

Coronavirus (Covid-19) Pandemic – Schools Operational Risk Assessment **V9**

On the following pages, you will find an extensive risk assessment which will provide you with some of the tools to enable your school/setting to operate safely

This risk assessment should be read in conjunction with the [Schools coronavirus \(COVID-19\) operational guidance](#), [Actions for early years and childcare providers during the COVID-19 pandemic](#), [SEND and specialist settings: additional COVID-19 operational guidance](#) and [Covid-19: Actions for Out of School settings](#). As Covid-19 in all its forms becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered the opportunity for two doses of the vaccine and a booster and all children aged 12 and over are now eligible for vaccination. The Government's priority is for you to deliver face-to-face, high quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.

You should have a contingency plan (also known as an outbreak management plan) outlining how you would operate if there were an outbreak in your school or local area. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible. Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. The [contingency framework](#) describes the principles of managing local outbreaks of Covid-19 in education and childcare settings. Local authorities, directors of public health (DsPH), United Kingdom Health Security Agency (UKHSA) health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their contingency/outbreak management responsibilities.

In most cases the preparation for continuing education from Step 4 will be undertaken by the Head teacher and senior colleagues. However, relevant bodies (such as the LA, academy trusts or governing bodies, depending on the school type) retain responsibility for key decisions and plans should be confirmed with them; particularly risk assessments of the school opening before pupils and staff return. All staff and Trade Union safety representatives should be consulted on the development of, and any changes to, your risk assessment(s). Ensure all persons understand any safety measures, how usual practice may need to be adapted and the safe ways to work together.

Schools will have already assessed the risks and implemented proportionate control measures to limit the transmission of coronavirus (Covid-19).

As part of planning, it is a legal requirement that schools should revisit and update their risk assessments (building on the learning to date and the practices they have already developed), to consider the additional risks and control measures to enable continuing education - this means making judgments at a school level about how to balance minimising any risks from coronavirus (Covid-19) by maximising control measures with providing a full educational experience for children and young people. Settings should also review and update their wider risk assessments and consider the need for relevant revised controls in respect of their conventional risk profile considering the implications of coronavirus (Covid-19). Schools should ensure that they implement sensible and proportionate control measures which follow the health and safety hierarchy of control to reduce the risk to the lowest reasonably practicable level. Essential controls include:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of Covid-19.

The control measures listed in the following risk assessment are a guide to help and support you. Some of the information can simply be deleted where it does not apply to your setting or where you have devised your own particular control measure to reduce the risks. So, although it may look onerous, much of it is made up of possible practical solutions and measures you will already have considered.

This risk assessment **will be subject to change** as we move forward, but we will highlight any changes to make life easier for you. Please be assured that we continue to be here to support you. If you have any queries, please do not hesitate to get in touch.

Stay safe, keep well and take care.

Coronavirus (Covid-19) Pandemic – Schools Operational Risk Assessment V9

Activity:	School Operations during Coronavirus (Covid-19) Pandemic			Location:	Hollins Grundy Primary School
Assessor:	S Waddington / L. McCrorie	Ref No.:		Distribution:	
Date:	17.01.2022	Proposed Review Date:		Signed:	
Individuals at Risk	All employees, pupils, visitors, contractors, members of the public, the people they live with and their other close contacts, in particular, vulnerable children (as classified by DfE or LA guidance or school), vulnerable adults, anyone who is Black, Asian, Minority Ethnic (BAME), young/ inexperienced workers, new/ expectant mothers, anyone experiencing ill-health or who has pre-existing medical conditions, and first aiders/nurses/intimate care providers.				
Risks	Covid-19 or the novel coronavirus (Covid-19) is a new, highly infectious and serious respiratory illness that can cause death, critical illness, and other serious and potentially long-term health complications we are still learning about. The virus can be transmitted by contact with a bodily fluid containing it, most commonly saliva droplets dispersed into the air (aerosols) through talking, coughing, sneezing, and the performance of some healthcare tasks, which are then breathed in by other people nearby or the droplets land on surfaces that others touch, getting into their body when they then touch their face, especially their own mouth, nose and eyes. This may lead to anxiety and other wellbeing issues amongst staff, pupils and parents. Risks arising from lack of building/equipment particularly during periods of partial or full closure. The ability to effectively implement fire and other emergency procedures may be compromised due to reduced staff numbers for example.				
<p>The Schools coronavirus (COVID-19) operational guidance is intended to support schools, both mainstream and alternative provision. Separate guidance is also available for Actions for early years and childcare providers during the COVID-19 pandemic, SEND and specialist settings: additional COVID-19 operational guidance and Covid-19: Actions for Out of School settings.</p> <p>Separate Covid-19 Risk Assessments are available for: Delivering lunch parcels, Home to School Transport (school commissioned), Home visits & Performances & Events.</p> <p>On 08/12/21 the Government announced that Plan B, set out in the COVID-19 Response: Autumn and Winter plan 2021, was being enacted</p>					
Hazards & Associated Risks	Control Measures What are we doing now?		Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?	
An individual develops Covid-19 symptoms or has a positive test	<ul style="list-style-type: none"> 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 COVID-19 symptoms (a new continual cough, a temperature in excess of 37.8°C or a loss of, or change in their normal sense of taste or smell (anosmia) *), have had a positive PCR or LFD test result or other reasons requiring them to stay at home due to the risk of them passing on Covid-19 (e.g. they are required to quarantine). If anyone in school develops COVID-19 symptoms, however mild, we will send them home and they should follow public health advice and self-isolate and should arrange to have a PCR test (unless they have already had a positive LFD test): <ul style="list-style-type: none"> if a child or member of staff tests negative, then they should stay at home until they feel well and at least 2 more days if they have had diarrhoea or vomiting but can safely return thereafter; if a child or member of staff with symptoms tests positive, they should follow the 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' and must continue to self-isolate for at least from the day of onset of their symptoms and for the following 10 full days and then return to school only if they do not have a temperature (a cough or anosmia can last for several weeks once the infection has gone). The period of isolation starts from the day they became symptomatic and the following 10 full days (see below for early release). If they still have a high temperature, they should keep self-isolating until their temperature returns to normal; if a child or member of staff is not experiencing symptoms but has tested positive for Covid-19, they must self-isolate starting from the day the test was taken and the next 10 full days 		<p>* In addition, if any staff or pupils test positive for Covid-19, public health may advise us to ask pupils to get tested and isolate with a wider range of symptoms, including: headache, diarrhoea, severe fatigue and sore throat.</p> <p>UKHSA has advised that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying Covid-19.</p> <p>Anyone with coronavirus (Covid-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital unless advised to do so.</p> <p>Schools: Contact the DfE Helpline: 0800 046 8687 & select Option 1 for advice on the action to take in response to a positive case. If, following triage, further expert advice is required the adviser will escalate the school's call to the local health protection team who will provide definitive advice on who must be sent home.</p>	Admin Staff	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<p>(see below for early release). If symptoms develop during this isolation period, then they must restart the 10 day isolation from the day after symptoms developed.</p> <p>Leaving Isolation early</p> <ul style="list-style-type: none"> • Those with Covid-19 symptoms or who have received a positive Covid-19 test result (PCR or LFD) may be able to end their self-isolation period before the end of the 10 full days (stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection): <ul style="list-style-type: none"> - From Monday 17/01/22 they can take an LFD test from 5 days after the day the symptoms started (or the day the PCR or LFD test was taken if they did not have symptoms), and another LFD test on the following day (day 6). The second LFD test should be taken at least 24 hours later. If both these test results are negative, and they do not have a high temperature, they may end their self-isolation after the second negative test result. After each test, the results must be reported via the national test and trace online system. - They should not take an LFD test before the 6th 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. Individuals should stop testing after they have had 2 consecutive negative test results. - If they take an LFD test from the 5th day of their isolation period, and the test result is positive, they must wait 24 hours before they take the next test. - It is essential that two negative lateral flow tests are taken on consecutive days and reported before individuals return to their job or education, if leaving self-isolation earlier than the full 10 day period. - For instance, if an individual is positive on day 5, then a negative test is required on both day 6 and day 7 to release from self-isolation, or positive on day 6, then a negative test is required on days 7 and 8, and so on until the end of day 10 when testing should cease regardless of the results. - Those who leave self-isolation on or after day 6 are strongly advised to wear a face covering and limit close contact with other people in crowded or poorly ventilated spaces, work from home if possible, minimise contact with anyone who is at higher risk of severe illness if infected with Covid-19 and follow the guidance on how to stay safe and help prevent the spread until 10 full days from when their self-isolation period started. - Anyone who is unable to take LFD tests or anyone who continues to have a temperature will need to complete the full 10 day period of self-isolation. - Even if someone has tested positive for Covid-19 within the last 90 days, they are strongly encouraged to take part in LFD testing on-site through ATS or at home once they have completed their isolation period for their prior infection. (DfE daily update 02/01/22) • The above guidance also applies to children and young people who usually attend an education or childcare setting including those under 5 years (with LFD testing at parental or guardian discretion). If both these test results are negative, and the child does not have a high temperature, they may end their self-isolation after the second negative test result and return to school from day 6. 		

