

On the following pages, you will find an extensive risk assessment which will provide you with some of the tools to enable your school/setting to operate safely as the country moves to Step 4 of the roadmap (effective 19/07/21). Although it is based mainly on the previous 'Opening and Operating Schools' Risk Assessment (V9), it has been renamed, updated and condensed in line with current guidance so will start again from 'Version 1'.

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

You should have a contingency plan (also known as an outbreak management plan) outlining how you would operate if there were an outbreak in your school or local area. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible. Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. The [contingency framework](#) describes the principles of managing local outbreaks of Covid-19 in education and childcare settings. Local authorities, directors of public health (DsPH) 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 from Step 4 will be undertaken by the Head teacher and senior colleagues. However, relevant bodies (such as the LA, academy trusts or governing bodies, depending on the school type) retain responsibility for key decisions and plans should be confirmed with them, particularly risk assessments of the school opening before pupils and staff return. All staff and Trade Union safety representatives should be consulted on the development of, and any changes to, your risk assessment(s). Ensure all persons understand any safety measures, how usual practice may need to be adapted and the safe ways to work together.

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

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

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

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

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

Stay safe, keep well and take care.

Coronavirus (Covid-19) Pandemic – Schools Operational Risk Assessment V8



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| Activity: | School Operations during Coronavirus (Covid-19) Pandemic | | | Location: | Fairfield Primary School |
| Assessor: | C.Steele | Ref No.: | N/A | Distribution: | ALL - PUBLIC |
| Date: | Original: 20 th September 2021 | Proposed Review Date: | Monthly (or in response to changing guidance) | Signed: | C.Steele |
| 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](#) alongside our outbreak management plan.

On 08/12/21 the Government announced that **Plan B**, set out in the [COVID-19 Response: Autumn and Winter plan 2021](#), was being enacted.

| 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 |
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| An individual develops Covid-19 symptoms or has a positive test | High | <input type="checkbox"/> Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do . They should not come into school if they have COVID-19 symptoms (a new continual cough, a temperature in excess of 37.8°C or a loss of, or change in their normal sense of taste or smell (anosmia) *), have had a positive PCR or LFD test result or other reasons requiring them to stay at home due to the risk of them passing on Covid-19 (e.g. they are required to quarantine). <input type="checkbox"/> If anyone in school develops COVID-19 symptoms , however mild, we will send them home and they should follow public health advice and self-isolate and should arrange to have a PCR test (unless they have already had a positive LFD test): <ul style="list-style-type: none"> - if a child or member of staff tests negative, then they should stay at home until they feel well and at least 2 more days if they have had diarrhoea or vomiting but can safely return thereafter; - if a child or member of staff with symptoms tests positive, they should follow the 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' and must continue to self-isolate for at least from the day of onset of their symptoms and for the following 10 full days and then return to school only if they do not have a temperature (a cough or anosmia can last for several weeks once the infection has gone). The period of isolation starts from the day they became symptomatic and the following 10 full days (see below for early release). If they still have a high temperature, they should keep self-isolating until their temperature returns to normal; | <p>The information related to 'what to do' is available to all on our school website. regular reminders will be given to staff and parents via our Dojo channel.</p> <p>* In addition, if any staff or pupils test positive for Covid-19, public health may advise us to ask pupils to get tested and isolate with a wider range of symptoms, including: headache, diarrhoea, severe fatigue and sore throat.</p> <p>[Cumbrian Schools]: Refer to the CCC Public Health Flow chart: managing suspected/positive Covid-19 cases</p> <p>PHE has advised that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying Covid-19.</p> | Med |

