



Covid-19 Risk Assessment for Schools – September 2020

The technical name of the virus that causes COVID-19 is severe acute respiratory syndrome coronavirus 2, abbreviated as **SARS-CoV-2**

Whilst the Covid-19 virus can cause serious illness, especially for vulnerable adults with underlying health conditions evidence suggests that for the majority (particularly children and young people) they will experience a mild to moderate illness.

Whilst this is a complex and changing situation, there is enough known about the epidemiology of Covid-19 to provide a risk based approach to support staff in their roles.

DfE guidance in relation to the full opening of schools states that, given the improved position, the balance of risk is now overwhelmingly in favour of children returning to school. For the vast majority of children, the benefits of being back in school far outweigh the very low risk from coronavirus (COVID-19). The guidance explains the steps schools need to take to reduce risks still further. This risk assessment is based on that guidance. (Guidance for full opening – schools Published 2nd July 2020)

The assessment below has been developed based on the following principles:

- That we will act together to ensure the safety and reassurance of all staff, children & young people.
- PPE will be recommended according to evidence of **efficacy and assessment of clinical risk**.
- All efforts will be made to secure a reliable and adequate supply of suitable PPE.
- PPE does not negate the need for appropriate social distancing and hand and respiratory hygiene.
- It is necessary to remain alert and continue to recognise that all staff and pupils could be potentially carrying Covid-19.

The national guidance and response requires that where possible we should continue to: **Stay Alert**

The government is asking schools to prepare to welcome all children back this autumn. While coronavirus (COVID-19) remains in the community, this means making judgments at a school level about how to balance and minimise any risks from coronavirus (COVID-19) with providing a full educational experience for children and young people. Schools should use their existing resources to make arrangements to welcome all children back.

Potential Hazard	Risk	Who might be harmed?	Minimum control measures to reduce risks to an acceptable level
Covid-19	Staff not having appropriate knowledge on virus, transmission and risk leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public	<p>All staff to keep themselves updated and follow the latest Government guidance for schools and national Public Health England/NHS guidelines via https://www.gov.uk/coronavirus</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/</p> <p>In particular staff should be familiar with the Guidance for full opening - schools https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools</p>
Covid-19	Contagious people coming into school leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public, Pupils	<p>To help ensure that the risk of virus spread is as low as possible, the school will inform staff and potential visitors, including customers and contractors, not to enter the school if they are displaying any symptoms of coronavirus (COVID-19) or if they should be self isolating.</p> <p>Anyone showing the symptoms (new continuous cough and/or a high temperature or loss of taste and smell) should not come to work, obtain a test, and should follow the relevant government protocols at home and before coming back to work, this will last at least 7 days.</p> <p>Process for collecting a child due to illness or an existing appointment during the school day is established and shared.</p>

			<p>Anyone living in a household where someone is showing symptoms should stay at home for 14 days. If they then become ill then they must continue to isolate for 7 days from when they first showed their own symptoms.</p> <p>Process for collecting a child due to illness or an existing appointment during the school day is established and shared.</p> <p>Work to be undertaken will be initially prioritised, based on its importance to the school and being able to assist with potential critical functions during the covid-19 outbreak. (Provision for the children of essential workers and vulnerable children).</p>
Injury during travel and whilst onsite.	Increased pressure on an already stretched NHS	Employee, visitors, agency staff	<p>Overnight Visits for groups of pupils are currently against DfE guidance, although day visits with appropriate Covid 19 controls are possible.</p> <p>Where playground equipment is in use this should be 'more frequently cleaned'</p>
Transmission of Covid-19 via arrival at school	Increased transmission of virus on arrival at the school premises	Employee, visitors, agency staff, member of the public Pupils.	<p>Staff and pupils will be encouraged to consider how they travel to school, (Following government guidance) and reduce any unnecessary travel on coaches, buses or public transport. Walking, cycling and individual use of cars to be encouraged. From June the 15th it will be compulsory to wear Face coverings on public transport (with exceptions for the very young and some disabled persons). Vehicles provided under contract as 'school transport' do not count as public transport.</p> <p>Where home school transport is mandatory, plans and risk assessments will take place with the local authority and transport providers.</p> <p>Signage will be made available to encourage people to remain in their vehicle on arrival and call reception rather than wander around the site.</p>