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> 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, further information on this can be found in the use of PPE in education, childcare and children’s social care settings guidance. Any rooms they use should be cleaned after they have left. The household (including any siblings) should follow the UKHSA stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection and refer to ‘Close Contacts’ overleaf. * Diarrhoea, nausea and vomiting can also be symptoms of COVID-19 (although this is not common). This can sometimes make it difficult to differentiate COVID-19 infection from other common viral infections, such as Norovirus, especially when local case rates of COVID-19 are high. If an outbreak of diarrhoea and vomiting is suspected, we will follow national Public Health guidance and contact our local UK Health Security Agency (UKHSA) Health Protection team. Pupils and staff should return to school as soon as isolation rules allow <p>Asymptomatic testing</p> <ul style="list-style-type: none"> Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances. Staff should continue to test twice weekly at home with LFD test kits, 3-4 days apart and more frequently if they are specifically asked to do so, such as in the event of an outbreak. There is no need for primary age pupils (those in year 6 and below) to test. Testing remains voluntary but is strongly encouraged. We will ask parents and other visitors to take a lateral flow device (LFD) test before entering the school. <p>Confirmatory PCR tests</p> <ul style="list-style-type: none"> The advice for people who have a positive lateral flow device (LFD) test result has changed (11/01/22). They are no longer required to have a follow-up PCR test, and they should stay at home and self-isolate immediately. They do not need to take a PCR test if they have already taken an LFD test and the test was positive. People who have a positive LFD test result should only have a follow-up PCR test if: <ul style="list-style-type: none"> they wish to claim the Test and Trace Support Payment – to claim the Test and Trace Support Payment, you must have tested positive for Covid-19 following a PCR test or an assisted LFD test; they have received an email or letter from the NHS because of a health condition that means they may be suitable for new Covid-19 treatments – if this applies to them and they develop any Covid-19 symptoms, they should use the PCR test kit that was sent to them in the post for this purpose; if they have not received a PCR test kit they can arrange to have a PCR test; 	<p>Refer to: Secondary schools and colleges document sharing platform, Early years and primary schools document sharing platform and Rapid asymptomatic testing in specialist settings (from Step 4) along with the model risk assessments for: Lateral Flow Device (LFD) testing in Secondary/Special Schools and LFD testing in Primary and maintained nursery schools.</p> <p>Refer to PCR test kits for schools and further education providers. School-held PCR test kits should only be offered in the exceptional circumstance an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> - they are taking LFD tests as part of research or surveillance programmes, and the programme asks them to do so; - they have a positive day 2 LFD test after arriving in England. • If the LFD test result is positive they may go on to develop symptoms in the next few days. If they develop any of the main symptoms of Covid-19 and they are concerned, or their symptoms are worsening, they should contact 111 or speak to their GP. In an emergency dial 999. • If they develop any of the main symptoms of Covid-19, they should stay at home, self-isolate immediately and seek a PCR test (as Page 2). A PCR test is not required if the individual has already taken an LFD test and the result was positive. • If they have a positive LFD or PCR test result but do not have any of the main symptoms of Covid-19, they should stay at home and self-isolate as soon as they receive the results. They should do this even if they have received one or more doses of Covid-19 vaccine. 		
<p>An individual has been identified as a close contact of a positive Covid-19 case</p>	<p>Definition of a Close Contact</p> <ul style="list-style-type: none"> • A contact is a person who has been close to someone who has tested positive for Covid-19. A person can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be: <ul style="list-style-type: none"> • anyone who lives in the same household as another person who has Covid-19 symptoms or has tested positive for Covid-19; • anyone who has had any of the following types of contact with someone who has tested positive for Covid-19: <ul style="list-style-type: none"> - face-to-face contact including being coughed on or having a face-to-face conversation within 1m - been within 1m for 1 minute or longer without face-to-face contact - been within 2m of someone for more than 15 minutes (either as a one-off contact, or added up together over one day) • A person may also be a close contact if they have travelled in the same vehicle or plane as a person who has tested positive for Covid-19. <p>Tracing close contacts and isolation</p> <p>Current NATIONAL Guidance <i>(you should follow local guidance if this differs from National Guidance)</i></p> <ul style="list-style-type: none"> • As soon as we are made aware that any member of staff (and this includes all adults working in the school [paid and unpaid]) who may have been in close contact with other staff or pupils, has tested positive for Covid-19, we will consider reporting the details to the NHS Self Isolation Service Hub on 020 3743 6715 when: <ul style="list-style-type: none"> - a staff member who was in close contact with the person testing positive has indicated they are not exempt from self-isolation, but the person testing positive was unable to provide that person's details to NHS Test and Trace; 	<p>Refer to: Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person and Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</p>	<p>Admin Staff</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> - it is particularly difficult for the person testing positive to identify or provide details of some members of staff they were in contact with, for example, temporary workers such as supply staff, peripatetic teachers, contractors or ancillary staff. • This will include the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, along with the names of co-workers identified as close contacts. • Where we have a pupil who tests positive, we will also consider reporting the details of any staff (paid and unpaid) who have been close contacts of the positive case to the NHS Self Isolation Service Hub as above. • This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate if necessary. • Close contacts in schools are now identified via NHS Test and Trace and we are no longer expected to undertake contact tracing. • NHS Test and Trace will work with the positive case and/or their parents 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. We may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases. • From Tuesday 14/12/21, adults who are fully vaccinated and all children and young people aged between 5 and 18 years identified as a contact of someone with Covid-19 (regardless of the variant) are strongly advised to take an NHS rapid lateral flow test every day for 7 days before they leave the household and continue to attend their setting as normal, unless they have a positive LFD test result. <ul style="list-style-type: none"> - Household contact – 7 consecutive days or until the household member who has Covid-19 reaches the end of their self-isolation period if this is earlier. - Non-household contact – 7 consecutive days or until 10 days after their last contact with the person who tested positive if this is earlier. • Daily testing of close contacts applies to all contacts who are: <ul style="list-style-type: none"> - fully vaccinated adults – people are fully vaccinated 14 days after having received the 2nd dose of an approved vaccine or one dose of the single-dose Janssen vaccine. - those aged 18 years old - 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 • Under 5s are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing. • Anyone whose rapid LFD test comes back positive should isolate immediately (there is no need to book a confirmatory PCR test). Anyone who develops Covid-19 symptoms should self-isolate immediately and book a PCR test (unless they have already had a positive LFD test as above). If the PCR result comes back positive, contacts must self-isolate for 10 full days from the day they took 		

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<p>the positive PCR test or developed symptoms (see page 3 for 'Leaving Isolation Early'). 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.</p> <ul style="list-style-type: none"> • Daily LFD testing is not mandatory; only strongly advised. If individuals are eligible for daily LFD testing but cannot access test kits or do not want to do it, they will not be required to self-isolate instead. • Adults who are fully vaccinated and children between the ages of 5 and 18 years who are currently isolating due to being a contact of someone that has tested positive for the Omicron variant, will be able to switch over the daily testing instead. • 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 by following Coronavirus: how to stay safe and help prevent the spread. They will be encouraged to follow keeping yourself and others safe by: <ul style="list-style-type: none"> - limiting close contact with other people outside their household, especially in enclosed spaces; - wearing a face covering in enclosed spaces and where they are unable to maintain social distancing unless exempt; - limiting contact with anyone who is clinically extremely vulnerable; - continuing to practice good hand/respiratory hygiene; - taking part in twice weekly LFD testing. • Pupils with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing including, where appropriate, additional support to assist swabbing. For further information please see SEND guidance. • There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore advised to take lateral flow tests every day for 7 days. • Unvaccinated adults (those over 18 years) are not eligible for this new daily testing policy, they must isolate immediately seek a PCR test and self-isolate for 10 days if they are a contact of someone who tests positive for Covid-19 (regardless of the variant). • People will be contacted by NHS Test and Trace by phone, email or text or they will receive a notification from the NHS Covid-19 app to tell them they are a contact of someone who tested positive and what action they need to take. • They will be advised to get a box of 7 lateral flow tests free of charge from NHS Test and Trace either through pharmacies, schools or home delivery by ordering online. People are encouraged to use the tests they already have at home before ordering more. People should take these tests from the day they are notified as being a contact and report their results to NHS Test and Trace or by calling 119. • If any individual tests positive with a PCR and are not able to 'test-to-release' because they do not have access to an LFD test kit, they should continue to isolate until the end of the period, or until they are able to LFD test negative for 2 days in a row if earlier. 	<p>See model Outbreak Management Plan for details on thresholds requiring additional control measures.</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> • If they develop symptoms at any time, even if these are mild, they must self-isolate immediately, arrange to have a PCR test (unless they have already had a positive LFD test as above) and follow the guidance for people with COVID-19 symptoms. • This advice applies until 10 days after their most recent contact with the person who has tested positive for Covid-19 or while any person in their household with Covid-19 is self-isolating. • Those who are contacted by NHS Test and Trace as contacts/household contacts and are still legally required to self-isolate i.e. those over 18 years who have not been fully vaccinated (unless unable to get vaccinated for medical reasons), must self-isolate for 10 days from the day after contact with the individual who tested positive. • We will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in our setting or if central government offers our area an enhanced response package, a director of public health might advise us to temporarily reintroduce some control measures. • Local outbreak threshold levels as determined by the contingency framework at which point we may, in consultation with the DsPH, invoke our Outbreak Management Plan are: <ul style="list-style-type: none"> - 5 children, pupils or staff, who are likely to have mixed closely, test positive for Covid-19 within a 10-day period; or - 10% of children, pupils or staff who are likely to have mixed closely test positive for Covid-19 within a 10-day period. • For special schools and settings that operate with 20 or fewer children, pupils, and staff at any one time: <ul style="list-style-type: none"> - 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. <p>NHS Test and Trace App</p> <ul style="list-style-type: none"> • The national NHS Test and Trace App can be downloaded by staff/volunteers and students aged 16 and over. The app complements, rather than replaces, existing processes. • Use of the NHS Covid-19 app is a limited exception to our normal policy on mobile phones being off and Bluetooth being disabled. There are circumstances where we will advise staff to disable the app during school time such as where the phone is not on the person and/or stored in a locker during the school day. • Refer also to 'Lettings' below. <p>Mandatory certification</p> <ul style="list-style-type: none"> • Schools are not required to use the NHS COVID Pass, unless we are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds. • Where applicable, we will follow guidance on mandatory certification for events. • Under 18s are exempt from showing their COVID Status but should be counted towards attendance thresholds. 	<p>Further actions for educational settings may be advised by a local Incident Management Team (IMT) investigating a suspected or confirmed case of the Omicron variant of Covid-19.</p> <p>Refer to: Use of the NHS COVID-19 app in schools and FE colleges</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> We will not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training. 		
Transmission of Covid-19 because of lack of take-up of the vaccination programme for pupils in secondary schools	<ul style="list-style-type: none"> All children aged 12 and over are now eligible for Covid-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech Covid-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can access the vaccine via some walk-in COVID-19 vaccination sites. Additional information about the in-school vaccination programme in Covid-19 vaccination programme for children and young people is available in guidance for schools and guidance for parents. 	Refer to Covid-19 vaccination programme for children and young people: guidance for parents	SW
Clinically vulnerable or extremely clinically vulnerable persons returning to school	<p>Pupils</p> <p><i>Clinically extremely vulnerable (CEV)</i></p> <ul style="list-style-type: none"> 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. Children and young people who were previously identified as being in one of these groups, are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread. Children and young people previously considered CEV should attend school and should follow the same guidance as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. We will provide remote education to pupils who are following specific clinical advice. Whilst attendance is mandatory, we will work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions will have a collaborative approach, focusing on the welfare of the child and responding to the concerns of the parent, carer or young person. <p>Immunisation</p> <ul style="list-style-type: none"> As normal, we will engage with our local immunisation providers to provide routine immunisation programmes on site, ensuring these will be delivered in keeping with the school's control measures. <p>School workforce</p> <ul style="list-style-type: none"> From 13/12/21, 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. 	<p>Refer to RCPCH: COVID-19 guidance on CEV children & young people, DFE: Supporting pupils at school with medical conditions, UKHSA Guidance for people whose immune system means they are at higher risk, and the DHSC FAQs</p> <p>Refer to COVID-19: guidance for people previously considered clinically extremely vulnerable from Covid-19, UKHSA Guidance for people whose immune system means they are at higher risk, HSE: Protect vulnerable workers during the coronavirus (COVID-19) pandemic & Talking with</p>	All Staff