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| | | <ul style="list-style-type: none"> - 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 (<i>see below for early release</i>). If symptoms develop during this isolation period, then they must restart the 10 day isolation from the day after symptoms developed. <p>Leaving Isolation early</p> <p><input type="checkbox"/> Those with Covid-19 symptoms or who have received a positive Covid-19 test result (PCR or LFD) may be able to end their self-isolation period before the end of the 10 full days (stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection):</p> <ul style="list-style-type: none"> - From Monday, 17/01/22, they can take an LFD test from 5 days after the day the symptoms started (or the day the PCR or LFD test was taken if they did not have symptoms), and another LFD test on the following day (day 6). The second LFD test should be taken at least 24 hours later. If both these test results are negative, and they do not have a high temperature, they may end their self-isolation after the second negative test result. After each test, the results must be reported via the national test and trace online system. - They should not take an LFD test before the 5th day of their isolation period and should only end their self-isolation following 2 consecutive negative LFD tests which should be taken at least 24 hours apart. Individuals should stop testing after they have had 2 consecutive negative test results. - If they take an LFD test from the 5th day of their isolation period, and the test result is positive, they must wait 24 hours before they take the next test. - It is essential that two negative lateral flow tests are taken on consecutive days and reported before individuals return to their job or education, if leaving self-isolation earlier than the full 10 day period. - For instance, if an individual is positive on day 5, then a negative test is required on both day 6 and day 7 to release from self-isolation, or positive on day 6, then a negative test is required on days 7 and 8, and so on until the end of day 10 when testing should cease regardless of the results. - Those who leave self-isolation on or after day 6 are strongly advised to wear a face covering and limit close contact with other people in crowded or poorly ventilated spaces, work from home if possible, minimise contact with anyone who is at higher risk of severe illness if infected with Covid-19 and follow the guidance on how to stay safe and help prevent the spread until 10 full days from when their self-isolation period started. - Anyone who is unable to take LFD tests or anyone who continues to have a temperature will need to complete the full 10 day period of self-isolation. - Even if someone has tested positive for Covid-19 within the last 90 days, they are strongly encouraged to take part in LFD testing on-site through ATS or at home once they have completed their isolation period for their prior infection. (DfE daily update 02/01/22) <p><input type="checkbox"/> The above guidance also applies to children and young people who usually attend an education or childcare setting including those under 5 years (with LFD testing at parental or guardian discretion). If both these test results are negative, and the child does not have a high temperature, they may end their self-isolation after the second negative test result and return to school from day 6.</p> | <p>Anyone with coronavirus (Covid-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital unless advised to do so.</p> <p>Cumbrian Schools: If we have a positive case of coronavirus in school (adults or pupils) we will report this using the CCC Public Health online reporting system or the 'Positive Covid-19 case notification/outbreak assessment form' via email to: EducationIPC@cumbria.gov.uk (inbox monitored by CCC Public Health team Monday to Friday). Any queries about Covid-19 can be emailed to the same address. The CCC Coronavirus helpline was taken out of use from 01/09/21.</p> <p>An isolation room is available and information shared with all staff (small counselling room at Key Stage 2). Full PPE is available within the room and it has a window for ventilation. It also has a rear exit/entry and a toilet. Full clean down will be performed following use by symptomatic person.</p> <p>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).</p> <p>Non Cumbrian Schools/any school: Contact the DfE Helpline: 0800 046 8687 & select Option 1 for advice on the action to take in response to a positive case. If, following triage, further expert advice is required the adviser will escalate the school's call to the local health protection team who will provide definitive advice on who must be sent home.</p> <p>Refer to: Secondary schools and colleges document sharing platform, Early years and</p> | |

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| | | <ul style="list-style-type: none"> <input type="checkbox"/> For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household. <input type="checkbox"/> If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the use of PPE in education, childcare and children's social care settings guidance. Any rooms they use should be cleaned after they have left. <input type="checkbox"/> 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. <input type="checkbox"/> We will notify Ofsted within 14 days of any confirmed cases of coronavirus (Covid-19) in the Nursery setting (either child or staff member) and if the setting is advised by Public Health to close as a result. This should be done online via tell Ofsted if you have a Covid-19 related incident. <input type="checkbox"/> * Diarrhoea, nausea and vomiting can also be symptoms of Covid-19 (although this is not common). This can sometimes make it difficult to differentiate Covid-19 infection from other common viral infections, such as Norovirus, especially when local case rates of Covid-19 are high. If an outbreak of diarrhoea and vomiting is suspected, we will follow national Public Health guidance and contact our local UK Health Security Agency (UKHSA) Health Protection team. <input type="checkbox"/> Pupils and staff should return to school as soon as isolations rules allow. <p>Asymptomatic testing</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> [ALL settings]: Staff (who have not tested positive within the last 90 days) should continue to test twice weekly at home with LFD test kits, 3-4 days apart. There is no need for primary age pupils (those in year 6 and below) to test. Testing remains voluntary but is strongly encouraged. <p>Confirmatory PCR tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> The advice for people who have a positive lateral flow device (LFD) test result has changed (11/01/22). They are no longer required to have a follow-up PCR test, and they should stay at home and self-isolate immediately. They do not need to take a PCR test if they have already taken an LFD test and the test was positive. People who have a positive LFD test result should only have a follow-up PCR test if: <ul style="list-style-type: none"> - they wish to claim the Test and Trace Support Payment – to claim the Test and Trace Support Payment, you must have tested positive for Covid-19 following a PCR test or an assisted LFD test; - they have received an email or letter from the NHS because of a health condition that means they may be suitable for new Covid-19 treatments – if this applies to them and they develop any Covid-19 symptoms, they should use the PCR test kit that was sent to them in the post for this purpose; if they have not received a PCR test kit they can arrange to have a PCR test; | <p>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</p> <p>Refer to PCR test kits for schools and further education providers. School-held PCR test kits should only be offered in the exceptional circumstance an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.</p> | |

