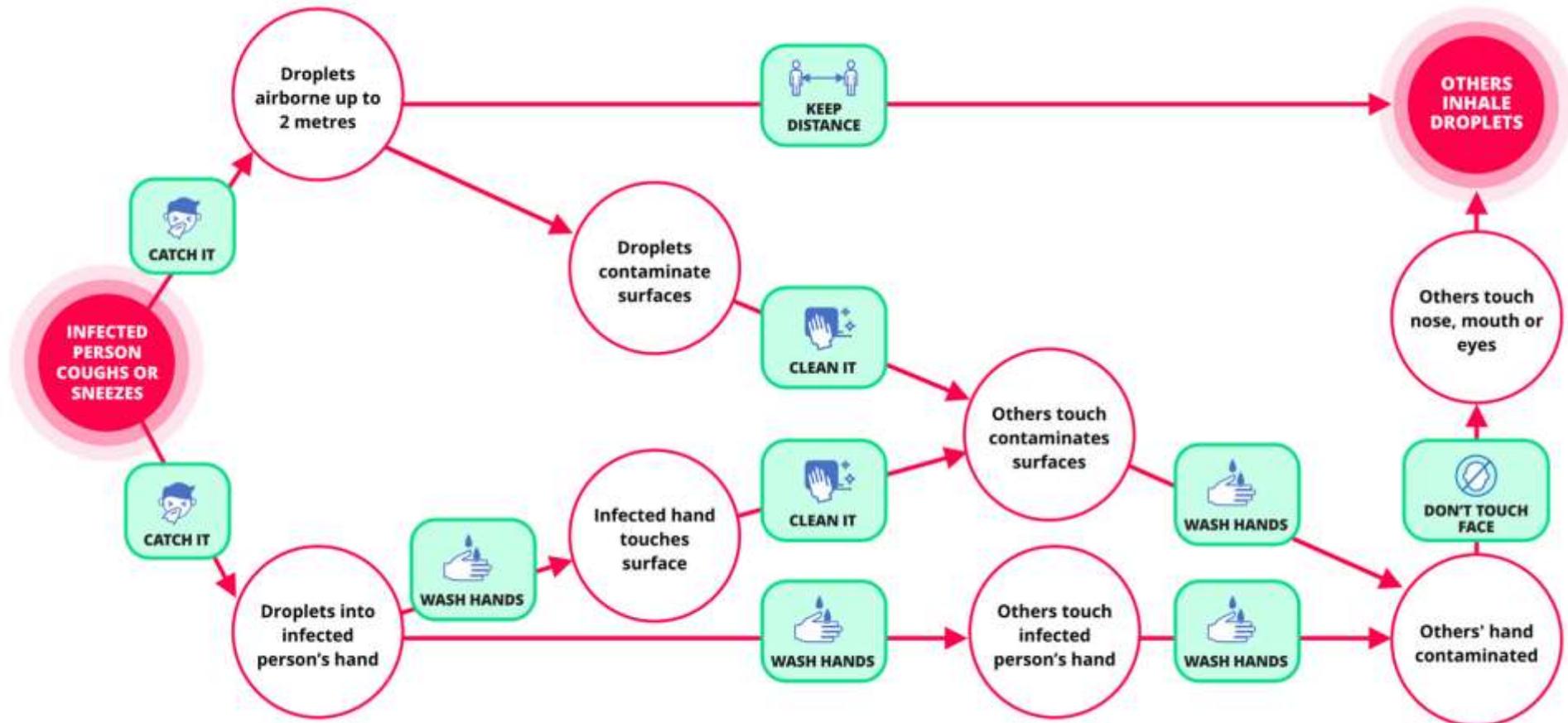
		<ul style="list-style-type: none"> Ensure the schools legionella contractor manage monitor and advise the school on any actions required to manage any legionella risks 				
<p>CV19 infection</p> <p>13. Poor communication</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor communication causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> We continue to communicate with staff, contractors, pupils, visitors, public health, and parents Designated staff are responsible for updating cv19 information Staff emails, website, newsletters continue to be used to update and share relevant information 	L			
<p>CV19 infection</p> <p>14. Not being prepared for changes, not having a contingency plan or outbreak risk assessment/plan</p>	<p>Employees, agency, Pupils, visitors</p> <p>Lack of planning causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> We are prepared to step up and down when infection rates and outbreak change the risk levels and actions required Link contingency framework also called outbreak management plans We have completed an outbreak plan with risk assessment that covers the need to be ready to reinstate face covers, or reducing mixing, following the guidance and instruction from UK Health Security Agency (formerly Public Health England) 	L	JP to provide outbreak management plan to staff and in publications to parents	JP/SPo by 06/01/22	
<p>CV19 infection</p> <p>15. No assessment of potential occupational disease/transmission caused by work</p>	<p>Employees, agency, Pupils, visitors</p> <p>Causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> An assessment of exposure to be completed for each confirmed case, the local health protection team to be advised Inform Rosherville safety with full details of confirmed covid-19 case without delay 	L	JP to liaise with Rosherville in the case of C19 confirmed case	JP	