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> School leaders are best placed to determine the workforce required to meet the needs of their pupils. We will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education. 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. For home working, we will consider whether home working is appropriate for workers facing mental or physical health difficulties, or those with a particularly challenging home working environment. We will discuss concerns with staff. <p>Staff who are pregnant</p> <ul style="list-style-type: none"> We will conduct a risk assessment for new and expectant mothers in line with the Management of Health and Safety at Work Regulations 1999 (MHSW). Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, will be included and managed as part of the general workplace risk assessment. We will follow the Royal College of Obstetricians and Gynaecology (RCOG) guidance and continue to monitor for future updates to it. <p><u>Pregnant women at any gestation who are vaccinated:</u></p> <ul style="list-style-type: none"> We will conduct a workplace risk assessment with each person (advice may be sought from OH). They will only continue working if the risk assessment advises that it is safe to do so. This means that we will remove or manage any risks. If this cannot be done, they will be offered suitable alternative work or working arrangements (including working from home) or be suspended on normal pay. We will support each person with appropriate risk mitigation in line with recommendations to staff arising from workplace risk assessment. <p><u>Pregnant women at any gestation who are unvaccinated or not fully vaccinated:</u></p> <ul style="list-style-type: none"> Women who are unvaccinated or not fully vaccinated should take a more precautionary approach. This is because they have an increased risk of becoming severely ill and of pre-term birth if they contract Covid-19. Therefore, they should seriously consider getting the Covid-19 vaccine and completing their vaccination schedule of 2 doses to protect themselves and their baby. We will conduct a workplace risk assessment with each person as above, and where appropriate consider both how to redeploy these staff and how to maximise the potential for homeworking wherever possible. Where adjustments to the work environment and role are not possible and alternative work cannot be found, such persons will be suspended on paid leave. 	<p>your workers about preventing coronavirus (COVID-19)</p> <p>See also Coronavirus (COVID-19): advice for pregnant employees , RCOG: Coronavirus (COVID-19) infection & pregnancy and COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding</p> <p>Where necessary, we will provide equipment for people to work at home safely and effectively and guidance on how to work safely at home – refer to the HSE: protect home workers Refer to ACAS website.</p> <p>Refer to Schools and COVID-19: guidance for BAME staff and their employers and NHS: information available on who is at higher risk from coronavirus</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<p>Staff who may otherwise be at increased risk from coronavirus</p> <ul style="list-style-type: none"> Some people may be at comparatively increased risk from coronavirus (Covid-19). Staff who feel they may be at increased risk but who have not been identified as CEV can return to school. We will review their individual risk assessments with them (as above). <p>Vaccination</p> <ul style="list-style-type: none"> We will continue to recommend/encourage all school staff and eligible pupils take up the offer of a Covid-19 vaccine. 		
Inadequate hand and respiratory hygiene leading to spread of Covid-19 virus	<ul style="list-style-type: none"> Frequent and thorough hand cleaning is now regular practice. We will continue to ensure that pupils clean their hands regularly with soap and water or hand sanitiser including before leaving home, on arrival at school, on return from breaks, when they change rooms and before and after handling cleaning chemicals, eating/drinking, using the toilet, sports activities, using public transport and after coughing or sneezing and not to touch face (eyes, mouth, nose) with hands that are not clean. Wash with liquid soap & water for a minimum of 20 seconds. Alcohol based hand cleansers/gels (containing at least 60% alcohol) can be used if soap and water are not available or practical. We will continue to ensure there are sufficient hand washing or hand sanitiser 'stations' available throughout school for staff and pupils and at the main entrance and dining hall entrance. We will ensure supervision of hand sanitiser use given the risks around ingestion. Young children and pupils with complex needs will continue to be helped to clean their hands properly - songs and rhymes will be used to encourage hand washing in early years. Skin friendly skin cleaning wipes can be used as an alternative. Toilets will be cleaned regularly and pupils encouraged to clean their hands thoroughly after using the toilet. The 'catch it, bin it, kill it' approach will continue. Everyone will be reminded to sneeze into a tissue or sleeve NEVER into hands and to wash hands immediately after (as above). 'Catch it, bin it, kill it' posters to be displayed in relevant areas. Used tissues will be put in a bin immediately - all waste bins to be lined (they do NOT need to be double lined) and should be lidded and foot operated where possible and emptied regularly. As with hand cleaning, we will ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, e.g. those who spit uncontrollably or use saliva as a sensory stimulant. This will be considered in risk assessments in order to support these pupils and the staff working with them – they will be given more opportunities to wash their hands. Where it is necessary for first aid to be administered in close proximity, treating any casualty properly should be the first concern. Those administering it should pay particular attention to sanitation measures immediately afterwards, including washing hands. 	<p>We have built these routines into school culture, supported by behaviour expectations.</p> <p>Alcohol-based hand gels should not be used in science labs or D&T & Food workshops/lessons. Schools should not make their own gels. Instead of gels, use skin-friendly cleaning wipes that claim to kill 99.99% of bacteria and viruses & are non-alcohol based.</p> <p>We will ensure there are enough tissues and bins available to support pupils and staff to follow the 'Catch it, bin it, kill it' routine</p> <p>The e-Bug coronavirus (COVID-19) website contains free resources for schools, including materials to encourage good hand and respiratory hygiene</p> <p>Refer to HSE: First aid during Covid-19</p>	SW
Inadequate ventilation	<ul style="list-style-type: none"> When school is in operation, it is important to ensure the building is well ventilated and a comfortable teaching environment is maintained. We will identify any poorly ventilated spaces as 	Refer to the HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic , HSE Video: Covid-19 ventilation & air conditioning ,	All staff