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| | | <ul style="list-style-type: none"> - they are taking LFD tests as part of research or surveillance programmes, and the programme asks them to do so; - they have a positive day 2 LFD test after arriving in England. <p><input type="checkbox"/> If the LFD test result is positive they may go on to develop symptoms in the next few days. If they develop any of the main symptoms of Covid-19 and they are concerned, or their symptoms are worsening, they should contact 111 or speak to their GP. In an emergency dial 999.</p> <p><input type="checkbox"/> If they develop any of the main symptoms of Covid-19, they should stay at home, self-isolate immediately and seek a PCR test (as Page 2). A PCR test is not required if the individual has already taken an LFD test and the result was positive.</p> <p><input type="checkbox"/> If they have a positive LFD or PCR test result but do not have any of the main symptoms of Covid-19, they should stay at home and self-isolate as soon as they receive the results. They should do this even if they have received one or more doses of Covid-19 vaccine.</p> | | |
| An individual has been identified as a close contact of a positive Covid-19 case | High | <p>Definition of a Close Contact</p> <p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> anyone who lives in the same household as another person who has Covid-19 symptoms or has tested positive for Covid-19; <input type="checkbox"/> anyone who has had any of the following types of contact with someone who has tested positive for Covid-19: <ul style="list-style-type: none"> <input type="checkbox"/> face-to-face contact including being coughed on or having a face-to-face conversation within 1m <input type="checkbox"/> been within 1m for 1 minute or longer without face-to-face contact <input type="checkbox"/> been within 2m of someone for more than 15 minutes (either as a one-off contact, or added up together over one day) <input type="checkbox"/> A person may also be a close contact if they have travelled in the same vehicle or plane as a person who has tested positive for Covid-19. <p>Tracing close contacts and isolation</p> <p><input type="checkbox"/> As soon as we are made aware that any member of staff (and this includes all adults working in the school [paid and unpaid]) who may have been in close contact with other staff or pupils, has tested positive for Covid-19, we will consider reporting the details to the NHS Self Isolation Service Hub on 020 3743 6715 when:</p> <ul style="list-style-type: none"> - a staff member who was in close contact with the person testing positive has indicated they are not exempt from self-isolation, but the person testing positive was unable to provide that person's details to NHS Test and Trace; - it is particularly difficult for the person testing positive to identify or provide details of some members of staff they were in contact with, for example, temporary workers such as supply staff, peripatetic teachers, contractors or ancillary staff. | <p>Refer to: Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person and Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</p> <p>Additional measures in school: Children to sit in a regular seating plan in classrooms to assist with track and trace.</p> <p>Hall capacity limited. 2 x year groups eating lunch in classrooms. No assemblies in person (all virtual)</p> <p>Gatherings outside limited to two year groups mixing. More groups can be outside in a more controlled, zoned area.</p> | Med |