			<p>Hand washing on arrival by pupils and at other key points in the day to be supervised by staff.</p> <p>Sanitiser will be available at Reception Desk and forms part of the signing in protocol.</p> <p>Processes and procedures are established and shared with Parents for pick up and drop off arrangements. These are to be staggered to avoid mixing between groups.</p>
Inadequate implementation of social distancing at school	People being unable to adhere to social distancing therefore increasing the transmission and spread of Covid-19	Employee, visitors, agency staff, member of the public, Pupils	<p>Plan is in place to ensure that each class/group of children is staffed appropriately, minimising adults and children mixing with different groups.</p> <p>Adults to maintain a 2m distance from pupils as far as possible.</p> <p>Groups will have their own base room separate to other groups. Pupil desks to be arranged to reduce possibility of face to face contact.</p> <p>All pupils to be provided with own stationary and regularly used equipment.</p> <p>Classes to be located in different classrooms with the same adults.</p> <p>Records to be kept of pupils and staff within groups and any close contact that takes place between children and staff in different groups</p> <p>Playground / field to be zoned. To allow clear separation between ‘bubbles’</p> <p>Whole School / Year group Assemblies should not take place and singing as a group activity avoided.</p> <p>Maximise opportunities for Learning Outdoors (Separate advice available).</p>

			<p>Lunch times, break times, and movement around the site will be staggered to reduce gatherings</p> <p>Everyone will be either taught or asked to follow the social distancing guidelines</p> <p>Review behaviour policy and amend as appropriate.</p> <p>Identify actions required to ensure sufficiency in meeting increased demand for support where pupils are:</p> <ul style="list-style-type: none">• At risk of exclusion• In need of early help• Have additional needs such as behaviour, sensory impairment etc.• Exhibiting mental health and well-being issues• In need of bereavement counselling• Meeting the social care thresholds <p>Unnecessary sharing of offices will be avoided and ideally staff will avoid using computers that have been used by others in the previous 72 hours. If this is not possible protocols and equipment will be established to allow sanitisation before and after use.</p> <p>When indoor seating in the same space is necessary, seating to be arranged 2m apart. Good ventilation required when sharing internal spaces.</p> <p>Separated toilets will be used where possible – Different groups to utilise different toilets where possible.</p> <p>Unnecessary staff gatherings will be avoided</p> <p>Ventilation</p>
--	--	--	---

			<p>All systems to remain energised in normal operating mode.</p> <p>Where mechanical ventilation is present, recirculatory systems should be adjusted to full fresh air. If this is not possible, systems should be operated as normal.</p> <p>Where possible, occupied room windows should be open.</p> <p>Ventilation to chemical stores should remain operational.</p>
Consultation with staff	Staff made aware of implications for them	Staff	<p>Staff meetings held prior to reopening (in person or virtually) to share expectations with all staff and to address concerns</p> <p>Regular meetings timetabled to allow staff opportunities to express concerns.</p> <p>Access to well-being and mental Health support communicated and shared with staff.</p> <p>Staff and visiting group leaders to be aware of key national guidance for school/education settings.</p>
Staffing	Insufficient key staff available to allow school to reopen	Staff and Pupils	<p>Staffing numbers required for entire eligible cohort have been determined including support staff such as facilities, IT, midday and office/admin staff.</p> <p>Including at least one of the following:</p> <ul style="list-style-type: none"> • Paediatric First aider (where children in Reception age group) • Designated Safeguarding Lead (DSL) • SENCO • Caretaker/site member • Office staff member

<p>Poor hand & respiratory hygiene</p>	<p>Poor hand & respiratory hygiene leading to increased transmission of covid-19</p>	<p>Employee, visitors, agency staff, member of the public, Pupils</p>	<p>Follow Hand Washing protocol at appendix 1 below https://www.who.int/gpsc/clean_hands_protection/en/</p> <p>Soap and water, and regular hand washing for at least 20 seconds, is the best way of staying safe. Hand washing with soap employs mechanical action that loosens bacteria and viruses from the skin, rinsing them into the drain. Drying hands afterwards makes the skin less hospitable to the virus. Hand sanitiser can be effective if soap is not available, or the situation makes using soap less feasible (for example, when outside), but using hand sanitiser provides none of the virus-destroying friction that rubbing your hands together and rinsing with water provides.</p> <p>Staff, visitors and pupils should be reminded to wash their hands for 20 seconds more frequently than normal, including on arrival at the setting, before and after eating, and after sneezing or coughing.</p> <p>Staff should supervise young children to ensure they wash their hands for 20 seconds with soap and water (or hand sanitiser if soap is not available or feasible in the particular situation)</p> <p>Coughs and sneezes to be caught in tissues. Bins for tissues should be emptied throughout the day.</p> <p>Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent hand washing distressing. Staff should know where this is likely to be the case, and how they can best support individual children and young people.</p>
--	--	---	---