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
<p>leading to spread of Covid-19 virus</p>	<p>part of our risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, e.g. school plays.</p> <p>The British Occupational Hygiene Society (BOHS) has developed a simple tool for assessing general ventilation and Covid-19 transmission: Ventilation Tool – Breathe Freely. This can be achieved by a variety of measures including:</p> <p>Increasing natural ventilation</p> <ul style="list-style-type: none"> • Opening external windows and, in addition, opening internal doors can also assist with creating a throughput of air (see page 26 regarding `fire doors`) • If necessary, external opening doors may also be used (where safe to do so) <p>Mechanical ventilation systems</p> <ul style="list-style-type: none"> • Continue using most types of mechanical ventilation as normal and set them to fresh air intake and switch off recirculating air modes; • Switch ventilation on at nominal speed at least 2 hours before, and at lower speed 2 hours after people use work areas; • At nights and weekends, do not switch ventilation off but keep systems running at a lower speed; • Ensure mechanical systems/ducts/heat recovery equipment are inspected, maintained, filters replaced, defects addressed, and regularly cleaned in line with manufacturers' instructions; • Toilets with mechanical extraction – keep doors closed and extraction operating as normal 24/7. <p>Recirculating air</p> <ul style="list-style-type: none"> • Mechanical systems supplying individual rooms should be allowed to operate with recirculation modes switched to supply 100% outdoor air where possible; • For centralised ventilation system that circulates air to different rooms, it is recommended that recirculation is turned off and fresh air supply used; • Recirculation units for heating and cooling that do not draw in a supply of fresh air can remain in operation provided there is a supply of outdoor air, e.g. windows and doors left open. <p>Air cleaning and filtration units</p> <ul style="list-style-type: none"> • We can use local air cleaning and filtration units to reduce airborne transmission of aerosols where it is not possible to maintain adequate ventilation. • These units are not a substitute for ventilation. We will prioritise any areas identified as poorly ventilated for improvement in other ways before we think about using an air cleaning device. • Where an area of poor ventilation (sustained CO₂ readings above 1500ppm) has been identified and this cannot be resolved through opening windows and doors or minor repair works, it may be appropriate to consider the use of an air cleaning unit as an additional mitigation whilst further remedial work is undertaken to improve ventilation. • Air cleaning units, when used properly, can help reduce airborne contaminants in a poorly ventilated space, including viruses like COVID-19. However, it should be noted that they are not a substitute for ventilation and should never be used as a reason to reduce ventilation. • If we decide to use an air cleaning unit, the most suitable types to use are: 	<p>CIBSE coronavirus (COVID-19) advice and CCC Improving ventilation during COVID-19</p> <p>Government have rolled out carbon dioxide monitors to education settings in England over the Autumn term, to quickly identify where ventilation may need to be improved. The programme will provide sufficient monitors to take readings from across indoor spaces, providing reassurance that existing ventilation measures are working, and helping balance the need for good ventilation with keeping classrooms warm. A trial of air purifiers is also underway. Information on how and where to install monitors once delivered is available from the DfE portal.</p> <p>The DfE have made 7,000 more air cleaning units available for poorly ventilated teaching spaces in state funded education settings, where quick fixes to improve ventilation are not possible. This is in addition to the 1,000 DfE funded air cleaning units previously announced for SEND and alternative provision settings, and the 350,000 CO₂ monitors already delivered to settings. All state funded primary and secondary schools, FE colleges and early years settings can apply for a funded air cleaning unit if they meet strict eligibility criteria. Special and alternative provision settings, including SEND units attached to mainstream units, that were not successful or did not apply during the first round are also eligible to apply during this round. Further details, including the eligibility</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> - high-efficiency filters - ultraviolet-based devices • Any unit will be appropriate for the size of the area it's used in to ensure it works in the way it's intended to. • Carbon dioxide (CO₂) monitors are not suitable for use in areas that rely on air cleaning units as filtration units remove contaminants (such as coronavirus) from the air but do not remove CO₂. <p>Fans</p> <ul style="list-style-type: none"> • In collective spaces, i.e. when several people are present in the space, the use of fans for air circulation/cooling is not advised, particularly in small volume, closed or partially open spaces with minimal outside air exchange; • Desk or ceiling fans should only be used provided the area is well ventilated; • The use of fans is advised where there is only one person in a room; • If fans are used, we must take steps to minimise air from fans blowing from one person directly at another to reduce the potential spread of any airborne viruses. <p>Balancing ventilation while maintaining a comfortable temperature</p> <ul style="list-style-type: none"> • To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate: <ul style="list-style-type: none"> - opening high level windows in preference to low level to reduce draughts; - increasing the ventilation while spaces are unoccupied (e.g. 10 – 15 minutes before a classroom is occupied, between classes, during break and lunch, when a room is unused); - opening windows for short bursts of 10 – 15 minutes every hour throughout the day or leaving windows open a small amount (approx.. 3cm) continuously; - providing flexibility to allow additional, suitable indoor clothing; - rearranging furniture where possible to avoid direct drafts; - setting the heating to maintain a comfortable temperature even when windows and doors are open. 	<p>criteria, can be found in the guidance on applying for an air cleaning unit. Applications for all settings will close at 9.00am on Monday 17/01/21. If your setting is not eligible for a funded unit, the air cleaning marketplace remains open, enabling you to purchase units at a suitable specification and competitive price.</p>	
<p>Inadequate personal protection & PPE & spread of Covid-19 virus</p>	<p>PPE</p> <ul style="list-style-type: none"> • We have reviewed tasks in school which require PPE like first aid, intimate care, cleaning, food preparation etc. and identified where we need extra equipment (like visors where splashing to the eyes is a new significant risk) or more of it (because we change it more often). Where PPE is required, staff have been trained in and must scrupulously follow the guidance how to put PPE on and take it off safely to reduce cross and self-contamination. • Most staff will not require PPE beyond what they would normally need for their work. • Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used. • Additional PPE is only needed in a very small number of scenarios, including: <ul style="list-style-type: none"> • where an individual child or young person becomes ill with coronavirus (Covid-19) symptoms and only then if close contact is necessary; • when performing aerosol generating procedures (AGPs). 	<p>Refer to: Use of PPE in education, childcare and children's social care settings including AGPs</p> <p>Ensure adequate bins (lidded and foot operated where possible) and tissues are made available. Ensure school has a stock of rubber gloves and if needed, disposable gloves/aprons/facemasks.</p>	<p>All Staff</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> 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: A face mask should be worn if you are in face-to-face contact. If physical contact is necessary, then gloves, an apron and a face mask should be worn. Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, e.g. from coughing, spitting or vomiting. Staff dealing with children with complex medical needs have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the Public Health advice and refer to Use of PPE in education, childcare and children's social care settings including AGPs which specifically covers Aerosol generating procedures (AGPs), and wear the correct PPE which is: <ul style="list-style-type: none"> a FFP2/3 respirator (which must be face fit-tested) gloves a long-sleeved fluid repellent gown eye protection When changing children, and where the child can understand, ask the child to turn their head to the side during the changing process. <p>Face Coverings Settings with pupils in Year 7 & above]:</p> <ul style="list-style-type: none"> Where pupils in year 7 (which would be children who were aged 11 on 31/08/21) and above are educated, face coverings should be worn by pupils, staff and adult visitors when moving around the premises, such as in corridors and communal areas. This is a temporary measure. From 02/01/22, it is also recommended where pupils in year 7 and above are educated, face coverings should be worn in classrooms. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. This will also be a temporary measure. Teachers will not be expected to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although we will be sensitive to the needs of individual teachers. It is also recognised that some teachers working with SEND children may wear face coverings as part of their normal working practice. Following the temporary reintroduction of face coverings in classrooms, the public health guidance to support exams was updated on 02/01/22. This guidance sets out that it is not ordinarily expected that candidates and invigilators to wear face coverings during exams and assessments 	<p>Refer to HSE Face Fit Testing Guidance</p> <p>A displayed poster which the children can describe may assist with this.</p> <p>Refer to: face coverings including when to wear one, exemptions and how to make your own</p> <p>Ensure there is a small supply of face coverings available in school for those who:</p> <ul style="list-style-type: none"> are struggling to access a face covering; are unable to use their face covering as it has become damp, soiled or unsafe; have forgotten their face covering. 	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<p>(including mock exams and other assessments taking place under exam conditions or as close to exam conditions as possible) but only on arrival and departure. Both candidates and invigilators may wear face coverings if they wish to do so.</p> <ul style="list-style-type: none"> • Pupils must wear a face covering when travelling on public transport and should wear a face covering on dedicated transport to and from school unless exempt. • Children in primary schools should not be asked to wear face coverings. • We will ensure that key contractors are aware of the school's control measures and ways of working. • Transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of Covid-19, however, the evidence to support this is currently very limited. 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. • 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 will only be used after carrying out a risk assessment for the specific situation and will always be cleaned appropriately. • We will make reasonable adjustments for disabled pupils to support them to access education successfully. Where appropriate, we will discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual. • No pupil or student will be denied education on the grounds of whether they are, or are not, wearing a face covering. • Children under the age of 3 should not wear face coverings. • Face coverings do not need to be worn when outdoors. <p>Safe wearing and removal of face coverings</p> <ul style="list-style-type: none"> • Our Outbreak Management Plan already covers a process for when face coverings are worn within the school and how they should be removed. We will communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND. • When wearing a face covering, staff, visitors and pupils should: <ul style="list-style-type: none"> - 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; 	<p>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.</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p> <p>Refer to: face coverings including when to wear one, exemptions and how to make your own</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> - 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 with soap and water for 20 seconds or use hand sanitiser once removed. <p>Omicron Covid Variant and Plan B</p> <p>From Friday 10/12/21 the public, and staff in public facing areas, are required to wear face coverings in many additional settings (unless exempt).</p>		
<p>Inadequate cleaning measures leading to spread of Covid-19 virus</p>	<p>Cleaning non-healthcare settings where no-one has symptoms of, or confirmed Covid-19</p> <p>Cleaning and disinfection</p> <ul style="list-style-type: none"> • We will reduce clutter and remove difficult to clean items to make cleaning easier. • Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. • As a minimum, frequently touched surfaces should be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens. • When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used. <p>Laundry</p> <ul style="list-style-type: none"> • Items should be washed in accordance with the manufacturer's instructions. • There is no additional washing requirement above what would normally be carried out. <p>Kitchens and communal canteens</p> <ul style="list-style-type: none"> • It is very unlikely that Covid-19 is transmitted through food. However, as a matter of good hygiene practice, anyone handling food will wash their hands often with soap and water for at least 20 seconds before doing so. • Crockery and eating utensils should not be shared. • Clean frequently touched surfaces regularly. 	<p>Refer to UKHSA COVID-19: cleaning of non-healthcare settings outside the home</p> <p>Carry out inventory check of cleaning products and stock at regular intervals. Ensure contingency plans are in place to respond to any shortages in supply.</p>	<p>SW</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> Catering staff will continue to follow the Food Standard Agency's (FSA) guidance on good hygiene practices in food preparation, Hazard Analysis and Critical Control Point (HACCP) processes, and preventative practices (pre-requisite programmes (PRPs)). <p>Bathrooms</p> <ul style="list-style-type: none"> Clean frequently touched surfaces regularly. Ensure suitable hand washing facilities are available including running water, liquid soap and paper towels or hand driers. Where cloth towels are used, these should be for individual use and laundered in accordance with washing instructions. <p>Waste</p> <ul style="list-style-type: none"> Waste does not need to be segregated unless an individual in the setting shows symptoms of or tests positive for Covid-19 (see below). Dispose of routine waste as normal, placing any used cloths or wipes in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away. <p>Cleaning after an individual with symptoms of, or confirmed Covid-19 has left the setting or area</p> <p>Personal protective equipment (PPE)</p> <ul style="list-style-type: none"> The minimum PPE to be worn for cleaning an area after a person with symptoms of or confirmed Covid-19 has left the setting is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed. If a risk assessment of the setting indicates that a higher level of virus may be present (e.g. where someone unwell has spent the night such as in a hotel room) then additional PPE to protect the cleaner's eyes, mouth and nose may be necessary. The UKHSA Health Protection Team can advise on this. <p>Cleaning and disinfection</p> <ul style="list-style-type: none"> Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, door push plates, work surfaces, computer keyboards/mice, telephones, grab rails in corridors/bannisters, stairwells. Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction. Use one of the options below: <ul style="list-style-type: none"> a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.); or a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants; or 	<p>Refer to Coronavirus (Covid-19): Disposing of waste</p> <p>Refer to COVID-19: personal protective equipment use for non-aerosol generating procedures</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> - if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses. • Avoid mixing cleaning products together as this can create toxic fumes. • Avoid creating splashes and spray when cleaning. • Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. • When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. <p>Laundry</p> <ul style="list-style-type: none"> • Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. • Dirty laundry that has been in contact with an unwell person can be washed with other people's items. • To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to washing. • Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above. <p>Waste</p> <ul style="list-style-type: none"> • Personal waste from individuals with symptoms of Covid-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues): <ul style="list-style-type: none"> - should be put in a plastic rubbish bag and tied when full - the plastic bag should then be placed in a second bin bag and tied - this should be put in a suitable and secure place and marked for storage until the individual's test results are known • This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours. If possible, keep an area closed off and secure for 72 hours. • If the individual tests negative, this can be disposed of immediately with the normal waste. • If Covid-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste. • If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. We must: <ul style="list-style-type: none"> - keep it separate from our other waste - arrange for collection by a specialist contractor as hazardous waste <p>There will be a charge for this service.</p> • Other household waste can be disposed of as normal. • Any items that are heavily contaminated with body fluids and cannot be cleaned by washing will be disposed of. 		

