Coronavirus (Covid-19) Pandemic – Workington Academy Operational Risk Assessment V1

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. This marks a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As Covid-19 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 a first vaccine and the opportunity for two doses by mid-September. The Government's priority is for us 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.

The Academy also has a contingency plan (also known as an outbreak management plan) outlining how we would operate if there were an outbreak in our 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) and PHE 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 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 will be consulted on the development of, and any changes to, our risk assessment(s). We will ensure all persons understand any safety measures, how usual practice may need to be adapted and the safe ways to work together.

As part of our planning, it is a legal requirement that we should revisit and update our risk assessments (building on the learning to date and the practices 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. We must also review and update our wider risk assessments and consider the need for relevant revised controls in respect of the 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.

This risk assessment **will be subject to change** as we move forward, but I will highlight any changes to make life easier for you.

Stay safe, keep well and take care.

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Activity:	**School Operations during Coronavirus (Covid-19) Pandemic**			**Location:**	Workington Academy
Assessor:	DBI	**Ref No.:**	V1	**Distribution:**	All staff, parents and LAB members
Date:	20.08.21	**Proposed Review Date:**	10.09.21	**Signed:**	D.Bird
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.				

The Schools coronavirus (COVID-19) operational guidance is intended to support schools, both mainstream and alternative provision. Independent schools are expected to follow the control measures set out in the guidance in the same way. 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.

Separate Covid-19 Risk Assessments are available on the KAHSC website for Boarding Schools, Delivering lunch parcels, Home to school transport (school commissioned) and Home Visits.

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
An individual develops Covid-19 symptoms or has a positive test	High	☐ 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 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 test: - 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. 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. If symptoms develop during this isolation period, then they must restart the 10 day isolation from the day after symptoms developed.	* 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. PHE has advised that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying Covid-19. Anyone with coronavirus (Covid-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital unless advised to do so. **Cumbrian Schools:** Telephone the Cumbria Covid-19 Call Centre if we have a positive case of coronavirus in school (staff or pupils). Do **NOT** give this Tel No. to parents/non-staff. Any queries about a suspected case to be emailed to: EducationIPC@cumbria.gov.uk (inbox monitored by CCC Public Health team Monday to Friday).	Medium

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		☐ For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household. ☐ Pupils awaiting collection will be asked to wait in the student services meeting room. The widow will be open at all times and once they have been collected the meeting room and surrounding area will be cleaned. ☐ The household (including any siblings and pupils in boarding schools) should follow the PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection and refer to 'Close Contacts' overleaf. **Asymptomatic testing** ☐ 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. ☐ As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term. We can commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this. Pupils should then continue to test twice weekly at home until the end of September, when this will be reviewed. ☐ Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed. ☐ We will also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home. ***Confirmatory PCR tests*** ☐ Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance. They will also need to get a free PCR test to check if they have Covid-19. ☐ Whilst awaiting the PCR result, the individual should continue to self-isolate. ☐ If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, the result overrides the self-test LFD test result and the staff member/pupil can return to school, as long as the individual doesn't have Covid-19 symptoms.	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 KAHSC model risk assessments for: Lateral Flow Device (LFD) testing in Secondary/Special Schools and LFD testing in primary and maintained nursery schools 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.	
An individual has been identified as a close contact of a positive Covid-19 case	High	**Definition of a Close Contact** ☐ 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: - 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:	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	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		• 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. **Tracing close contacts and isolation** ☐ Close contacts will now be identified via NHS Test and Trace and we will no longer be 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. ☐ Individuals are **not** required to self-isolate if they live in the same household as someone with Covid-19, or are a close contact of someone with Covid-19, and any of the following apply: - they are **fully** vaccinated *(vaccinated with an MHRA approved Covid-19 vaccine in the UK, and at least 14 days have passed since they received the recommended doses of that vaccine)*; - they are below the age of 18 years 6 months; - they have taken part in or are currently part of an approved Covid-19 vaccine trial; - they are not able to get vaccinated for medical reasons. ☐ NHS Test and Trace will contact them to let them know that they have been identified as a contact and check whether they are legally required to self-isolate. If they are not legally required to self-isolate, they will be provided with advice on testing and given guidance on preventing the spread of Covid-19. Even if they do not have symptoms, they will be advised to have a PCR test as soon as possible. We will encourage all individuals to take a PCR test if advised to do so. There is no requirement to self-isolate while awaiting PCR test results and so individuals can attend the setting as usual. *Children aged 4 and under will not be advised to take a test unless the positive case was someone in their own household.* ☐ They should not arrange to have a PCR test if they have previously received a positive PCR test result in the last 90 days, unless they develop any new symptoms of Covid-19, as it is possible for PCR tests to remain positive for some time after Covid-19 infection. ☐ Staff/other adults who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport. ☐ If they develop symptoms at any time, even if these are mild, they must self-isolate immediately, arrange to have a PCR test and follow the guidance for people with COVID-19 symptoms. ☐ Even if they are vaccinated, they can still be infected with Covid-19 and pass it on to others. If they are identified as a contact of someone with Covid-19 but are not required to self-isolate, they can		