<p>Surfaces contaminated with Covid-19</p>	<p>Increased transmission of covid-19 via surface – face contact</p>	<p>Employee, visitors, agency staff, member of the public</p>	<p>Regular points of contact such as door handles, push plates, code pads and WC levers should be cleaned regularly unless it is already known (with certainty) that the building has not been in use for 48hrs.</p> <p>It should be assumed this is not the case unless there is knowledge to the contrary.</p> <p>Follow government guidelines as follows:</p> <p>https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</p> <p>Checklist of cleaning has been created and is used to ensure that all frequently used objects and items are cleaned to include:</p> <ul style="list-style-type: none">• Door handles• Desks, table tops• Toys• Teaching equipment/resources• Bannisters• Light switches• Books• Toilets• Sinks• Use of disposable cloths <p>Additional cleaning capacity in place through use of teaching and support staff.</p> <p>Where playground equipment is in use this should be subject to ‘more frequent cleaning’ i.e. cleaning between use by different bubbles,</p> <p>Maximise opportunities for Learning Outdoors.</p> <p>Deep clean the kitchen prior to reopening before food preparation resumes.</p>
--	--	---	--

			Clean and disinfect all areas and surfaces prior to reopening and if necessary, utilise pest control for insect infestations, particularly in the kitchen and/or food preparation areas.
Intimate care and minimising the risk of Covid-19	Intimate care procedures leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public, Pupils	<p>The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces. The advice for schools, colleges and childcare settings is to follow steps on social distancing, hand washing and other hygiene measures, and cleaning of surfaces.</p> <p>If you are not providing intimate care to someone, PPE is not needed.</p> <p>Some children, and young people with special educational needs, may be unable to follow social distancing guidelines, or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing. School staff should continue to use the PPE that they have always used (such as an apron and gloves) when undertaking more intimate care with pupils.</p> <p>Suggested protocol for the use of PPE (Based upon Public Health England Guidelines).</p>

			Category	PPE Requirements	Educational Setting	
			1	Staff / Pupil interaction where distance of 2m can be maintained throughout	<p>Close adherence to hand (i) and respiratory hygiene protocols (ii).</p> <p>No additional PPE required beyond what would usually be worn for any given task</p>	The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to.
			2	Staff / pupil interaction where momentary (iii) physical contact is required or cannot maintain 2m distance.	<p>Close adherence to hand and respiratory hygiene protocols.</p> <p>Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances.</p>	In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g. administration of medication where it cannot be self medicated, or When administering first aid, self-administration is not possible e.g. child places their own plaster on a cut / laceration

			3	Prolonged/intimate (v) physical contact is required between member of staff and Pupil.	Close adherence to hand and respiratory hygiene protocols. PPE required - Disposable gloves, disposable apron, sessional surgical facemask, (include eye protection if client is coughing or sneezing). Donning and doffing according to standard protocols (vi) and disposing of clinical waste appropriately (vii).	Anyone who is symptomatic should not be in a childcare or school setting. However if required to undertake intimate care with a child or young person then category 3 PPE will apply e.g. If a child requires intimate care when administering first aid as a result of serious injury. If that child were coughing or spitting, this should include eye protection.
			4	Any scenario in the household of a 'shielded' (viii) person. Close adherence to hand and respiratory hygiene protocols	PPE required - Disposable gloves and plastic apron in addition to single use (ix) surgical facemask.	Not applicable
			5	Specialist scenarios e.g. Aerosol generating procedures, hospital inpatients, home births, phlebotomy in non-compliant patients etc.	Specialist PPE requirements	Not applicable
<p>NB: This summary relates to PHE's COVID-19: infection prevention and control, last updated 18th June 2020</p> <p>Review above table alongside appendix 2</p>						