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| | | <ul style="list-style-type: none"> <input type="checkbox"/> Where we have a pupil who tests positive, we will also report the details of any staff (paid and unpaid) who have been close contacts of the positive case to the NHS Self Isolation Service Hub as above. <input type="checkbox"/> This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate if necessary. <input type="checkbox"/> [Cumbrian Schools]: In addition to the above, we will complete a 'Positive Covid-19 case notification/outbreak assessment form' and submit it to the County Council Public Health Team via EducationIPC@cumbria.gov.uk. <input type="checkbox"/> [Cumbrian Schools]: In addition to the above, we will report the case via the CCC Public Health online system or complete a 'Positive Covid-19 case notification/outbreak assessment form' and submit it to the County Council Public Health Team via EducationIPC@cumbria.gov.uk. <input type="checkbox"/> Close contacts in schools are now identified by NHS Test and Trace and we are no longer expected to undertake contact tracing. <input type="checkbox"/> 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 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. <input type="checkbox"/> From Tuesday 14/12/21, adults who are fully vaccinated and all children and young people aged between 5 and 18 years identified as a contact of someone with Covid-19 (regardless of the variant) are strongly advised to take an NHS rapid lateral flow test every day for 7 days before they leave the household and continue to attend their setting as normal, unless they have a positive LFD test result. <ul style="list-style-type: none"> - Household contact – 7 consecutive days or until the household member who has Covid-19 reaches the end of their self-isolation period if this is earlier. - Non-household contact – 7 consecutive days or until 10 days after their last contact with the person who tested positive if this is earlier. <input type="checkbox"/> Daily testing of close contacts applies to all contacts who are: <ul style="list-style-type: none"> - fully vaccinated adults – people are fully vaccinated 14 days after having received the 2nd dose of an approved vaccine or one dose of the single-dose Janssen vaccine; - those aged under 18 years old; - people who are not able to get vaccinated for medical reasons; - people taking part, or have taken part, in an approved clinical trial for a Covid-19 vaccine. <input type="checkbox"/> Under 5s are exempt from self-isolation and do not need to take part in daily rapid lateral flow testing. (See advice below for Cumbrian Schools in relation to under 5's). <input type="checkbox"/> Anyone whose rapid LFD test comes back positive should self-isolate immediately (there is no need to book a confirmatory PCR test). Anyone who develops Covid-19 symptoms should self-isolate immediately and book a PCR test (unless they have already had a positive LFD test as above). If the PCR result comes back positive, contacts must self-isolate for 10 full days from the day they took the positive PCR test or developed symptoms (<i>see Page 3 for 'Leaving Isolation Early'</i>). They do not | <p>Staff advised to wear face coverings in communal areas of the school until 10 days after last positive case. Staff working in close proximity to children should wear face covering (visor) if their personal risk assessment states. Staff can also choose to wear a visor.</p> | |

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| | | <p>need to continue taking rapid tests during that 10 day isolation period. If the PCR result comes back negative, contacts can leave self-isolation but should continue to take rapid tests for the remainder of the 7 days.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Daily LFD testing is not mandatory; only strongly advised. If individuals are eligible for daily LFD testing but cannot access test kits or do not want to do it, they will not be required to self-isolate instead. <input type="checkbox"/> Adults who are fully vaccinated and children between the ages of 5 and 18 years who are currently isolating due to being a contact of someone that has tested positive for the Omicron variant, will be able to switch over to the daily testing instead. <input type="checkbox"/> Anyone identified as a contact with a negative rapid lateral flow result is strongly advised to limit close contact with other people outside their household by following Coronavirus: how to stay safe and help prevent the spread. They will be encouraged to follow keeping yourself and others safe by: <ul style="list-style-type: none"> - limiting close contact with other people outside their household, especially in enclosed spaces; - wearing a face covering in enclosed spaces and where they are unable to maintain social distancing unless exempt; - limiting contact with anyone who is clinically extremely vulnerable; - continuing to practice good hand/respiratory hygiene; - taking part in twice weekly LFD testing. <input type="checkbox"/> Pupils with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing including, where appropriate, additional support to assist swabbing. For further information please see SEND guidance. <input type="checkbox"/> There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore advised to take lateral flow tests every day for 7 days. (See advice below for Cumbrian Schools in relation to primary school pupils). <input type="checkbox"/> Unvaccinated adults (those over 18 years) are not eligible for this new daily testing policy, they must isolate immediately seek a PCR test and self-isolate for 10 days if they are a contact of someone who tests positive for Covid-19 (regardless of the variant). <input type="checkbox"/> People will be contacted by NHS Test and Trace by phone, email or text or they will receive a notification from the NHS Covid-19 app to tell them they are a contact of someone who tested positive and what action they need to take. <input type="checkbox"/> They will be advised to get a box of 7 lateral flow tests free of charge from NHS Test and Trace either through pharmacies, schools or home delivery by ordering online. People are encouraged to use the tests they already have at home before ordering more. People should take these tests from the day they are notified as being a contact and report their results to NHS Test and Trace or by calling 119. <input type="checkbox"/> If any individual tests positive with a PCR and are not able to 'test-to-release' because they do not have access to an LFD test kit, they should continue to isolate until the end of the period, or until they are able to LFD test negative for 2 days in a row if earlier. | <p>Cumbria Public Health have developed a range of letter templates depending on whether or not there is an outbreak (with the recommendations different if we have met outbreak threshold).</p> <p>Refer to KAHSC model Outbreak Management Plan for details on thresholds requiring additional control measures.</p> <p>Further actions for educational settings may be advised by a local Incident Management Team (IMT) investigating a suspected or confirmed case of the Omicron variant of Covid-19.</p> <p>Refer to: Use of the NHS COVID-19 app in schools and FE colleges</p> | |

