The Spire Federation – East Wold & North Cockerington CE Primary Schools (Including Wraparound care)

Risk Assessment School Opening September 2021 Updated 28 November 2021 January 2022

Hazard: Something with the potential to cause **harm**.

To Assess Risk: Consider **Severity** (S) and **Likelihood** (L) **without** Control Measures. **Multiply** (S x L)= risk

Describe Control Measures: Control measure(s) **reduce** the likelihood, **and/or** severity of **harm**, reducing **risk**.

Re-assess Risk, considering Severity (S) and Likelihood (L) **with** Control Measures in place.

Multiply (S x L) **= Risk Rating** (with controls).

Severity (S)	x	Likelihood (L)	=	Risk Ratings (R)	
Fatality = **5**		Likely = **5**		**20 +**	Very High Risk
Injury (Specified injury / RIDDOR reportable) = **4**		Probable = **4**		**15 - 19**	High Risk
Injury (requiring treatment and/or 3 to 7 day absence) = **3**		Possible = **3**		**9 – 14**	Medium Risk
Injury (requiring treatment and/ or absence less than 3 days) = **2**		Unlikely = **2**		**4 – 8**	Low Risk
Minor Injury = **1**		Very Unlikely = **1**		**1 - 3**	Very Low risk

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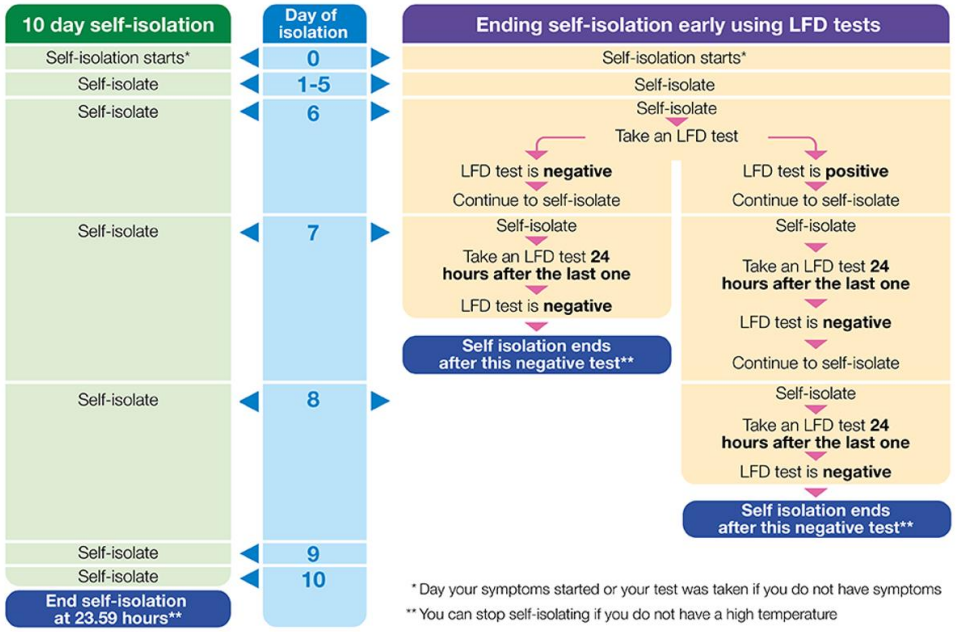
Reviewed: 28 November 21 31 December 20216 January 21

Hazard	Severity	Likelihood	Risk	Theme	Government Level Key action list	School Level Control Measures - Mitigation, responses and confirmation that actions have been completed.	Severity	Likelihood	Risk

People with the virus infecting others Risk to health due to COVID-19				**Prevention**	When an individual develops COVID-19 symptoms or has a positive test	Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do. They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine). If anyone in your school develops COVID-19 symptoms, however mild, they will be sent home and they should follow public health advice. For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household. If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. If needed, a separate toilet should be used and cleaned afterwards. *Depending on how close you need be to an individual with COVID-19 symptoms you may need the following PPE:* • *fluid-resistant surgical face masks (also known as Type IIR)* • *disposable gloves* • *disposable plastic aprons* • *eye protection (for example, a face visor or goggles)* *How much PPE you need to wear when caring for someone with symptoms of COVID-19 depends on how much contact you have.* 1. *A face mask should be worn if you are in face-to-face contact.* 2. *If physical contact is necessary, then gloves, an apron and a face mask should be worn.*			