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
<p>Failure to adequately identify vulnerable pupils/ safeguarding</p>	<ul style="list-style-type: none"> • We will continue to have regard to statutory guidance Keeping Children Safe in Education. • We will review our Child Protection Policy (led by the DSL) to reflect that some children may require remote education due to self-isolation for example. • There is no change to local multi-agency safeguarding arrangements, which remain the responsibility of the three safeguarding partners (local authorities, clinical commissioning groups and chief officers of police). All local safeguarding partners will remain vigilant and responsive to all safeguarding threats and ensure vulnerable children and young people are safe – particularly as some children and young people will be learning remotely due to self-isolation for example. • In particular, vulnerable children and those with a social worker are expected to attend provision (subject to public health advice), given their safeguarding and welfare needs. Where vulnerable children do not attend, we will follow up with the parent/carer, working with the LA/social worker (where applicable) to explore the reasons for absence, discussing their concerns; focus discussions on the welfare of the child ensuring they are able to access appropriate support whilst at home; keep the situation under review and maintain contact. • The DSL (and deputies) will be provided with more time to help provide support to staff and children regarding any new safeguarding and welfare concerns and the handling of referrals to children’s social care and other agencies where these are appropriate. • The DSL will be best placed to co-ordinate multi-agency working within a school, including communication with school nurses. <p>Security in relation to anti-vaccine protests</p> <ul style="list-style-type: none"> • The decision by the Government to offer coronavirus vaccines to 12 to 15 year olds is likely to create some opposition from various groups of individuals who are generally against the delivery of the vaccine to all age groups. • Although parental consent is required for the immunisations, this has not stopped groups of protesters gathering outside schools to express their opinions and there have been several reports of protests in national media over recent weeks. • The Police and other agencies should have made preparations to respond if and when such protests occur outside any of schools <p><i>What to do to prepare for potential protests outside school</i></p> <ul style="list-style-type: none"> • We will review our site security risk assessments to identify any significant risks or weaknesses in our existing risk assessments and consider what if any additional proportionate, preventive actions we might need to take. • Points to consider include: <ul style="list-style-type: none"> - Is the perimeter secure? - Is the external environment secure? - Are our buildings secure? - Do we have a security lockdown procedure? <p>It has been reported that whilst most of the protests have been peaceful, some students have been upset and un-nerved by the situation, it may therefore be useful to have an alternative exit that they</p>	<p>For information and definitions of those who are deemed ‘vulnerable’ see DfE guidance Children of critical workers and vulnerable children who can access schools or educational settings</p>	<p>All Staff</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	could use to avoid having to pass the protestors or consider other methods of making sure they can leave the premises safely.		
Inappropriate arrangements for opening the school to pupil groups	<p>Mixing and ‘bubbles’</p> <ul style="list-style-type: none"> It is no longer recommend that it is necessary to keep children in consistent groups (‘bubbles’). Bubbles will not need to be used in school from the autumn term 2021. As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and we no longer need to make alternative arrangements to avoid mixing at lunch. Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups. Any decision to recommend the reintroduction of ‘bubbles’ will not be taken lightly and will need to take account of the detrimental impact they can have on the delivery of education. <p>School meals</p> <ul style="list-style-type: none"> We will continue to provide meal options for all pupils who are in school. Meals will be available free of charge to all infant pupils and pupils who are eligible for benefits-related free school meals who are in school. Meals served should meet the school food standards, and where possible a hot meal should be available. We will also continue to provide free school meal support to pupils who are eligible for benefits related free school meals and who are learning from home during term time by providing good quality lunch parcels or vouchers. <p>Transport</p> <p><u>Dedicated school transport, including statutory provision and the use of school minibuses</u></p> <ul style="list-style-type: none"> We no longer need to keep children in consistent groups/bubbles or be responsible for tracing close contacts of those who test positive for Covid-19. The Government currently requires that face coverings are worn in enclosed and crowded spaces e.g. shops and other indoor public places (see when to wear a face covering) and on public transport (including taxis) and on public transport where an individual may come into contact with people they don’t normally meet. On dedicated transport children and young people aged 11 and over will be expected to wear a face covering when travelling to secondary school or college. Maximising distancing and minimising mixing are no longer recommended, but unnecessary risks such as overcrowding will be minimised. Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to temporarily reintroduce bubbles to reduce mixing for a temporary period. We will continue to ensure frequent and thorough hand cleaning with soap and running water or hand sanitiser. The ‘catch it, bin it, kill it’ approach continues to be very important. Most staff will not normally require PPE on home to school transport, however, where the care and interventions that a child or young person ordinarily receives on home to school transport requires the use of PPE, that should continue as usual. 	<p>Refer to: Providing school meals during the coronavirus (COVID-19) outbreak and model Delivering Lunch Parcels Risk Assessment</p> <p>Refer to: Dedicated transport to schools and colleges Covid-19 operational guidance, and model Covid-19 Home to School (school commissioned) transport and Protocol for using the school minibus to transport students during the Covid-19 pandemic</p>	SW

