


Risk Assessment Form January 2022 Version:1 replacing previous Version 3 (September 2021)

For further info on risk assessment see: BHCC Risk Assessment Guidance

To calculate Risk Rating (R): assess the likelihood (L) of an accident occurring against the **most** likely impact (I) the accident might have,

Task / Activity Covered by the assessment	Model risk assessment (for local adaptation) for schools during COVID-19 PANDEMIC			Likelihood (L)	X	Impact (I)
				Almost Impossible	1	Insignificant (minor injury, no time off)
Workplace	<ul style="list-style-type: none"> To be read in conjunction with Government guidance - Schools Covid-19 - Operational guidance and BHCC's dedicated COVID-19 page on BEEM for schools. 			Unlikely	2	Minor (non-permanent injury, up to 7 days off)
Date of Assessment	12 January 2022	Date Assessment to be reviewed	Monthly or when guidance is changed	Possible	3	Moderate ((injury causing more than 7 days off)
Person Completing	Hildi Mitchell	Manager/ Head teacher		Likely	4	Major ((death or serious injury)
Staff involved in assessment	HM, KC, JH, MB, AB, HJ, AH			Almost Certain	5	Catastrophic (multiple deaths)
				Low = 1 - 3	Moderate = 4-7	Significant = 8-14
						High = 15-25

How to use this Risk Assessment:

- This RA is used to mitigate the risk from COVID-19 and should be used alongside any other risk assessment for the task being undertaken.
- To calculate Risk Rating (R): assess the likelihood (L) of a member of staff/others contracting COVID-19, taking into account the control measures that will be in place against the **most** likely impact (I) of contracting COVID-19 might have **L x I = R**
- This risk assessments should be completed in consultation with all relevant union colleagues not just individual unions. As a minimum this must always include Unison, the GMB and the NEU. This will ensure that all your staff who are part of a union have been fully consulted on the issues.

What are the significant, foreseeable, hazards? (the dangers that can cause harm)		Who is at Risk?	Current control measures (What is already in place/done)	Risk Rating			What additional controls can be put in place to reduce the risk further?	Revised Risk Rating			Sign as done
				L	I	R		L	I	R	
1	School Site Site not prepared for pupils/staff	Pupils/ staff	<ul style="list-style-type: none">Risk assessment(s) regularly reviewed as circumstances change in school and in-line with PH advice. Shared with staff, Governors and safety representatives.Usual building checks to ensure school safe and extra considerations (e.g. <u>Legionella</u> water checks, working hot water/heating systems, operating doors/windows, alarms) etc.School thoroughly cleaned before re-opening in line with <u>Cleaning in non-healthcare settings</u>Bins in classrooms/other locations.Soap and hot water in every toilet and classrooms.Sanitising wipes for cleaning of equipment.Hand sanitiser available in appropriate locations.Ensure good ventilation throughout by opening windows/doors etc. – see 3 below.Individual & frequently used equipment (ideally) not shared and/or cleaned regularly.Review on-site signage to reflect current guidance/Covid arrangements.Review and share Covid-19 and essential induction information with all staff, pupils, visitors (including contractors, peripatetic/supply staff, parents & carers).Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before arriving on site/entering the school – showing a negative LFD result.Small stock of LFD test kits held on site onsite to provide means of testing for visitors unable to do so beforehand. End of section 1.	1	3	3					

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3	Ventilation Lack of adequate ventilation and/or impact of ventilation on indoor temperatures	All	<ul style="list-style-type: none"> Well ventilated/comfortable teaching environment maintained as far as possible. Windows/internal doors opened to improve natural ventilation and assist with creating a throughput of air – windows with ‘restrictors’ to prevent full opening for other safety reasons should not be overridden. Where natural ventilation is relied upon, windows opened ahead of the start of the working day, wherever possible. Poorly ventilated areas *identified and practical steps taken to improve fresh air flow – extra consideration when holding events/others on site. Staff to inform MB of any identified areas. CO2 monitors in classrooms and offices. When they go red, exit the room, taking children outside and open all doors and windows fully until green again. Refer to further information - How to use CO2 monitors. Mechanical ventilation systems adjusted to increase the ventilation rate wherever possible and only fresh outside air is circulated - ventilation started ahead of the working day and continued after classes have finished (where possible) as cleaners and other (maintenance) staff may work in those rooms. Where full fresh air setting is not possible, system operated as normal – as long as within a single room – and supplemented by outdoor air supply. Fans – use of fans discouraged, as can spread contaminated air from one person onto another – and only used after considering other ventilation and heat reducing measures. Sited (e.g. under/in an open window) so drawing and pushing fresh air around a room (up in to an unoccupied space) and not directed/blowing air from one person to another. Opening internal doors to assist with creating a throughput of air and use of DorGuards or Mag-lock devices linked to the fire alarm system. Fire doors NOT wedged open. External opening doors used (as long as they are not fire doors and where safe to do so). Doors to be closed at 2.45 prior to gates opening. Rooms cleaned regularly to reduce recirculation of any virus deposited on surfaces – see CLEANING ARRANGEMENTS at 7 (below). <p>End of section 3.</p>	2	3	6	<p>Further advice can be found in Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak and CIBSE coronavirus (COVID-19) advice</p> <p>*These can be indicators of poor ventilation:</p> <ul style="list-style-type: none"> - Areas which smell stuffy or smell unpleasant. - Areas without either natural ventilation – e.g. openable windows and doors - or mechanical ventilation. - Blocked airbricks. - Windows which require attention to properly operate. - Dirty ventilation grids. - Where ventilation facilities are blocked by furniture, curtains/blinds. 	1	3	6	
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4	<p>Transmission of the virus/developing symptoms (at the setting) leading to:</p> <ul style="list-style-type: none"> Reduced pupil attendance Impact on learning Reduced staffing Insufficient supervision ratios Insufficient trained staff Possible outbreak 	<p>Infection to Staff, children, families, visitors and contractors</p>	<p>SYMPTOMATIC INDIVIDUALS:</p> <ul style="list-style-type: none"> Symptomatic people must get a PCR test, self-isolate (in line with guidance) and stay at home until PCR test result is known. See also: Stay at home guidance for households with possible Covid-19-infection If PCR is positive, you may be able to end your self-isolation period before the end of the 10 full days. You can take an LFD test from 6 days after the day your symptoms started (or the day your test was taken if you did not have symptoms), and another LFD test on the following day (day 7). The second LFD test should be taken at least 24 hours later. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result. *School tell staff, children, parents, carers or any visitors (including suppliers/providers) <i>not</i> to come in to school if they are displaying any symptoms of coronavirus, have tested positive or been told to self-isolate or required to quarantine. Staff or children to notify SLT as early as possible if they are presenting symptoms and to follow guidance. School to request that staff/parents/carers of children closely monitor themselves and children for signs of Covid-19 symptoms. Staff instructed to let SLT know and children instructed to let staff know (immediately) if they start feeling unwell with any of the main Covid-19 symptoms (however mild). Procedure in place to be followed if staff or children become unwell/symptomatic on site and need to go home – e.g. shortest route taken out of the building etc. Individuals with symptoms avoid using public transport and arrange to be collected by member of same household (where possible). Pupil/staff awaiting collection left in a room [state designated room] with window open, on their own (if possible) and safe to do so. Room and other potentially contaminated areas ventilated and surfaces cleaned and disinfected after use, in line with guidelines. If it is not possible to isolate child, moved to an area, which is at least 2 metres from others. Symptomatic child to use a separate toilet: Garden room or disabled toilet - signed as used, and thoroughly cleaned after - in line with guidelines. 	3	3	9	<p>Note: the main symptoms of coronavirus are:</p> <ul style="list-style-type: none"> a high temperature a new, continuous cough a loss or change to your sense of smell or taste <p>*Close contacts who are exempt from isolation are advised to limit contact with anyone who is clinically extremely vulnerable for the ten days from exposure and wear a face covering in line with latest guidance. Face coverings may be advised for staff and secondary/FE provider students in outbreak situations (see also temporary re-introduction of face coverings in Y7 classrooms under 'other' LHS below) and as contacts if there are extremely clinically vulnerable people in the setting. Further guidance on this and other precautionary measures they can take can be found here.</p> <p>Settings may 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 a setting (see stepping measures up and down section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.</p>				