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		help protect others **when not at work/school** by following Coronavirus: how to stay safe and help prevent the spread. As well as getting a PCR test, they will be encouraged to follow keeping yourself and others safe by: - 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. ☐ 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. ☐ 18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact (as below). ☐ 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 and 6 months 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. **NHS Test and Trace App** ☐ 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. ☐ Refer also to 'Lettings' below.	Refer to: Use of the NHS COVID-19 app in schools and FE colleges	
Clinically vulnerable or extremely clinically vulnerable persons returning to school	High	**Pupils** ***Pupils who are clinically extremely vulnerable (CEV)*** ☐ All CEV children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend. ☐ We will provide remote education to pupils who are following public health advice. ***Immunisation*** ☐ 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. **School workforce**	Refer to RCPCH: COVID-19 guidance on CEV children & young people and DFE: Supporting pupils at school with medical conditions	Medium

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		☐ We will discuss any concerns individuals including those who may be clinically extremely vulnerable, clinically vulnerable or at increased comparative risk from coronavirus, may have around their particular circumstances, reassure staff about the protective measures in place **and review their specific** Individual Risk Assessments **with them.** ***Staff who are extremely clinically vulnerable (CEV)*** ☐ Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. CEV people may wish to think particularly carefully about the additional precautions they can continue to take. ☐ Social distancing measures have now ended in the workplace, and it is no longer necessary for the government to instruct people to work from home. ☐ We will explain the measures we have in place to keep CEV staff safe at work. ***Staff who are pregnant*** ☐ 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. **Women less than 28 weeks pregnant with no underlying health conditions:** ☐ We will conduct a workplace risk assessment with each person and occupational health team. ☐ 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. **Women who are 28 weeks pregnant and beyond or with underlying health conditions:** ☐ Women 28 weeks pregnant and beyond or are pregnant and have an underlying health condition should take a more precautionary approach. ☐ This is because although they are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, they have an increased risk of becoming severely ill and of pre-term birth if they contract Covid-19. ☐ We will ensure they are able to adhere to any active national guidance on social distancing. For many workers, this may require working flexibly from home in a different capacity. ☐ We will consider 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. ***Staff who may otherwise be at increased risk from coronavirus***	Refer to COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable , HSE: Protect vulnerable workers during the coronavirus (COVID-19) pandemic & Talking with your workers about preventing coronavirus (COVID-19) 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 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 ACAS Home Working Guide, ACAS Example checklist for setting up homeworking and the HSE: protect home workers	

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		☐ 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).	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	
Inadequate hand and respiratory hygiene leading to spread of Covid-19 virus	High	☐ 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. Hand sanitiser will be available in all classrooms to enable this to happen. ☐ 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). ☐ 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.	We have built these routines into school culture, supported by behaviour expectations. 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. 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 The e-Bug coronavirus (COVID-19) website contains free resources for schools, including materials to encourage good hand and respiratory hygiene Refer to HSE: First aid during Covid-19	Medium
Inadequate ventilation leading to spread of Covid-19 virus		☐ When school is in operation, it is important to ensure the building is well ventilated and a comfortable teaching environment is maintained. This will be achieved by: - mechanical ventilation systems – these will be adjusted to maximise the amount of fresh air coming into the school; - natural ventilation – opening external windows and, in addition, opening internal doors where relavant; - natural ventilation – if necessary external opening doors may also be used (if they are not fire doors and where safe to do so).	Refer to the HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic and CIBSE coronavirus (COVID-19) advice *DfE is working with SAGE and NHS England on a pilot project to measure CO_2 levels in classrooms and exploring options to help improve ventilation in settings where needed*	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		☐ To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate: - opening high level windows in preference to low level to reduce draughts; - increasing the ventilation while spaces are unoccupied (e.g. between classes, during break and lunch, when a room is unused); - rearranging furniture where possible to avoid direct drafts.		
Inadequate personal protection & PPE & spread of Covid-19 virus	High	**PPE** ☐ 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: - 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). ☐ 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: - a FFP2/3 respirator (which must be 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. **Face Coverings** ☐ The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where individuals may come into	Refer to: Use of PPE in education, childcare and children's social care settings including AGPs Ensure hand sanitiser is available in all classrooms and at entry and exit points. Maintain the existing stock of PPE including masks and aprons. Refer to HSE Face Fit Testing Guidance	Medium