			<p>In circumstances where staff feel PPE is appropriate following the principles above careful judgement should be used to consider likely risk and also any impact of behaviour the child/young person may demonstrate as a result of PPE being worn. The wearing of PPE unless carefully removed in itself can add increased risk therefore it is expected that PPE in educational settings will only be required for momentary use and not for long period of time.</p>
When essential travel in a vehicle is required	Sharing a vehicle where social distancing is not possible leading to increased transmission of covid-19	Drivers, Pupils and accompanying staff	<p>When having to travel for business related please only travel when this is essential.</p> <p>When using a private vehicle to make a journey that is essential, cars should only be shared by members of the same household. Those who normally share a car with people who are not members of their own household for a journey that is essential, e.g. getting to work, should consider alternatives such as walking, cycling and public transport where you maintain a distance of 2 metres from others.</p> <p>Where using a car is essential involving two or more people, it is recommended that two or more cars are used rather than staff travelling together in the same vehicle.</p> <p>Staff where possible should use their own vehicle</p> <p>Staff should only share a vehicle with a pupil as an absolute last resort. (e.g. Emergency response).</p> <p>If you have to share the vehicle with another staff member – remember to wipe down the car after the visit has taken place e/g steering wheel, handbrake, door handles etc with an antibacterial wipe (dispose of the wipes by double bagging) and</p>

			open windows.
Increased lone working	Becoming injured when help is not at hand	Employees and contractors	<p>Many social distancing measures result in an increase in lone working, something that is usually minimised.</p> <p>If you are lone working it is important to follow lone working guidance and ensure a buddy system is implemented and you are in regular contact re your whereabouts.</p>
Managing risk of an individual displays symptoms	Proximity to a person displaying covid-19 symptoms leading to increased transmission of covid-19	Employee, pupils, agency staff, member of the public	<p>https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19</p> <p>Identified room has been located enabling the contagion be contained, if required.</p> <p>If someone becomes unwell and starts to display symptoms and starts to display with a new, continuous cough, a high temperature of loss of taste or smell in an education setting they must be sent home, advised to arrange a test and follow the staying at home guidance.</p> <p>If an affected person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door. If they are a child, depending on the age of the child appropriate adult supervision may be required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area, which is at least 2 metres away from other people.</p> <p>If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>Wider testing is now available for anyone showing symptoms over the age of five years.</p>

Deliveries and Maintenance on school sites	Increased number of people onsite leading to increased transmission of covid-19		<p>Only essential repairs and maintenance work should be carried out</p> <p>Deliveries that need to be handled immediately should be sanitized with wipes before taking them inside the premises</p> <p>Keep deliveries to a minimum with important items only.</p>
Catering	Catering facilities may not be available due to social distancing restrictions	Pupils	<p>There is an expectation that school kitchens will be operational. Consultation with contract caterers will be required and adjustments to provision required in order to minimise risk to staff and pupils</p> <p>Arrangements in place to provide food to CYP on site, including the requirement of universal free school meals.</p> <p>Arrangements for the continued provision of FSMs for children not attending school are in place.</p> <p>Arrangements for when and where each group will take lunch (and snack time if necessary) are in place so that children do not mix with children from other groups.</p> <p>Arrangements for food deliveries in place</p> <p>Where possible pack lunches prepared at home should be sent to school in a disposable bag to allow disposal during the school day</p>

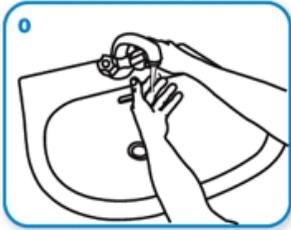
<p>Pupil Re-orientation</p> <p>Back into school after a period of closure/ being at home</p>	<p>Pupil and parents not aware of the new requirements and routines</p>	<p>Pupils and staff</p>	<p>Approach and expectations around school uniform determined and communicated with parents.</p> <p>Changes to the school day/timetables/pick up and drop off arrangements shared with parents.</p> <p>All students instructed to bring a water bottle each day. Water fountains not in use or strict social distancing and cleaning arrangements in place.</p> <p>Approach to preparing pupils for a return to academic work and new social situations is developed and shared by all teaching staff.</p> <p>This includes bringing together pupils who have remained in school during partial closure and those at home and celebrating non-academic achievements of pupils whilst at home/ during school closure.</p>
<p>Covid 19</p>	<p>Increased vulnerability to illness</p>	<p>BAME Children and staff</p>	<p>Identify all children and staff in school who may be considered as part of this community Ensure that staff supporting a pod or bubble are aware of the elevated risk to health.</p> <ul style="list-style-type: none"> • Discuss concerns with parents or staff • Ensure all those identified have the opportunity to share concerns • Ensure adequate PPE is always available for staff use, • Ensure that information shared and updated by the DfE and https://bameednetwork.com is reflected in revisions of this risk assessment.