						3. *Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.* *When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on how to put PPE on and take it off safely in order to reduce self-contamination.* Face masks should: cover both the nose and mouth; not be allowed to dangle around the neck; not be touched once put on, except when carefully removed before disposal; be changed when they become moist or damaged; be worn once and then discarded - hands should be cleaned after disposal. All surfaces that the symptomatic person has come into contact with will be cleaned and disinfected. Cleaning cloths should be disposed of and any waste should be double bagged and retained for 72 hours. Office staff to complete tracking sheet and inform EHT. If the pupil used school transport, LCC transport should be informed. The household (including any siblings) should follow the PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection. Siblings under 18 can still attend school. If a parent or carer insists on a pupil with symptoms attending school, SLT can take the decision to refuse the pupil if, in their reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Decisions would need to be carefully considered in light of all the circumstances and current public health advice.			

						10 day self-isolation period for people who record a positive PCR test result for COVID-19 has been reduced to 7 days in most circumstances, unless you cannot test for any reason. Individuals may now take LFD tests on day 6 and day 7 of their self-isolation period. Those who receive two negative test results are no longer required to complete 10 full days of self-isolation. The first test must be taken no earlier than day 6 of the self-isolation period and tests must be taken 24 hours apart. This also applies to children under 5, with LFD testing at parental or guardian discretion. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result and return to your education setting from day 7.  			

						Health and social care workers, including those working in education settings, should follow guidance for their sector on taking LFD tests on day 8, 9 and 10 as below: If a staff member receives a positive SARS-CoV-2 PCR test result, they must complete a period of self-isolation. The isolation period includes the day the symptoms started (or the day their PCR test was taken if they do not have symptoms), and the next 10 full days. Staff may be able to end their self-isolation period before the end of the 10 full days. They can take an LFD test from the sixth day of their isolation period, and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both LFD tests results are negative, they may end their self-isolation after the second negative LFD test result. They should not take an LFD test before the sixth day of their isolation period and should only end their self-isolation following 2 consecutive negative LFD tests which should be taken at least 24 hours apart. Staff may then return to work if they meet the following criteria: • the staff member should not have any COVID-19 symptoms • the staff member should continue to undertake daily LFD tests for the remaining days of isolation period. For example, if the first LFD test was taken on the sixth day, and the second LFD test was taken on the seventh day, they should continue to take LFD tests on day 8, 9 and 10. If the first LFD test was taken on the seventh day and the second LFD test was taken on the eighth day, they should continue to take LFD tests on day 9 and 10 • if any of these LFD test results are positive the staff member should isolate and should wait 24 hours before taking the next LFD test • on days the staff member is working, the LFD test should be taken prior to beginning their shift, as close as possible to the start time • the staff member must continue to comply with all relevant infection control precautions and PPE must be worn properly throughout the day			

						• if the staff member works with patients or residents who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment for the remainder of the 10 day isolation period The likelihood of a positive LFD test in the absence of symptoms after 10 days is very low. If the staff member's LFD test result is positive on the 10th day, they should continue to take daily LFD tests, and should not return to work until a single negative LFD test result is received.			

Risk to health due to COVID-19				**Prevention**	Face Coverings	Face coverings should be worn in communal areas by staff and visitors, unless they are exempt. Used face coverings should be disposed of in the lidded bins. Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately. Pupils do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport when appropriate. Face coverings do not need to be worn when outdoors. When wearing a face covering, staff, visitors and pupils should: • wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on • avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus • change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose • avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination When removing a face covering, staff, visitors and pupils should: • wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing • only handle the straps, ties or clips • not give it to someone else to use • if single-use, dispose of it carefully in a household waste bin and do not recycle • once			

						removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them. • if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric • wash their hands thoroughly			
Risk to health due to COVID-19				**Prevention**	Ensure good hygiene for everyone	**Hand hygiene -** Frequent and thorough hand cleaning should be regular practice. Staff and pupils should clean their hands regularly. This can be done with soap and water or hand sanitiser. Santiser is available around the school and should be used by all adults/visitors on entering the building. **Respiratory hygiene -** The 'catch it, bin it, kill it' approach continues to be very important and is promoted/modelled/used in school. Supplies of tissues and lidded bins in all spaces **Use of personal protective equipment (PPE) -** Most staff will not require PPE beyond what they would normally need for their work.			