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		contact with people they don't normally meet - this includes public transport and dedicated transport to school or college. ☐ Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas. ***In circumstances where face coverings are recommended*** ☐ If we have a substantial increase in the number of positive cases in our school, a Director of Public Health might advise us that face coverings should temporarily be worn in communal areas, classrooms or both (by pupils, staff and visitors, unless exempt). Our Outbreak Management Plan covers this possibility. ☐ 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.	Refer to: face coverings including when to wear one, exemptions and how to make your own Maintain the existing supply of face coverings available in school 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.	
Inadequate cleaning measures leading to spread of Covid-19 virus	High	**Cleaning non-healthcare settings where no-one has symptoms of, or confirmed Covid-19** ***Cleaning and disinfection*** ☐ 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. ***Laundry*** ☐ Items should be washed in accordance with the manufacturer's instructions. ☐ There is no additional washing requirement above what would normally be carried out. ***Kitchens and communal canteens*** ☐ 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.	Refer to PHE COVID-19: cleaning of non-healthcare settings outside the home 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.	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		☐ Clean frequently touched surfaces regularly. ☐ 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)). ***Bathrooms*** ☐ Clean frequently touched surfaces regularly. ☐ Ensure suitable hand washing facilities are available including running water, liquid soap and hand driers. ***Waste*** ☐ 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. **Cleaning after an individual with symptoms of, or confirmed Covid-19 has left the setting or area** ***Personal protective equipment (PPE)*** ☐ 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. ***Cleaning and disinfection*** ☐ 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: - 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 - 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.	Refer to Coronavirus (Covid-19): Disposing of waste Refer to COVID-19: personal protective equipment use for non-aerosol generating procedures	

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		Waste ☐ 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): - 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. You must: - keep it separate from your other waste - arrange for collection by a specialist contractor as hazardous waste There will be a charge for this service. ☐ 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.		
Failure to adequately identify vulnerable pupils/ safeguarding	High	☐ 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 will be best placed to co-ordinate multi-agency working within a school, including communication with school nurses.		Low
Inappropriate arrangements for opening the	High	**Mixing and 'bubbles'** ☐ At Step 4, 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.		Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
school to pupil groups		☐ 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. **School meals** ☐ We will continue to provide meal options for all pupils who are in school. Meals will be available free of charge to all 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. **Transport** ***Dedicated school transport, including statutory provision and the use of school minibuses*** ☐ 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 has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces 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. ☐ 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. ***Wider public transport*** ☐ 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	Refer to: Providing school meals during the coronavirus (COVID-19) outbreak & KAHSC model Delivering Lunch Parcels Risk Assessment Refer to: Dedicated transport to schools and colleges Covid-19 operational guidance, KAHSC model Covid-19 Home to school (school commissioned) transport Risk Assessment and Protocol for using the School minibus to transport students during the Covid-19 pandemic	

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		staff need to use public transport, they should follow the Coronavirus (COVID-19): safer travel guidance for passengers. ☐ The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet - this includes public transport. **Other considerations** ☐ 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 indifferent 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. **Extra-curricular activity including out-of-school sports provision** ☐ All children may access out-of-school settings 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'). ☐ 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. ☐ 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. ***Parental Attendance*** ☐ It is no longer advised that providers limit the attendance of parents and carers at sessions. We will continue to ensure that we have parents' and carers' most up-to-date contact details in case of an emergency. ***Educational visits & trips***	Refer to Supporting pupils and students with SEND DfE Supporting Pupils at School with Medical Conditions remains in place Refer to COVID-19: Actions for Out of School Settings	