<p><i>CV19 infection</i></p> <p>16. Increased chemical risk to pupils and others</p>	<p>Employees, agency, Pupils, visitors</p> <p>Use of sanitisers and cleaning products being located around the school, classrooms - pupils accidentally ingesting the chemical or having a reaction to the substance</p>	<ul style="list-style-type: none"> • The location of cleaning products to be in a secure area away from pupils • Safety data sheets and coshh risk assessments in place • Staff trained in the safe use and storage of substances • All containers must have their labels installed • The coshh risk assessment must take consideration of volume of storage and location, to ensure there is no increased fire risk. This means no storage next to heat or ignition sources 	<p>L</p>	<p>Check COSHH records are in place</p>	<p>DA/AT by 06/02/22</p>	
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Overall Residual Risk for Activity (L / M / H):

Level of Risk	Suggested Action
<p>LOW</p>	<p>Control measures are adequate but continue to monitor and review; ensure that they remain satisfactory and appropriate</p>
<p>MEDIUM</p>	<p>Control measures need to be introduced within a specified time period; continue to monitor and review</p>
<p>HIGH</p>	<p>Unless control measures can be immediately introduced to reduce the risk so far as is reasonably practicable, the task or activity should be suspended</p>

How COVID is transmitted



Summary of key infection control measures

1. Regular testing - and isolation

Asymptomatic testing will help to identify anyone who does not have symptoms but does have the virus so they can take appropriate action and isolate to prevent passing the virus onto others. Staff and pupils with a positive lateral flow test (LFD) will need to get a PCR test and self-isolate.

Anyone who has symptoms of cv19 should obtain a PCR test and follow the stay at home guidance.

2. Maximising fresh air

Adequate ventilation reduces how much virus is in the air by helping to reduce the risk from aerosol transmission - when someone breathes in small particles/aerosols that can be in the air after a person with the virus has been in the same area. Therefore, everyone should:

- Work in well ventilated rooms/areas - making sure the indoor spaces have a good supply of fresh air
- Work outside if possible

3. Universal hygiene measures

These measures both increase personal protection and also protects others;

- Thoroughly wash hands with soap and water often following the [NHS guidance](#). Use alcohol based hand sanitiser if soap and water are not available. In particular wash hands when entering building, after using toilet, before eating or drinking, after sneezing/coughing, after using shared items or equipment, after moving around the premises if having touched surfaces such as hand rails, door panels, and before you leave for the day
- Keeping your hands below shoulder level as much as possible trying to keep them away from touching your face at all times
- Catch it , bin it, kill it - covering the mouth and nose with a tissue or sleeve when sneezing and put the tissue in the bin straight away, always washing your hands afterwards

- Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so

4. Cleaning the space and things around you

Enhanced cleaning and disinfection arrangements should continue. Where possible staff should support these measures by disinfecting touch points such as their own classrooms and shared equipment, even if cleaning isn't part of their normal role.

5. Respectful space

Whilst school bubbles and social distancing has been removed, any measures that minimise the number, the proximity, and duration of person to person contact reduces the risk of transmission. In addition, it is important to consider that increased mixing will lead to increased cases and therefore staff absence. You should follow the current guidance of not using bubbles, but it is advisable to consider within your risk assessments the following:

- Staff areas, staff rooms, keeping staff apart where possible
- Meeting outdoors, or in larger well ventilated rooms
- Continue to virtual meetings as this just eliminates the potential of cv19 transmission
- How to create better space in offices, rooms, by moving furniture or rearranging work stations, and creating a large space separation of staff

6. PPE

Having the correct PPE for the correct situation, with staff training in place, this may include close contact/confirmed cv10 symptoms