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		<ul style="list-style-type: none"> Supervising staff to appropriate PPE if close contact is necessary – see Use of PPE guidance – and wash their hands thoroughly afterwards. Symptomatic person’s household (including any siblings) should follow the PHE now known as United Kingdom Health Security Agency (UKHSA); Stay at home guidance. If you live in the same household (i.e. are a close contact) of someone with COVID-19, you must stay at home and self-isolate for 10 full days unless you are *fully vaccinated or under the age of 18 years and 6 months. If (as a close contact) you develop symptoms while you are isolating, you should arrange to have a COVID-19 PCR test. If your test result is positive, follow the advice for people with COVID-19 to stay at home. You must start a new self-isolation period. Use reasonable judgment to refuse child entry when they appear to have symptoms to protect other pupils and staff from possible infection with COVID-19. <p>ASYMPTOMATIC LATERAL FLOW DEVICE (LFD):</p> <ul style="list-style-type: none"> LFD testing voluntary but strongly encouraged for all staff and volunteers, twice weekly at home, 3-4 days apart. Primary school aged children not required to undertake LFD tests at the start of term, but parents/carers encouraged to take a LFD test in households with primary school aged children, before their child returns to the school, if possible. Report all LFD test results – positive, negative and void – to NHS. Where self-swabbing may cause significant concerns for some SEND children/young people, not tested unless informed consent given by appropriate person. Testing is voluntary. *Asymptomatic staff and pupils with a positive LFD test result must self-isolate in line with the Stay at Home Guidance . <p>STAFFING LEVELS:</p> <ul style="list-style-type: none"> Member of SLT on site each day and will establish daily supervision levels including first aid and DSL and contact local authority (Education & Skills) if unable to operate safely – e.g. concerns over staffing levels, where usual interventions and provision cannot be provided etc. 								<p>*Fully vaccinated means 14 days after you have had 2 doses of a MHRA approved vaccine such as Pfizer BioNTech, AstraZeneca or Spikevax (formerly Moderna). You are also fully vaccinated if you have had one dose of the single-dose Janssen vaccine</p> <p><u>IMPORTANT WEF 11/1/22</u> *Confirmatory PCR tests following a positive lateral flow device (LFD) test result are to be temporarily suspended from Tuesday 11 January. This will mean that anyone who receives a positive LFD test result will be required to self-isolate immediately and will not be required to take a confirmatory PCR test.</p>
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			<ul style="list-style-type: none"> • Flexibility amongst teaching staff to teach/lead different year. • School to check that external providers/contractors (e.g. catering providers) have robust COVID-19 arrangements in place. • Ensure key ***contractors/visitors etc. are aware of the school's control measures and ways of working. MB to inform all contractors. JH to inform visitors to children. Office staff/HM to inform other visitors. Disposable masks available from the office. • Continue to maximise use of outdoor space for learning/meetings/events, where possible. Roll-out of continuous provision in all year groups to support this during the school day. Assemblies to remain online except for: singing (outside), year group celebration assemblies in hall with classes 2m apart. • Any person returning from abroad must follow the current guidance https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england#amber-list-rules Children who are between 5-10 must also take the Day 2 returning test. • Any person awaiting a result of a test, or waiting to take a test on returning from abroad must not come to school until the test result is known to be negative. <p>End of section 4.</p>				<p>PER E&S EMAIL TO HEADTEACHERS dated 1/9/21</p> <p>* Schools have the option to adopt a more precautionary approach to face coverings in their environment, based on their own assessment of risk and be supportive of those/people who wish to continue to wear them. See also (6. Local Outbreak) below for situations where the temporary re-introduction of face-coverings may be required.</p> <p>** Consider using approaches such as one-way systems and avoiding whole school events indoors, where necessary.</p> <p>***Schools to take a sensible and pragmatic approach to additional controls that may seem necessary in their environment based on their own risk assessment.</p>				