Risk to health due to COVID-19 -				**Prevention**	Keeping occupied spaces well-ventilated	School will be well ventilated whilst maintaining a comfortable teaching environment. Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so). Any poorly ventilated spaces should be raised with SLT. When holding events where visitors such as parents are on site, for example, school plays, increased ventilation should be in place. The DfE CO2 monitors are in place in school to ensure adequate ventilation is in place. These are located 0.5m away from people, positioned at head height when seated and are away from windows and doors. The monitors are located in teaching spaces but are not recommended for the hall, offices etc **Understanding the readings:** • A consistent value under 800ppm does not require any action (well ventilated) • A consistent value over 800ppm - early indicator to increase ventilation • A consistent value of 1500ppm - poor ventilation (a red light should also appear) - improve ventilation (you do not need to stop using the room). To ensure an accurate reading, it is recommended a 5-minute wait is taken before taking action. School fleeces and extra layers may be worn.			

Risk to health due to COVID-19				**Prevention**	Maintain appropriate cleaning regimes, using standard products such as detergents	The enhanced cleaning schedule ensures areas and frequently touched surfaces areas are cleaned twice a day. Staff continue to ensure equipment is regularly cleaned (including PE equipment). Appropriate cleaning materials, including wipes for classroom use, are in place. Milton spray is available to support outside cleaning of benches and equipment. Cleaning detergents are to be stored away from children. Staff to ensure tables are cleaned before /after eating. Children may be asked to support this by using antibacterial wipes.			
Risk to health due to COVID-19				**Prevention**	Staff to undertake regular asymptomatic testing	Staff should undertake twice weekly home tests. Staff with a positive LFD test result should self-isolate in line with the stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection. They will also need to get a free PCR test to check if they have COVID-19. Whilst awaiting the PCR result, the individual should continue to self-isolate. If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.			

Risk to health due to COVID-19				**Response to infection**	Engage with the NHS Test and Trace process	Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing. 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. Those identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are: • fully vaccinated adults – people who have had 2 doses of an approved vaccine • all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status • people who are not able to get vaccinated for medical reasons • people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts. Those testing positive on a LFD should isolate and take a PCR test. Public health advice should be sought if a pupil or staff member is admitted to hospital with COVID-19.			

Pupils long term education, well-being and wider development is adversely impacted via the pandemic				**Pupil Attendance**	School attendance is mandatory for all pupils of compulsory school age and it is a priority to ensure that as many children as possible regularly attend school.	**Registers -** Online registers to be taken Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness). For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend. Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or isolate upon return.			

Insufficient staff to operate the schools				**Staffing**	School leaders are best placed to determine the workforce required to meet the needs of their pupils.	Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread. In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have. From 13 December office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education, should continue to go to their place of work. Staff are encouraged to take up vaccines and staff who are eligible for a vaccination can attend booked vaccine appointments where possible even during term time. **Staff who are pregnant** – Risk assessments are in place and we follow the guidance https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees School to report confirmed cases of COVID-19 to the LCC Corporate Health and Safety team, via a PO3, to assess if a RIDDOR report is required (See HSA Reporting of COVID-19 for guidance)			
Pupils not having a healthy lunch				**Catering**	School meals	Free school meal support is given to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.			

Health & Safety and infection risks whilst off the school site				**Educational Visits**	Education visits can take place	Given the likely gap in COVID-19 related cancellation insurance, staff considering booking a new visit are advised to ensure that any new bookings have adequate financial protection in place. They should speak to either the visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Staff should 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). In addition to the above, all visits must comply with the Education Visits Policy.			
Pupils suffering with mental health issues as a result of the pandemic				**Pupil Well-being**	Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood	ELSA staff available at both schools. Comprehensive PHSE programme in place. Staff can access useful links and sources of support on promoting and supporting mental health and wellbeing in schools as well as the staff drive.			

Lost learning due to non-attendance (medical or lockdowns)				**Remote Education**	Schools subject to the remote education temporary continuity direction are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.	Where appropriate, we will support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Our Remote Education Policy is in place to ensure a high-quality remote education is in place, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.			
Increased risks due to increased cases				**Contingency**	Additional measures	Contingency plans are in place outlining what we would do if children or staff test positive for COVID-19, or how you would operate if you were advised to take extra measures to help break chains of transmission.			