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| | | <ul style="list-style-type: none"> <input type="checkbox"/> If they develop symptoms at any time, even if these are mild, they must self-isolate immediately, arrange to have a PCR test (unless they have already had a positive LFD test as above) and follow the guidance for people with COVID-19 symptoms. <input type="checkbox"/> 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. <input type="checkbox"/> Those who are contacted by NHS Test and Trace as contacts/household contacts and are still legally required to self-isolate i.e. those over 18 years who have not been fully vaccinated (unless unable to get vaccinated for medical reasons), must self-isolate for 10 days from the day after contact with the individual who tested positive. <input type="checkbox"/> 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. <input type="checkbox"/> Local outbreak threshold levels as determined by the contingency framework at which point we may, in consultation with the DsPH, invoke our Outbreak Management Plan are: <ul style="list-style-type: none"> - 5 children, pupils or staff, who are likely to have mixed closely, test positive for Covid-19 within a 10-day period; or - 10% of children, pupils or staff who are likely to have mixed closely test positive for Covid-19 within a 10-day period. <input type="checkbox"/> For special schools and settings that operate with 20 or fewer children, pupils, and staff at any one time: <ul style="list-style-type: none"> - 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for Covid-19 within a 10-day period. <p><i>[Cumbrian EYFS, Primary, Infant & Junior Schools ONLY]: Additional Covid-19 control measures agreed for Primary, Infant & Junior schools and early years settings in Cumbria</i></p> <p>Cumbria's Director of Public Health and education leaders have agreed the following local additional advice measures to continue to be implemented from January 2022 in Primary, Infant & Junior schools and early years settings. Note: From January 2022, Secondary Schools should revert back to the National Guidance above).</p> <p><i>Children in Early Years Settings (aged under 5 years)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents of children under the age of 5 who are household contacts of a Covid-19 positive case regardless of the variant should be advised to keep them at home for 5 days, starting from the onset of symptoms in the household contact who has tested positive (or test date if the positive case had no symptoms). They should only have a PCR test if they develop symptoms of Covid-19. <input type="checkbox"/> Children under the age of 5 who are close contacts of a positive case that they do not live with should follow the national guidance above – they are not required to isolate or take part in daily LFD testing. <p><i>Children in primary, infant and junior schools (aged 5 years and above)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents should be asked to keep <i>household close contact</i> children at home for 5 days after the symptoms began in the household contact who tested positive (or test date if the positive case had | | |