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> Fresh air (from outside the vehicle) through ventilation will be maximised, particularly through opening windows and ceiling vents. We will put in place and maintain an appropriate cleaning schedule with a particular focus on frequently touched surfaces. <p><u>Wider public transport</u></p> <ul style="list-style-type: none"> We will continue to encourage children, parents, carers and staff to walk, cycle or scoot to and from the setting, wherever it is possible and safe to do so. Where children, parents, carers and staff need to use public transport, they should follow the Coronavirus (COVID-19): safer travel guidance for passengers. It is now mandatory (unless exempt) to wear face coverings on public transport including taxis. <p>Other considerations</p> <ul style="list-style-type: none"> Pupils with SEND will receive specific help with the changes to routine they are experiencing, so teachers and SENCo's will plan to meet these needs, e.g. using social stories. Where a pupil or student has an EHC plan, the local authority and (if there is health provision) health commissioning body must secure or arrange the provision specified in the plan. At times it may be necessary to conduct some aspects of EHC needs assessments and reviews in different ways, e.g. because children or young people are isolating. It is important that the assessments and reviews continue to ensure that the child or young person, and their parent and carer, is at the centre of the process and can engage with the process in a meaningful way. As well as the duty to secure or arrange provision in an EHC plan, we must meet all the statutory duties relating to EHC needs assessments and annual reviews. It is important that we co-operate in supporting requests about potential placements, providing families with advice and information where requested. Specialists, therapists and other professionals should provide interventions as usual. <p>Wraparound care provision, holiday clubs and extra-curricular activity including out-of-school sports provision</p> <ul style="list-style-type: none"> All children may access out-of-school settings, wraparound care and extra-curricular provision; activities may take in groups of any size and it is no longer recommended that it is necessary to keep children in consistent groups ('bubbles'). From 02/01/22 the Government recommend that face coverings should be worn in classrooms or during indoor activities by adults and children aged 11 and above. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example during sports. This will be a temporary measure. Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups. Our provision will ensure they are following the same protective measures being taken by school during the day and work with school to follow our arrangements. When caring for children: <ul style="list-style-type: none"> under 5 years only - refer to the Actions for Early years and childcare providers 	<p>Refer to Supporting pupils and students with SEND</p> <p>DfE Supporting Pupils at School with Medical Conditions remains in place</p> <p>Refer to COVID-19: Actions for Out of School Settings</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> - both under 5 years and aged 5 years and over, in mixed groups together, should follow this guidance. • Where we operate our setting in a shared space, we will have regard to relevant guidance for operators of shared spaces, such as Working safely during Covid-19, Coronavirus: how to stay safe and help prevent the spread and for places of worship and discuss any protective measures with the owner of the space. • All sports provision, including competition between settings can be planned and delivered. Refer to 'PESSPA' below. • We will follow the same protective measures as listed under 'Music, Dance and Drama' below for these out-of-school activities. <p>Parental Attendance</p> <ul style="list-style-type: none"> • It is no longer advised that providers limit the attendance of parents and carers at sessions, although this may be advised as part of our contingency/outbreak management plans should Covid-19 transmission rates increase in the community. We will continue to ensure that we have parents' and carers' most up-to-date contact details in case of an emergency. <p>Educational visits & trips</p> <ul style="list-style-type: none"> • Out-of-school settings and wraparound childcare providers may undertake educational visits in groups of any number and children will no longer need to be kept in consistent groups. <p>[EYFS] Supervised toothbrushing programmes</p> <ul style="list-style-type: none"> • Supervised toothbrushing programmes may be undertaken using the dry brushing method. • The wet brushing model is not recommended because it is considered more likely to risk droplet and contact transmission and offers no additional benefit to oral health over dry toothbrushing. 	<p>The owners of these shared spaces must continue to meet all existing health and safety obligations with regard to ensuring that their premises are safe for providers to hire and to operate from</p> <p>Refer to COVID-19: guidance for supervised toothbrushing programmes in early years & school settings</p>	
<p>Inappropriate arrangements for managing the curriculum</p>	<p>Physical Education, School Sport and Physical Activity (PESSPA)</p> <ul style="list-style-type: none"> • All sports provision, including competition between settings can be planned and delivered whilst following the measures in our system of controls. • We will follow the guidance contained in Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators. • If delivering sporting or other organised events, more information can be found in COVID-19: Organised events guidance. <p>Science, Art and D&T</p> <ul style="list-style-type: none"> • For guidance regarding Science and D&T in relation to practical activities during the Covid-19 pandemic, we will follow relevant CLEAPSS guidance. Although specific risk assessments will not be required, our existing curricular risk assessments will be reviewed and where necessary updated to reflect altered practices and CLEAPSS guidance. • If we have a substantial increase in the number of positive cases in our school, a Director of Public Health might advise us that additional controls need to be reintroduced. Our Outbreak Management Plan covers this possibility. <p>Music, Dance and Drama</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators • Sport England • Youth Sport Trust • Association for Physical Education (AfPE) • Swim England <p>Refer to: CLEAPSS GL344 and GL343</p> <p>Refer to CLEAPSS guidance for D&T: GL347, GL348, GL354, GL355, GL360, GL356 & GL362 and Science: GL336, GL338, GL339, GL345, GL352, GL353 & GL362</p>	<p>SW</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> We will continue teaching music, dance and drama as part of the school curriculum. Singing, wind and brass instrument playing can be undertaken in line with performing arts guidance ensuring we provide adequate ventilation and clean more frequently. <p>Performances</p> <ul style="list-style-type: none"> If planning indoor or outdoor face-to-face performances, sporting or other organised events in front of a live audience, we will follow the latest advice in the COVID-19: Organised events guidance, which provides details of how to manage audiences as well as carry out performing arts safely. With sufficient mitigation, events should be able to go ahead unless we are experiencing an outbreak of COVID-19 in a relevant class/year group or there are local restrictions in the community following public health advice. A risk assessment will be completed for each event that details the safety measures to be implemented - this will be kept under review and updated accordingly if the number of active COVID-19 cases within our setting changes. Considerations when weighing the balance of benefit and risk associated with an event will include: <ul style="list-style-type: none"> the educational, wellbeing and community benefit of the event; the perceived importance of an event within the school and wider community; current public health advice in our school and its locality; the risk of any cases occurring, resulting in the need to self-isolate for pupils, staff, parents, and others; the risk that self-isolation results in staff absence with consequential business continuity challenges and a further loss of face-to-face teaching time. If the Public Health team identifies a local issue (e.g. spike in community cases, cases linked to Omicron) then they may advise that local events are cancelled. If this happens, they will contact any schools affected directly. We will ask parents and other visitors to take a lateral flow device (LFD) test before entering the school. <p>Mandatory certification</p> <ul style="list-style-type: none"> Schools are not required to use the NHS Covid Pass, unless we are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds. Where applicable, we will follow guidance on mandatory certification for events. Under 18s are exempt from showing their Covid Status but should be counted towards attendance thresholds. 	<p>Refer to Working safely during COVID-19 in events and attractions including performing arts</p> <p>National guidance remains unchanged - Educational settings can plan and hold events such as performances and trips. There is no need to cancel events at this time as a result of national Omicron guidance issued on the 29 & 30/11/21.</p> <p>However, we will refer to the local Infection Prevention Control teams' advice Contact the Local Infection Prevention Control team who should support us in risk assessing whether or not our event can still safely take place. If the risk assessment shows the event may cause further transmission the public health team may advise that the event is cancelled.</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
Inappropriate arrangements for education recovery	<ul style="list-style-type: none"> There are a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on education recovery support. Specifically, for schools the document includes further information on: <ul style="list-style-type: none"> catch-up premium recovery premium tutoring (including the National Tutoring Programme and 16 to 19 tuition fund) teacher training opportunities curriculum resources curriculum planning specialist settings wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching Special schools and other specialist settings should refer to the SEND additional operational guidance. 	Refer also to the National Tutoring Programme How to Guide	
Inadequate contingency plans in place	<p>Stepping measures up and down</p> <ul style="list-style-type: none"> Currently, early years settings, schools and colleges are advised to contact their Local Authority for advice when they reach specific thresholds described in the Contingency Framework. Local Authorities can then advise further measures that settings can take to reduce in-setting transmission of Covid-19. We have an Outbreak Management Plan outlining what we would do if children, pupils, students or staff test positive for Covid-19, or how we would operate if we were advised to take extra measures to help break chains of transmission. Any measures in schools will only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible. Our Outbreak Management Plan is kept under constant review. Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. We have thought about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead us to consider taking additional action, and the steps we should work through, can be found in the Contingency framework <p>Remote education</p> <ul style="list-style-type: none"> The Coronavirus Act 2020 Provision of Remote Education (England) Temporary Continuity (No.2) Direction applies from the start of the academic year 2021 to 2022 and extends the requirement on schools to provide remote education for state-funded pupils when they cannot attend school due to Covid-19. Not all people with Covid-19 have symptoms. 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. The remote education provided will be equivalent in length to the core teaching pupils would receive in school. 	<p>Refer to the Contingency framework and the Model Outbreak Management Plan.</p> <p>Refer to:</p> <ul style="list-style-type: none"> Get help with remote education Keeping children safe online Adapting teaching practice for remote education Review your remote education provision Get help with technology for remote education during coronavirus (Covid-19) Remote education good practice guide Support for parents and carers to keep children safe online Remote education webinars 	Teaching staff