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5	<p>Clinically Extremely Vulnerable (CEV)</p> <p>and</p> <p>Priority groups for vaccination (PGFV)</p> <p>Exposure to Covid-19</p>	CEV/CV	<ul style="list-style-type: none"> School and CEV staff/pupils advised to follow medical advice and latest government CEV Guidance. CEV & PGFV staff attend work subject to agreed Individual Risk Assessment (RA) in place/reviewed - see also (HSE) guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace CEV people continue to consider additional precautions they can continue to take. School support/encourage vaccine take up and enable all staff who are eligible for a vaccination to attend booked vaccine appointments, where possible. All CEV children and young people attend school unless they are under paediatric or other specialist care and have been advised by their GP or clinician not to attend – see also Supporting pupils with medical conditions. *Pregnant women are advised to follow guidance from the Royal College of Gynaecologists and take particular care to practise frequent, thorough hand washing, and cleaning of frequently touched areas in their home or workspace. (An individual RA should be in place). Some people with characteristics who may be at comparatively increased risk from COVID-19 can attend school, subject to Individual RA. Further information is available here. <p>End of section 5.</p>	3	4	12	<p>Note:</p> <p>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 COVID-19 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.</p> <p>The latest Government guidance for pregnant employees makes specific reference / recommendations for pregnant women at any gestation who are</p> <p>(1) vaccinated or</p> <p>(2) unvaccinated/not fully vaccinated</p>	2	4	8	
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6	<p>Local Outbreak</p> <p>Note: several confirmed cases within 10 days, may be considered an outbreak</p>	<p>Pupils/ Staff/ Parents/ Carers etc.</p> <ul style="list-style-type: none"> - Aware of and follow the Contingency Framework for managing local outbreaks of COVID-19 and the thresholds used as an indication for when to seek public health advice if concerned: <ul style="list-style-type: none"> • For most education and childcare settings, whichever of these thresholds is reached first: 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. To support reducing the numbers of children/staff impacted by this DIS will continue to operate as much as possible within year groups i.e. playgrounds, assemblies, and keep records where further close mixing occurs e.g. after school clubs. • For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time: 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. - Follow any additional local measures/restrictions put in place by the local authority (BHCC), Director of Public Health and/or local Health Protection Team (as part of their local outbreak management responsibilities). - Procedures in place for local Outbreak Management considerations to include: - informing DfE Helpline, PHE and local PHT/LA and following their guidance. - Review of school's Covid-19 RA and arrangements and any additional controls required. - Communications to staff, governors, parents/carers on any changes etc. - Arrangements in place for remote working and learning e.g. use of remote learning platform, catering for all ability levels including children with SEN's. - Plan for limited attendance including prioritising year groups/certain pupil groups. - Re-introduction of on-site testing, shielding for CEV and essential visitors only, with Covid induction/protocols. - Review whether planned school trips, events, parental/carer attendance in settings etc. can go ahead. - Provision of wellbeing support. <p>End of section 6.</p>	2	3	6	<p>Note: additional local measures/restrictions may include (but not be limited to) the:</p> <ul style="list-style-type: none"> • temporary re-introduction of face-coverings in communal areas or classrooms (by pupils, staff and visitors, unless exempt). • temporary re-introduction of face coverings on dedicated transport to schools/public transport. • re-introduction of 'bubbles' for a temporary period, to reduce mixing between groups and social distancing measures. • re-introduction of remote working and learning. 				