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| | | <p>no symptoms), and then seek a PCR test on day 5. If the PCR is negative, they can return to school, but should isolate again immediately and get another PCR test if they develop symptoms of Covid-19 later;</p> <p>OR, as a local alternative</p> <ul style="list-style-type: none"> <input type="checkbox"/> They can continue to attend school and LFD test daily for 7 consecutive days. If they test negative on their LFD tests, they can continue to attend their school or setting and do not need to self-isolate. Anyone who receives a positive LFD test result, or who develops Covid-19 symptoms, should immediately self-isolate and take a PCR test. <input type="checkbox"/> Where pupils are a <i>close contact of a positive case they do not live with i.e. from within the school or setting</i>, they should be advised to LFD test daily for 7 consecutive days and follow the national guidance if a positive result is returned as outlined above. <p>In-setting transmission: strengthening control measures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refer to 'Stepping measures up and down' <p>NHS Test and Trace App</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Our approach to this app can be found in our Online Safety Policy which makes clear that use of the NHS Covid-19 app is a limited exception to our normal policy on mobile phones being off and Bluetooth being disabled. There are circumstances where we will advise staff to disable the app during school time such as where the phone is not on the person and/or stored in a locker during the school day. <input type="checkbox"/> Refer also to 'Lettings' below. <p>Mandatory certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schools are not required to use the NHS Covid Pass, unless we are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds (over 500 attendees). <input type="checkbox"/> Where applicable, we will follow guidance on mandatory certification for events. <input type="checkbox"/> Under 18s are exempt from showing their Covid Status but should be counted towards attendance thresholds. <input type="checkbox"/> We will not use the NHS Covid Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training. | | |
| Clinically vulnerable or extremely clinically vulnerable persons returning to school | High | <p>Pupils</p> <p><i>Clinically extremely vulnerable (CEV)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Children and young people previously considered CEV should attend school and should follow the same guidance as the rest of the population. In some circumstances, a child or young person may | Refer to RCPCH: COVID-19 guidance on CEV children & young people and DFE: Supporting pupils at school with medical conditions | Med |

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| | | <p>have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will provide remote education to pupils who are following specific clinical advice. <input type="checkbox"/> Whilst attendance is mandatory, we will work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions will have a collaborative approach, focusing on the welfare of the child and responding to the concerns of the parent, carer or young person. <p>Immunisation</p> <ul style="list-style-type: none"> <input type="checkbox"/> As normal, we will engage with our local immunisation providers to provide routine immunisation programmes on site, ensuring these will be delivered in keeping with the school's control measures. <p>School workforce</p> <ul style="list-style-type: none"> <input type="checkbox"/> From 13/12/21, office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education, should continue to go to their place of work. <input type="checkbox"/> School leaders are best placed to determine the workforce required to meet the needs of their pupils. We will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education. <input type="checkbox"/> Following expert clinical advice and the successful rollout of the Covid-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread. <input type="checkbox"/> In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. <input type="checkbox"/> Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have. <input type="checkbox"/> For home working, we will consider whether home working is appropriate for workers facing mental or physical health difficulties, or those with a particularly challenging home working environment. We will discuss concerns with staff. <p>Staff who are pregnant</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> We will follow the Royal College of Obstetricians and Gynaecology (RCOG) guidance and continue to monitor for future updates to it. <p>Women less than 28 weeks pregnant with no underlying health conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will conduct a workplace risk assessment with each person and occupational health team. <input type="checkbox"/> 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 | <p>CV/CEV staff managed in line with specific and individual circumstances using the individual risk assessments. External advice from GPs/OCC Health etc taken on a case by case basis when appropriate.</p> <p>Regular meetings held with CV/CEV staff to ensure all reasonable steps are being taken to implement measures.</p> <p>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)</p> <p>External advice from GPs/OCC Health etc taken on a case by case basis when appropriate.</p> <p>See also Coronavirus (COVID-19): advice for pregnant employees, RCOG: Coronavirus (COVID-19) infection & pregnancy and COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding</p> <p>Where necessary, we will provide equipment for people to work at home safely and effectively and guidance on how to work safely at home – refer to the ACAS Home Working Guide, ACAS Example checklist for setting up homeworking and the HSE: protect home workers</p> | |