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> • We will work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education. • We will keep in contact with students learning from home and regularly check if they are accessing remote education. • For pupils self-isolating who are within the definition of vulnerable we will notify their social worker (if they have one) and agree the best way to maintain contact and offer support. • Where pupils who are self-isolating are within our definition of vulnerable, we will put systems in place to keep in contact with them, particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and we will seek to support any children who we believe may have challenging circumstances at home. For information and definitions of those who are deemed 'vulnerable' see DfE guidance Children of critical workers and vulnerable children who can access schools or educational settings. • When a vulnerable pupil is asked to self-isolate, we will: <ul style="list-style-type: none"> - notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head; - agree with the social worker the best way to maintain contact and offer support. • We have procedures in place to: <ul style="list-style-type: none"> - check if a vulnerable pupil is able to access remote education support - support them to access it (as far as possible) - regularly check if they are accessing remote education - keep in contact with them to check their wellbeing (including a home visit where necessary) and refer onto other services if additional support is needed. • Our Offer of Remote Education is available to all pupils/parents and is displayed on the school website. <p>We will direct parents of EYFS children to the Hungry little minds campaign, BBC: tiny happy people, National Literacy Trust's Family Zone and Help children aged 2 to 4 to learn at home during coronavirus (COVID-19).</p>	<ul style="list-style-type: none"> • Safe Remote Learning knowledge base and Live Remote Lessons by SWGfL • Safeguarding during Remote Learning and Lockdowns by LGfL • The National Cyber Security Centre: Video conferencing services: security guidance and Video conferencing services: using them securely • Safeguarding and remote education during coronavirus (COVID-19) • Home Learning Technology Guidance • Keeping children safe in education • Children's Commissioner Guide for parents and carers on online sexual harassment and how they can support children to stay safe online 	
<p>Poor or inappropriate behaviour and attendance</p>	<p>Behaviour</p> <ul style="list-style-type: none"> • Our Behaviour policy has been updated with any new rules/policies and will be communicated clearly and consistently to staff, pupils and parents, setting clear, reasonable and proportionate expectations of pupil behaviour both in school and online. We will set out clearly the consequences for poor behaviour and deliberately breaking the rules and how we will enforce those rules including any sanctions. • We will work with staff, pupils and parents to ensure that behaviour expectations are clearly understood, and consistently supported, taking account of individual needs and we will also consider how to build new expectations into our rewards system. • It is likely that adverse experiences and/or lack of routines of regular attendance and classroom discipline may contribute to disengagement with education upon return to school, resulting in increased incidence of poor behaviour. We will work with those pupils who may struggle to reengage in school and are at risk of being absent and/or persistently disruptive, including 	<p>Refer to the DfE Checklist for school leaders to support full opening: behaviour and attendance</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<p>providing support for overcoming barriers to attendance and behaviour and to help them reintegrate back into school life.</p> <ul style="list-style-type: none"> • Some pupils will return to school having been exposed to a range of adversity and trauma including bereavement, anxiety and in some cases increased welfare and safeguarding risks. This may lead to an increase in social, emotional and mental health concerns and some children, particularly vulnerable groups such as children with a social worker, previously looked-after children who left care through adoption or special guardianship and young carers, will need additional support and access to services such as educational psychologists, social workers, and counsellors. Additionally, provision for children who have SEND may have been disrupted during partial school closure and there may be an impact on their behaviour. We will work with local services (such as health and the LA) to ensure the services and support are in place for a smooth return to schools for pupils. • The disciplinary powers that schools currently have, including suspension and exclusion, remain in place. Exclusion will only be used as a last resort and must be lawful, reasonable and fair. • Where a child with a social worker is at risk of exclusion, their social worker will be informed and involved in relevant conversations. • We will, as far as possible, avoid permanently excluding any pupil with an EHC plan, or a looked-after child. Where a looked-after child is at risk of suspension or exclusion, the designated teacher should contact the relevant authority's virtual school head as soon as possible to help the school decide how to help the child and avoid exclusion becoming necessary. • Where a previously looked-after child is at risk of exclusion, the designated teacher will speak with the child's parent or guardian and seek advice from their virtual school head. • Pre-empting that a pupil may commit a disciplinary offence, and thus not allowing a pupil to attend school, is an unlawful exclusion. • Any disciplinary exclusion of a pupil, even for short periods of time, must be consistent with the relevant legislation. This includes sending a pupil home for poor behaviour, whether or not remote education is provided. 'Informal' or 'unofficial' exclusions, such as sending pupils home 'to cool off' for part of the day are unlawful, regardless of whether they occur with the agreement of parents or carers. • We will be mindful that it is unlawful to punish a child for the actions of their parents and will consider this when applying sanctions. <p>Attendance</p> <ul style="list-style-type: none"> • School attendance is mandatory for all pupils of compulsory school age and it is priority to ensure that as many children as possible regularly attend school. • Where a child is required to self-isolate or quarantine because of Covid-19 in accordance with relevant legislation or guidance published by UKHSA 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 will be recorded as code I (illness). • For pupils abroad who are facing challenges to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. 	<p>Refer to: Changes to the school suspension and permanent exclusion process during the coronavirus (COVID-19) outbreak</p> <p>Refer to school attendance guidance</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> We will continue to clearly and consistently communicate the expectations around school attendance to families and any other professionals who work with the family. Any discussions will have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person. This conversation is particularly important for children with a social worker. In all circumstances and in accordance with our School Outbreak Management Plan, priority will continue to be given to vulnerable children and young people and children of critical workers (as defined in the DfE guidance Children of critical workers and vulnerable children who can access schools or educational settings) to attend full time. <p>Term time holidays</p> <ul style="list-style-type: none"> As restrictions begin to lift, some families may be looking to take holidays. As usual, parents should plan their holidays around school breaks and not take their children out of school on holiday during term time. Where a parent wishes to take their child out of school for whatever reason, the onus is on them to apply for a leave of absence and demonstrate why they believe the circumstances are exceptional. Schools make decisions on granting leave of absence but will not normally do so for a holiday. <p>Travel & quarantine</p> <ul style="list-style-type: none"> Where pupils travel from abroad to attend a boarding school, we will explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to travel legislation, details of which are set out in government travel advice. On 04/10/21, the red, amber and green list rules for entering England changed to remove the amber and green lists and allow those who are fully vaccinated, and under-18s from the UK or resident in approved countries, to travel with reduced requirements on testing and without the need to quarantine. The UK recognises the following Covid-19 vaccines: Pfizer BioNTech, Oxford AstraZeneca, Moderna and Janssen (J&J). Additional guidance has been issued on the quarantine arrangements for boarding school students from red list countries. Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or self-isolate upon return. Fully Vaccinated travellers (including under 18's): <ul style="list-style-type: none"> before travel to England must book and pay for a Covid-19 test (LFD or PCR) to be taken after arrival in England; complete a passenger locator form to be completed in the 48 hours before arrival in England; after arrival in England, take a Covid-19 test (the test booked before arrival – LFD or PCR) any time after arrival and before the end of day 2 at the latest (day of arrival is day 0); if the test is positive, they must self-isolate. if the LFD test is positive, take a PCR test and refer to: How to quarantine at home after international travel. to prove vaccination status, use the NHS Covid Pass (England). 	<p>Refer to Travel to England from another country during coronavirus (COVID-19), Coronavirus (COVID-19) testing before you travel to England, Travel abroad from England during coronavirus (COVID-19), How to quarantine at home if you're not fully vaccinated, Booking and staying in a quarantine hotel when you arrive in England. Staff and parents must check the rules for travel to England for more information</p>	

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> • Not Fully Vaccinated (aged 18 and over): <ul style="list-style-type: none"> - before travel to England take a Covid-19 test in the 2 days before travel to England; - book and pay for day 2 and day 8 Covid-19 PCR tests to be taken after arrival in England; - complete a passenger locator form to be completed in the 48 hours before arrival in England; - after arrival in England, quarantine at home or in the place you are staying for 10 full days; - take the Covid-19 PCR tests (the PCR tests booked before arrival); - take the first test on or before day 2 and the second test on or after day 8 (day of arrival is day 0); - if the day 2 test is positive, self-isolate for 10 full days (the day of the test is day 0); - they do not need to take the day 8 test if the day 2 test is positive. If the day 2 test is negative, they must take the day 8 test; - if the day 8 test is positive, self-isolate for 10 full days (the day of the day 8 test is day 0); - if the day 2 test is negative, they must continue to quarantine and must take the day 8 test on or after day 8; - if the day 8 test is negative, they can stop quarantine on whichever is later: <ul style="list-style-type: none"> • day 10 – day 0 is the day of arrival in England • when they receive the day 8 test result; • Those who need to quarantine, may be able to end quarantine early if they pay for a private COVID-19 test through the Test to release scheme (not applicable for travel from or through red list countries). 		
<p>Inadequate arrangements in place for managing off-site visits</p>	<ul style="list-style-type: none"> • We will continue to undertake full and thorough risk assessments in relation to all educational visits and in particular we will 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, and will ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment • Given the likely gap in Covid-19 cancellation insurance, if we are considering booking a new visit, whether domestic or international, we will ensure that any new bookings have adequate financial protection in place. • From this term, we can go on international visits that have previously been deferred or postponed and organise new international visits for the future. We will refer to the guidance on international travel and Foreign, Commonwealth and Development Office travel advice before booking and travelling. • We will be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and we must comply with international travel legislation and will have contingency plans in place to account for these changes. • We will speak to either our visit provider, commercial insurance provider, or the Risk Protection Arrangement (RPA) to assess the protection available. If unsure contact organisations such as the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI) for independent advice on insurance cover and options. 	<p>Refer to the health and safety guidance on educational visits and specialist advice from the Outdoor Education Advisory Panel (OEAP)</p>	<p>SW</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational international visits. 		
<p>Inadequate staffing ratios, staff availability and recruitment</p>	<p>Ratios and Qualifications</p> <ul style="list-style-type: none"> We will undertake an appropriate audit to ensure staffing levels are appropriate. We have contingency plans in place should staff be absent as a result of Covid-19. Our possible approaches to managing a shortfall in staffing include: <ul style="list-style-type: none"> We will ensure that appropriate support is made available for pupils with SEND, e.g. by deploying teaching assistants and enabling specialist staff from both within and outside the school to work with pupils in different classes or year groups. Where support staff capacity is available, we will consider using this to support catch-up provision or targeted interventions. TAs may also be deployed to lead groups or cover lessons, under the direction and supervision of a qualified, or nominated, teacher. Any redeployments will not be at the expense of supporting pupils with SEND. The Head teacher will be satisfied that the person has the appropriate skills, expertise and experience to carry out the work, and discuss and agree any proposed changes in role or responsibility with the member of staff. This includes ensuring that safe ratios are met, and/or specific training undertaken, for any interventions or care for pupils with complex needs where specific training or specific ratios are required. We can continue to engage supply teachers and other supply staff including to deliver face to face education to pupils in school and remote education. Where it is necessary to use supply staff, peripatetic teachers and volunteers, they will be expected to comply with our arrangements for managing and minimising risk and will be included in our communications, policies and processes for asymptomatic testing including provision of test kits where feasible. [EYFS]: It remains a priority to continue providing face to face education and childcare. However, Government considers Covid-19 to be an exceptional circumstance in which the staff-to-child ratios set out in the EYFS statutory framework can temporarily be changed if necessary, e.g. to respond to Covid-related workforce absences. Refer to paragraph 3.31 in the EYFS Statutory Framework. [EYFS]: In some cases, we may choose to respond to staff and child absences by temporarily mixing age groups of children who would otherwise be educated or cared for separately. Ratios will be guided by all relevant requirements and by the needs of individual children within the group. For the purposes of meeting EYFS ratio and qualification requirements, all staff educating or caring for a mixed age group of children can be considered 'available to work directly with' all the children who have been grouped together. [EYFS]: In all circumstances, we remain responsible for maintaining the quality of care, safety and security of children. <ul style="list-style-type: none"> We will ensure we have adequate and appropriate equipment and facilities to give first aid to any employee or pupil who is injured or becomes ill at work; the level of first aid cover provided remains appropriate for our work environment and the level of first aid provision 	<p>For EYFS, refer to Early Years Foundation Stage Framework</p> <p>The government have re-introduced the Covid-19 workforce fund to provide financial support to schools/PRUS with absence costs incurred from 22/11/21 until the spring half term 2022 – refer to: Coronavirus (COVID-19) workforce fund to support schools with costs of staff absences from 22/11/21 to 18/02/22</p> <p>Where it is not possible to have a DSL or Deputy physically in school, arrangements may be made for the DSL to be contactable via phone or video link if working from home. Alternatively, arrangements may be made with another school to use the expertise of their DSL. Where a trained DSL (or deputy) is not on site, in addition to one of the above options, a senior leader should take responsibility for co-ordinating safeguarding on site.</p> <p>The latest guidance on travel/quarantine can be accessed at: Travel abroad from England during coronavirus (COVID-19), How to quarantine at home if you're not fully vaccinated, Coronavirus (COVID-19) testing before you travel to England, Booking and staying in a quarantine hotel when you arrive in England. <i>Note: On 04/10/21, the red,</i></p>	<p>SW</p>