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7	Inadequate health and hygiene arrangements	Staff/ children/ visitors etc.	<ul style="list-style-type: none">Induction/updates for all members of the school community (pupils/staff/peripatetic teachers/others) to explain the latest school/site COVID-19 RA, required controls and safety arrangements. <p>CLEANING ARRANGEMENTS:</p> <ul style="list-style-type: none">Appropriate cleaning regime/schedule – including regular cleaning of areas & equipment at least daily with particular focus on frequently touched surfaces such as computers, for which all staff will have access in all rooms to appropriate cleaning products. See PHE guidance: Cleaning in non-healthcare settings . MB and CH to provide cleaners with rotas and ensure all rooms are cleaned daily, and additional cleaning in place after contamination. Photocopiers are NOT to be cleaned using these products as it impacts their working, and hands must be cleaned with soap or sanitizer prior to and after use.Follow Principles of cleaning after an individual with COVID-19 symptoms, or a confirmed case, has left the setting or area. In situations where someone has symptoms of COVID-19, it is advised that you store personal waste for 72 hours as an additional precaution.Cleaners to wear disposable gloves and aprons and if an area has been heavily contaminated such as with visible bodily fluids from a person with COVID-19, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.Review the use of soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts). Teaching staff to risk assess their own rooms and ensure pupils conduct regular handwashing/sanitising prior to and after touching soft toys. Teaching staff to request washing of soft furnishings/toys following contamination (please place in sealed labelled bag for washing).Encourage staff and pupils to feedback any concerns/issues regarding hygiene measures in place.Hygienic wipes or cleaning supplies available in each classroom/office and stored securely out of reach.Premises staff to ensure that appropriate cleaning resources/protective clothing is provided/replenished/worn, as required.	1	3	3						

	<p>Inadequate health and hygiene (continued)</p>		<p>HAND HYGIENE</p> <ul style="list-style-type: none"> • Anyone entering the building should sanitise/wash their hands. • Clear instructions for visitors on where to wash/availability of hand sanitiser and dedicated toilet facilities. • Hand washing facilities and hand sanitiser available in appropriate locations and products stored securely. • Frequent and thorough hand cleaning routines now regular practice and continual reminders for all to wash/sanitise hands effectively – 20 seconds etc. • *Supervised use of hand sanitiser, where required. • Anyone handling food, treating a cut/wound etc. must wash their hands before and afterwards. • Remind children not to touch their eyes, nose and mouth with unwashed hands. • Posters displayed showing effective hand washing and good hygiene advice etc. <p>RESPIRATORY HYGIENE</p> <ul style="list-style-type: none"> • Good respiratory hygiene – “Catch it, Bin it, Kill it” approach. • Use of The e-Bug Covid-19 website for good hand/respiratory hygiene resources. • Staff and children reminded to use tissues or cover their mouth and nose with a bent elbow, when coughing or sneezing – washing/sanitising hands afterwards. • Tissues to be disposed of in lidded bins and emptied regularly/end of each day. • Support for pupils who struggle to maintain good respiratory hygiene (e.g. who spit uncontrollably or use saliva as a sensory stimulant) and the staff who work with them - reviewing individual pupil RAs and any PPE requirements. <p>End of section 7.</p>				<p>*Note: Supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative.</p>				
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8	Wrap-around & Extra-curricular provision – transmission of the virus	Staff/ children/ providers /parents/ carers	<ul style="list-style-type: none"> • Wraparound provision and extra-curricular activity Guidance followed and RA in place. • DIS to keep records of after school care for pupils to aid track and trace if required. • Where school hires out its premises for use by external wraparound childcare providers – checks made to ensure these organisations have: <ul style="list-style-type: none"> - Covid arrangements in place, in line government guidance for their sector. - Are aware of the school’s Covid arrangements and protocols. <p>End of section 8.</p>	2	3	6					
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9	Educational visits – transmission of the virus	Staff/ children/ providers /parents/ carers	<ul style="list-style-type: none"> • Consideration on a case-by-case basis as to whether planned international educational visits should go ahead at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK. Refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling. • Full and thorough risk assessments undertaken in relation to all educational visits - day trips, residential, adventurous, domestic and international – by EVC/Trip Leader/Headteacher. • Trips and educational visits to maximise outside opportunities where possible. • Reference to ‘Managing Covid when going offsite’ (model RA for local adaptation) on EVOLVE. • Public health - now known as United Kingdom Health Security Agency (UKHSA) advice, such as hygiene and ventilation requirements included as part of that risk assessment. • Provider COVID arrangements verified (in addition to usual checks) as part of planning process. • General guidance about educational visits available and supported by specialist advice from the Outdoor Education Advisory Panel (OEAP), BHCC Outdoor Education Adviser and EVOLVE (BHCC’s notification and approval system for offsite visits). • New bookings (domestic or international) checked for adequate financial protection, given likely gap in Covid-19 related cancellation insurance cover. • All children and staff travelling to England must adhere to government travel advice in travel to England from another country during coronavirus (COVID-19). • Government broader international travel policy checked and monitored for any international trips (as subject to sudden change). • Contingency plans in place for any sudden change to travel regulations/quarantine requirements or individual becoming unwell/Covid-symptomatic, which may temporarily prevent their return to the UK. • Communications protocol in place to update school, parents/carers etc. of any unexpected changes to visit arrangements. <p>End of section 9.</p>	1	3	6	<p>Schools to speak to either your visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers’ Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits.</p> <p>You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.</p>				