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| | | <p>alternative work or working arrangements (including working from home) or be suspended on normal pay.</p> <p><input type="checkbox"/> We will support each person with appropriate risk mitigation in line with recommendations to staff arising from workplace risk assessment.</p> <p>Women who are 28 weeks pregnant and beyond or with underlying health conditions:</p> <p><input type="checkbox"/> Women 28 weeks pregnant and beyond or are pregnant and have an underlying health condition should take a more precautionary approach.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> We will consider how to redeploy these staff and how to maximise the potential for homeworking, wherever possible.</p> <p><input type="checkbox"/> Where adjustments to the work environment and role are not possible and alternative work cannot be found, such persons will be suspended on paid leave.</p> <p>Staff who may otherwise be at increased risk from coronavirus</p> <p><input type="checkbox"/> Some people may be at comparatively increased risk from coronavirus (Covid-19). Staff who feel they may be at increased risk but who have not been identified as CEV can return to school. We will review their individual risk assessments with them (as above).</p> <p>Vaccination</p> <p><input type="checkbox"/> We will continue to recommend/encourage all school staff and eligible pupils take up the offer of a Covid-19 vaccine.</p> | <p>Refer to Schools and COVID-19: guidance for BAME staff and their employers and NHS: information available on who is at higher risk from coronavirus</p> | |
| Inadequate hand and respiratory hygiene leading to spread of Covid-19 virus | High | <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Toilets will be cleaned regularly and pupils encouraged to clean their hands thoroughly after using the toilet.</p> | <p>We have built these routines into school culture, supported by behaviour expectations. Regular reminders will be given to children via teaching sessions.</p> <p>Alcohol-based hand gels should not be used in science labs or D&T & Food workshops/lessons. Schools should not make their own gels. Instead of gels, use skin-friendly cleaning wipes that claim to kill 99.99% of bacteria and viruses & are non-alcohol based.</p> <p>From 11am – 1pm, toilets/wash basins across the school will receive an additional wipe down clean.</p> | Med |

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| | | <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Used tissues will be put in a bin immediately - all waste bins to be lined (they do NOT need to be double lined) and should be lidded and foot operated where possible and emptied regularly. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Where it is necessary for first aid to be administered in close proximity, treating any casualty properly should be the first concern. Those administering it should pay particular attention to sanitation measures immediately afterwards, including washing hands. | <p>We will ensure there are enough tissues and bins available to support pupils and staff to follow the 'Catch it, bin it, kill it' routine</p> <p>The e-Bug coronavirus (COVID-19) website contains free resources for schools, including materials to encourage good hand and respiratory hygiene</p> <p>Refer to HSE: First aid during Covid-19</p> | |
| Inadequate ventilation leading to spread of Covid-19 virus | High | <ul style="list-style-type: none"> <input type="checkbox"/> When school is in operation, it is important to ensure the building is well ventilated and a comfortable teaching environment is maintained. We will identify any poorly ventilated spaces as part of our risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, e.g. school plays. The British Occupational Hygiene Society (BOHS) has developed a simple tool for assessing general ventilation and Covid-19 transmission: Ventilation Tool – Breathe Freely. This can be achieved by a variety of measures including: <ul style="list-style-type: none"> - Increasing natural ventilation – opening external windows and, in addition, opening internal doors can also assist with creating a throughput of air – with regard 'fire doors' refer to 'Fire Emergencies' on Page 26 and November 2021 Cumbria County Council Guidance Improving ventilation during COVID-19; - if necessary external opening doors may also be used (where safe to do so). - Mechanical ventilation systems – continue using most types of mechanical ventilation as normal and set them to fresh air intake and switch off recirculating air modes; - switch ventilation on at nominal speed at least 2 hours before, and at lower speed 2 hours after people use work areas; - at nights and weekends, do not switch ventilation off but keep systems running at a lower speed; - ensure mechanical systems/ducts/heat recovery equipment are inspected, maintained, filters replaced, defects addressed, and regularly cleaned in line with manufacturers' instructions; - toilets with mechanical extraction – keep doors closed and extraction operating as normal 24/7. - Recirculating air - Mechanical systems supplying individual rooms should be allowed to operate with recirculation modes switched to supply 100% outdoor air where possible; - For centralised ventilation system that circulates air to different rooms, it is recommended that recirculation is turned off and fresh air supply used; - recirculation units for heating and cooling that do not draw in a supply of fresh air can remain in operation provided there is a supply of outdoor air, e.g. windows and doors left open. | <p>Rooms without external windows (e.g. computer room) use the air purifier whilst in use. All other rooms should have windows open when in use.</p> <p>All staff regularly reminded to fully refresh air when room not in use and it is safe to do so.</p> <p>Refer to the HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic, HSE Video: Covid-19 ventilation & air conditioning, CIBSE coronavirus (COVID-19) advice and CCC Improving ventilation during COVID-19</p> <p>School is now using carbon dioxide monitors to quickly identify where ventilation may need to be improved. The programme will provide sufficient monitors to take readings from across indoor spaces, providing reassurance that existing ventilation measures are working, and helping balance the need for good ventilation with keeping classrooms warm. A trial of air purifiers is also underway. Information on how and where to install monitors once delivered is available from the DfE portal.</p> | Med |