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<p>necessary in high-risk settings is fully maintained. We will ensure sufficient Paediatric First Aid Trained staff are available when EYFS children are present on site or on school trips.</p> <ul style="list-style-type: none"> - Key telephone numbers of all available DSL's/deputies to be displayed in school. - Ensure sufficient competent staff on duty to administer or supervise the administration of medication. Wherever possible, children to self-administer, witnessed by staff. <p>Staff taking leave</p> <ul style="list-style-type: none"> - Staff will need to be available to work in school during term time. We will discuss leave arrangements with staff to inform workforce planning taking into account their individual contractual arrangements. - There is a risk that where staff travel abroad, their return travel arrangements could be disrupted due to Covid-19 restrictions, and they may need to quarantine on their return. - Where it is not possible to avoid a member of staff having to quarantine during term time, we will consider if it is possible to temporarily amend working arrangements to enable them to work from home. <p>Recruitment</p> <ul style="list-style-type: none"> - Recruitment will continue as usual. We will continue to adhere to Keeping children safe in education regarding pre-appointment checks. 	<p><i>amber & green list rules for entering England changed to remove the amber & green lists & allow those who are fully vaccinated to travel with reduced requirements on testing and without the need to quarantine. Staff must check the rules for travel to England for more information</i></p>	
Visiting children in their own homes and contact with Covid-19 virus	<ul style="list-style-type: none"> • Should we have a situation where a child requires a home visit such as in relation to safeguarding concerns or delivery of the EHC Plan to pupils not attending school, we will consider and adhere to guidance issued in Use of PPE in education, childcare and children's social care settings including AGPs. 	Refer to model Covid-19 Home Visits Risk Assessment	JR
Visitors & spread of Covid-19 virus	<ul style="list-style-type: none"> • We will ensure that all visitors and key contractors are aware of the school's control measures and ways of working. • As was the case pre-pandemic, access to contractors/external maintenance personnel should be by appointment only and wherever possible, arranged after school, holidays or weekends. • We will: <ul style="list-style-type: none"> - continue to ask every visitor (over the age of 16) to 'check in' by scanning the NHS QR code poster via their NHS Covid-19 app OR providing their name and telephone number (this can be done in advance, e.g. via a pre-booking system) along with the date of entry; - keep a record of all staff working in school, their shift times and dates, and their contact details; - keep these records of visitors and staff for 21 days and provide this information to NHS Test and Trace, if requested. • We will ask parents and other visitors to take a lateral flow device (LFD) test before entering the school. <p>Lettings</p> <ul style="list-style-type: none"> • We expect each organiser to have their own Covid-19 risk assessment in place which we are satisfied with. This should include as a minimum the key elements of infection control (not 	Refer to Maintaining records to support NHS Test & Trace	SW

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	attending or going home if symptomatic or have had a positive test result for example; test and trace; hand/respiratory hygiene; enhanced ventilation and cleaning). Hirers must also comply with our system of controls which will be included within our 'Conditions of Hire' along with the rules on NHS Covid Passes if holding a specific event (such as a reception, concert or party) that meets the attendance thresholds.	Refer to guidance on mandatory certification for events	
Lack of wellbeing management for pupils and families	<ul style="list-style-type: none"> Some pupils may be experiencing a variety of emotions in response to the coronavirus (Covid-19) outbreak, such as anxiety, stress or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers. It is important to contextualise these feelings as normal responses to an abnormal situation. We will offer pastoral support to pupils who are self-isolating, shielding or who are vulnerable. We will also provide more focused pastoral support for pupils' individual issues, drawing on external support where necessary and possible. Where there is a concern a child is in need or suffering or likely to suffer from harm, we (generally led by the DSL or deputy) will follow our Child Protection Policy and Part 1 of Keeping children safe in education and consider any referral to statutory services (and the police) as appropriate. 	Refer to Promoting and supporting mental health and wellbeing in schools and colleges and Mental Health and Wellbeing Resources for Teachers & Teaching Staff	Teaching staff
Lack of wellbeing management for staff	<ul style="list-style-type: none"> We will be conscious of the wellbeing of all staff, including senior leaders themselves, and the need to implement flexible working practices in a way that promotes good work-life balance and supports teachers and leaders. We will monitor the wellbeing of people who are working from home or self-isolating and help them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site. We will keep in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security. Where work-related issues present themselves, the HSE's published Stress Management Standards will be followed. We will also review how we can support employees on broader issues, such as bereavement support and general anxiety about the ongoing situation (e.g. by signing up for a formal Employee Assistance Programme providing confidential telephone advice and counselling). 	Refer to extra mental health support for pupils and teachers , NHS Every Mind Matters and DfE School workload reduction toolkit Education Support Partnership provides a free helpline for school staff and targeted support for mental health and wellbeing and the Frontline: Wellbeing toolkit for educators brings together a range of resources and support for staff.	SW
Inadequate communications with and training of staff	<ul style="list-style-type: none"> We will provide clear, consistent and regular communication to improve understanding and consistency of ways of working amongst staff and explain and agree any changes in working arrangements, including those working from home. We will ensure all staff are kept up to date with how safety measures are being implemented or updated. We will ensure ongoing engagement with staff, (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments. We will promote awareness and focus on the importance of mental health at times of uncertainty (see above). 		RE
Fire emergencies	<ul style="list-style-type: none"> We will regularly review and where necessary, update the existing school Fire Risk Assessment and Fire Safety Management Policy/Evacuation Plan. 	Refer to advice on Fire safety in new and existing school buildings	SW

Hazards & Associated Risks	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Action by who/ when?
	<ul style="list-style-type: none"> We will ensure there are sufficient trained staff on duty e.g. sufficient fire wardens to cover the site to enable sweeps of all areas to be carried out and to ensure full evacuation of the building – particularly important if staff are required to self-isolate. We will assess the suitability of Personal Emergency Evacuation Plans (PEEPs) – especially if previous role holders are no longer available to continue e.g., they may be required to self-isolate. The use of portable heaters will be avoided where possible. However, where it is necessary to use these, we will ensure suitable controls are implemented and include within the existing Fire Risk Assessment. Generally, fire doors should remain closed at all times when not in use OR we will consider installing automatic door release devices connected to the fire alarm system to fire doors. However, it is accepted that increasing ventilation during the Covid-19 pandemic is a key mitigation. Whilst it is accepted that this practice will improve ventilation by increasing the air flow through the room (assuming windows are also left open), this must be balanced against the need to reduce the risk of fire spread. It is recommended that for classroom doors (and the doors of any other rooms) to remain open when the room is occupied. The windows of the room should also be opened, if practicable, to create a crossflow of air. However, fire doors of all unoccupied rooms should remain closed. We will consider the closing of windows should the fire alarm activate. Because of the need for increased ventilation in the school during the Covid-19 pandemic, there may not be time to close all windows prior to evacuation. This situation is only permissible where to close all the windows would result in increased risk to staff and pupils. 		
Lack of building/ property maintenance	<p>All routine external and in-house monitoring, testing and inspection will continue as normal including:</p> <ul style="list-style-type: none"> Routine in-house health & safety inspections; External and in-house maintenance of fire safety equipment and systems; Ongoing external and in-house hot and cold water safety (legionella) monitoring, maintenance and testing; In-house monitoring of asbestos containing materials; External and in-house monitoring, testing and maintenance of all other systems and equipment in line with statutory requirements and manufacturer’s instructions. 	Refer to CIBSE: emerging from lockdown and HSE: Legionella Risks during the Coronavirus Outbreak	JR

Further Action Required	Date Action Completed	Date RA Reviewed	Significant Changes Y/N	Shared with Staff Date or N/A
<p>Settings should review and update their wider risk assessments and consider the need for relevant revised controls in respect of their conventional risk profile considering the implications of Covid-19. This risk assessment must be read and followed in conjunction with other applicable risk assessments for the setting, staff member or pupil, adapted as necessary, and:</p> <ul style="list-style-type: none"> • Schools coronavirus (COVID-19) operational guidance • Actions for early years and childcare providers during the COVID-19 pandemic • SEND and specialist settings: additional COVID-19 operational guidance • Covid-19: Actions for Out of School settings • Stay at home: guidance for households with possible or confirmed Covid-19 infection • Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person • COVID-19: guidance for people previously considered clinically extremely vulnerable from Covid-19 • Children of critical workers and vulnerable children who can access schools or educational settings • RCPCH: COVID-19 guidance on CEV children & young people • Coronavirus: how to stay safe and help prevent the spread • Coronavirus (Covid-19) Getting tested • Use of the NHS COVID-19 app in schools and FE colleges • Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners • Safeguarding and remote education during coronavirus (COVID-19) • Coronavirus (COVID-19): test kits for schools and FE providers • Maintaining records of staff, customers and visitors to support NHS Test and Trace • Actions for employers & providers following a COVID-19 related death of a carer or colleague across children’s services • Providing School Meals during the Coronavirus Outbreak • COVID-19: cleaning in non-healthcare settings outside the home • Coronavirus Covid-19 safer travel guidance for passengers • Coronavirus Covid-19 Safer transport guidance for operators • Dedicated transport to schools and colleges Covid-19 operational guidance • Use of PPE in education, childcare and children’s social care settings including AGPs • COVID-19: personal protective equipment use for non-aerosol generating procedures • HSE Face Fit Testing Guidance • Face coverings: when to wear one, exemptions and how to make your own • Remote Education Temporary Continuity (No.2) Direction Explanatory Note • Get help with remote education • Travel abroad from England during coronavirus (COVID-19) • Travel to England from another country during coronavirus (COVID-19) • Promoting and supporting mental health and wellbeing in schools and colleges • Schools and COVID-19: guidance for Black, Asian and minority ethnic (BAME) staff and their employers in school settings • Asthma UK COVID-19: Health advice for people with asthma • HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic • Working safely during coronavirus (Covid-19) • Contingency framework: education and childcare settings • Secondary schools and colleges document sharing platform • Early years and primary schools document sharing platform • Rapid asymptomatic testing in specialist settings (from Step 4) • COVID-19 Response: Autumn and Winter plan 2021 				