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10	Staff Wellbeing - Staff anxiety caused by the national/local situation and risk/fear of infection.	All Staff including SLT	<ul style="list-style-type: none"> • Governing boards and school leaders promote work-life balance and wellbeing. • Headteacher wellbeing monitored by Governing Body and support provided. Access to regular HT coaching, fortnightly meetings with COG. • Staff have access to BHCC wellbeing pages and school wellbeing plan as well as Schools Advisory Service. • Mental health of staff and pupils a priority in the SDP. • Regular staff meetings and open-door policy for staff to discuss any wellbeing concerns. • Regular SLT wellbeing checks with staff. • SLT to monitor who is ill/self-isolating and make regular contact – esp. with those that live alone. • Regular updates and consultation with staff on changes to Covid arrangements. • Regular breaks programmed in for all staff. • Mental Health and Wellbeing training and support available on BEEM and on the Learning Gateway. • Bereavement support and guidance available through BEEM and through Schools Advisory Service. • DfE additional support for both pupil and staff wellbeing in the current situation & information about the extra mental health support for pupils and teachers available. • The Education Support Partnership provides a free helpline for school staff and targeted support for mental health and wellbeing. • Application to ‘School Staff Welfare Innovation Fund’ by 17/12/21 - small initiatives to improve physical and mental wellbeing for staff - Email: ph.schools@brighton-hove.gov.uk. • Lunch breaks to be timetabled to allow all teachers to be able to meet (if desired) and/or work collaboratively. <p>End of section 10.</p>	2	2	4					
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11	Children's wellbeing Children with new or ongoing Covid-19 anxieties.	Children	<ul style="list-style-type: none"> Staff monitor emotional wellbeing of children. Continue to provide opportunity for each child to share their negative and positive experiences during the pandemic. BHISS to be contacted to offer support for children who have experienced trauma/anxiety during pandemic. Bereavement Resources for Educational Settings BEEM Other LA specialist support sought where required. Wellbeing updates encouraged from home and encourage use of Tapestry. Mental health and wellbeing for pupils and staff a priority on the SDP. Children's mental health and wellbeing support available. See also other useful links and sources of support on promoting and supporting mental health and wellbeing in schools. <p>End of section 11.</p>	2	2	4					
12	Staff working from home (in the event of outbreak or isolation). DSE related ill-health or injury & isolation	Staff	<ul style="list-style-type: none"> Staff to follow Display screen equipment advice Staff complete DSE eLearning and update DSE Self-Assessments for working at home, where required. Staff provided with DSE equipment if needed. Regular wellbeing checks with staff working from home. Staff encouraged to take regular DSE breaks. Staff aware of the corporate guidance for 'working well at home'. <p>End of section 12.</p>	3	2	6					
13	Nappy/pad changing, intimate care and clinical and offensive waste removal	Staff may be exposed to the virus	<ul style="list-style-type: none"> Children whose routine care already involves the use of PPE for toileting and/or intimate care continues in the same way and staff provided with same levels of PPE. Schools current toileting/intimate care procedures are followed. Clinical waste arrangements/facilities already in place. AHT(I) to oversee this. <p>End of section 13.</p>	1	3	3					

14	Catering Contractor unable to provide a school meals service/or are operating a reduced service	Pupils/ (staff having meals)	<ul style="list-style-type: none"> Kitchens expected to be fully open and normal legal requirements apply to the provision of food for pupils, including ensuring food meets the <u>standards for school food in England</u>. Assurance sought that school kitchen operation and Contractor/Caterer Covid arrangements in place (and monitored) for safe service delivery. Follow guidance/information on <u>providing school meals during coronavirus (COVID-19)</u>. Continued provision of free school meal support to pupils who are eligible for benefits-related free school meals and who are learning at home during term time. Liaison with Susie Haworth, School Meals Manager, where provision of school meals may be compromised due to Covid-related/other reasons. Robust contingency arrangements in place for safe provision of special diet meals/those with allergens at all times, esp. when service may be disrupted. From October 2021, Secondary Schools/Colleges will need to consider UK Food Information Amendment, also known as Natasha's Law. If only reduced/alternative menu available, parents/carers informed to ensure allergies considered. <p>End of section 14.</p>	2	4	8					
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