Appendix 1: Clean hands protect against infection (WHO protocol)

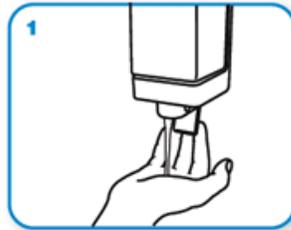
Protect yourself

- Clean your hands regularly.
- Wash your hands with soap and water, and dry them thoroughly.
- Use alcohol-based handrub if you don't have immediate access to soap and water.

How do I wash my hands properly? Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below:



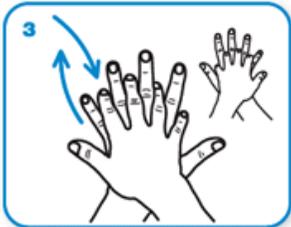
Wet hands with water



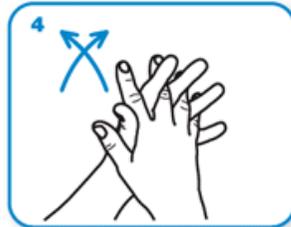
apply enough soap to cover all hand surfaces.



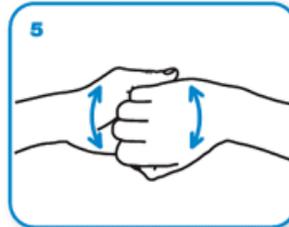
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



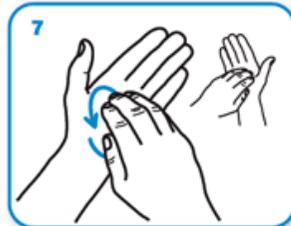
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



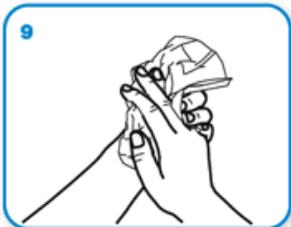
rotational rubbing of left thumb clasped in right palm and vice versa



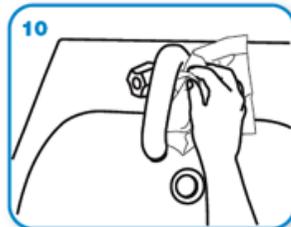
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



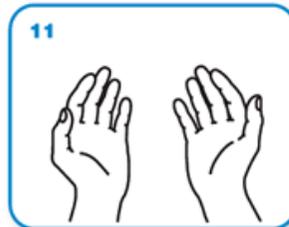
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

i.	Handwashing Protocol	Attached at appendix 1 above https://www.who.int/gpsc/clean_hands_protection/en/
ii	Respiratory hygiene protocol	This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. https://www.who.int/emergencies/diseases/novel-coronavirus2019/advice-for-public
iii	Momentary contact	Relates to ad hoc interventions that may create proximity to bodily fluid – e.g. a driver putting a seatbelt onto a client.
iv	Sessional use	Surgical facemask can be used multiple times and need not be disposed of until wet, damaged or uncomfortable. https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control/covid-19-personal-protective-equipmentppe#section-6
v	Intimate care	Is defined as a role which is personally supporting the client to bathe, wash, feed etc. where there may be close proximity to bodily fluids.
vi	Donning and doffing	Refers to the correct method by which PPE should be put on and taken off. https://www.gov.uk/government/publications/covid-19-personalprotective-equipment-use-for-non-aerosol-generating-procedures https://www.youtube.com/watch?v=-GncQ_ed-9w
vii	Disposal of PPE	PPE should be bagged and disposed of in a lidded bin followed by close adherence to hand washing protocol.
viii	Shielded person	Definition at appendix 3.
ix	Single use	Refers to disposal of PPE after each client interaction.

x	PHE Covid-19 IPC	https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304cf38d248abba&utm_medium=email&utm_campaign=govuknotifications&utm_content=immediate

Appendix 3

People falling into this **extremely vulnerable group** include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer □ people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

NB: Patients should have received notification directly from the government and or their GP practice about whether they fall into this group and how to reduce their risk.