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		☐ 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. Refer to 'Educational Visits' on Page 18 for further details.		
Inappropriate arrangements for managing the curriculum	High	**Physical Education, School Sport and Physical Activity (PESSPA)** ☐ 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. **Science, Art and D&T** ☐ 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. **Music, Dance and Drama** ☐ 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. ***Performances*** ☐ 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.	Refer to: • 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 Refer to: CLEAPSS GL344 and GL343 Refer to CLEAPSS guidance for **D&T:** GL347, GL348, GL354, GL355, GL360, GL356 & GL362 and **Science:** GL336, GL338, GL339, GL345, GL352, GL353 & GL362 Refer to Working safely during COVID-19 in events and attractions including performing arts	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
Inappropriate arrangements for education recovery	High	☐ 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: - catch-up premium - recovery premium - tutoring (including the National Tutoring Programme and 16 to 19 tuition fund) - teacher training opportunities - curriculum resources - 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.		
Inadequate contingency plans in place	High	**Stepping measures up and down** ☐ 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. ☐ 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. ☐ We will call the LA Public Health Team who will advise if any additional action is required, such as implementing elements of our contingency (or outbreak management) plan. **Remote education** ☐ 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. ☐ Schools affected by the Remote Education Temporary Continuity Direction are still required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around coronavirus (Covid-19). ☐ We will maintain our capacity to deliver high quality remote education for next academic year, including for pupils who are abroad, and facing challenges to return due to Covid-19 travel restrictions, for the period they are abroad. ☐ The remote education provided will be equivalent in length to the core teaching pupils would receive in school. ☐ We will work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education.	Refer to the Contingency framework and the KAHSC model Outbreak Management Plan *(to follow)* Refer to: • 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	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		☐ We will keep in contact with students learning from home and regularly check if they are accessing remote education. ☐ For pupils self-isolating who ate 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. ☐ Our Offer of Remote Education is available to all pupils/parents and is displayed on the school website.	• 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	
Poor or inappropriate behaviour and attendance	High	**Behaviour** ☐ 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 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 providing support for overcoming barriers to attendance and behaviour and to help them reintegrate back into school life. ☐ 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.	Refer to the DfE Checklist for school leaders to support full opening: behaviour and attendance Refer to: Changes to the school suspension and permanent exclusion process during the coronavirus (COVID-19) outbreak	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		☐ 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. **Attendance** ☐ 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 PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of Covid-19 they will be recorded as code I (illness). ☐ For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. ☐ 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. ***Term time holidays*** ☐ 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. ***Travel & quarantine*** ☐ 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. ☐ 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.	Refer to school attendance guidance	
Inadequate arrangements in place for managing off-site visits	High	☐ We will continue to undertake full and thorough risk assessments in relation to **all** educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. ☐ 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 the start of the autumn term, we can go on international visits that have previously been deferred or postponed and organise new international visits for the future. ☐ 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.	Refer to the health and safety guidance on educational visits and specialist advice from the Outdoor Education Advisory Panel (OEAP)	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		☐ 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.		
Inadequate staffing ratios, staff availability and recruitment	High	**Ratios and Qualifications** ☐ 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. These include: - 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. - 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 and peripatetic teachers, 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. ☐ 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 necessary in high risk settings is fully maintained. ☐ Key contact details of all available DSL's/deputies to be displayed in school and on the website. ☐ Ensure the contact details of the Safeguarding Hub/Early Help Team/LADO are available to all staff on duty. ☐ Ensure sufficient competent staff on duty to administer or supervise the administration of medication. Wherever possible, children to self-administer, witnessed by staff. **Staff taking leave** ☐ Staff will need to be available to work in school during term time. We will discuss leave arrangements with staff to inform workforce planning considering 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. ☐ We will make all staff aware that the LA view is that if staff must travel abroad which then mean they have to quarantine on their return (and this is not within school holiday periods), then this should be treated as unpaid leave.	Refer to Early Years Foundation Stage Framework 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. The latest guidance on travel/quarantine can be accessed at: Travel abroad from England during coronavirus (COVID-19), Quarantine and testing if	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		Recruitment ☐ Recruitment will continue as usual. We will continue to adhere to Keeping children safe in education regarding pre-appointment checks.	you've been in an amber list country, Coronavirus (COVID-19) testing before you travel to England, Booking and staying in a quarantine hotel when you arrive in England, Red, amber and green list rules for entering England	
Visiting children in their own homes and contact with Covid-19 virus	High	☐ 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 KAHSC model Covid-19 Home Visits Risk Assessment	Medium
Visitors & spread of Covid-19 virus	High	☐ 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. **Lettings** ☐ 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 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'.	Refer to KAHSC model Letting Arrangements	Medium
Lack of wellbeing management for pupils and families	High	☐ 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	High
Lack of wellbeing management for staff	High	☐ 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.	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.	Medium

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
Inadequate communications with and training of staff	High	☐ 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).		Medium
Fire emergencies	High	☐ We will regularly review and where necessary, update the existing school Fire Risk Assessment and Fire Safety Management Policy/Evacuation Plan. ☐ 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. ☐ Propping open doors by any other means other than proprietary hold open devices triggered by the fire alarm is not permitted. ☐ 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.	Refer to advice on Fire safety in new and existing school buildings	Medium
Lack of building/ property maintenance	High	All routine external and in-house monitoring, testing and inspection will continue as normal including: ☐ 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	Low