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| | | <ul style="list-style-type: none"> - Fans and air cleaning units - in collective spaces, i.e. when several people are present in the space, the use of fans for air circulation/cooling is not advised, particularly in small volume, closed or partially open spaces with minimal outside air exchange; - desk or ceiling fans should only be used provided the area is well ventilated; - the use of fans is advised where there is only one person in a room; - if fans are used, you must take steps to minimise air from fans blowing from one person directly at another to reduce the potential spread of any airborne viruses. <p><input type="checkbox"/> To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate:</p> <ul style="list-style-type: none"> - opening high level windows in preference to low level to reduce draughts; - increasing the ventilation while spaces are unoccupied (e.g. 10 – 15 minutes before a classroom is occupied, between classes, during break and lunch, when a room is unused); - opening windows for short bursts of 10 – 15 minutes every hour throughout the day or leaving windows open a small amount (approx. 3cm) continuously; - providing flexibility to allow additional, suitable indoor clothing; - rearranging furniture where possible to avoid direct drafts; - setting the heating to maintain a comfortable temperature even when windows and doors are open. | | |
| Inadequate personal protection & PPE & spread of Covid-19 virus | High | <p>PPE</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Most staff will not require PPE beyond what they would normally need for their work.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Additional PPE is only needed in a very small number of scenarios, including:</p> <ul style="list-style-type: none"> - where an individual child or young person becomes ill with coronavirus (Covid-19) symptoms and only then if close contact is necessary; - when performing aerosol generating procedures (AGPs). <p><input type="checkbox"/> Depending on how close you need be to an individual with Covid-19 symptoms you may need the following PPE:</p> <ul style="list-style-type: none"> - fluid-resistant surgical face masks (also known as Type IIR) - disposable gloves - disposable plastic aprons - eye protection (for example, a face visor or goggles) <p><input type="checkbox"/> How much PPE you need to wear when caring for someone with symptoms of Covid-19 depends on how much contact you have:</p> <ul style="list-style-type: none"> - 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. | <p>Refer to: Use of PPE in education, childcare and children's social care settings including AGPs</p> <p>Ensure adequate bins (lidded and foot operated where possible) and tissues are made available. Ensure school has a stock of rubber gloves and if needed, disposable gloves/aprons/facemasks.</p> <p>PPE readily available in the appropriate locations. Stocks of all PPE held.</p> | Med |

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| | | <ul style="list-style-type: none"> - 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. <p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"> - a FFP2/3 respirator (which must be fit-tested) - gloves - a long-sleeved fluid repellent gown - eye protection <p><input type="checkbox"/> When changing children, and where the child can understand, ask the child to turn their head to the side during the changing process.</p> <p>Face Coverings</p> <p>[Settings with pupils in Year 7 & above]:</p> <p><input type="checkbox"/> Where pupils in year 7 (which would be children who were aged 11 on 31/08/21) and above are educated, face coverings should be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure.</p> <p><input type="checkbox"/> Pupils must also wear a face covering when travelling on public transport and should wear a face covering on dedicated transport to and from school unless exempt.</p> <p><input type="checkbox"/> It is not advised that pupils and staff wear face coverings in classrooms.</p> <p>[Primary Schools]:</p> <p><input type="checkbox"/> Face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas.</p> <p><input type="checkbox"/> Children in primary schools should not be asked to wear face coverings.</p> <p>[All settings]:</p> <p><input type="checkbox"/> We will ensure that key contractors are aware of the school's control measures and ways of working.</p> <p><input type="checkbox"/> Transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of Covid-19, however, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.</p> <p><input type="checkbox"/> 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</p> | <p>Refer to HSE Face Fit Testing Guidance</p> <p>A displayed poster which the children can describe may assist with this.</p> <p>Refer to: face coverings including when to wear one, exemptions and how to make your own</p> <p>Ensure there is a small supply of face coverings available in school</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p> <p>The re-introduction of face-coverings is identified in our contingency framework and may be advised at any point.</p> | |

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| | | <p>covering. They will only be used after carrying out a risk assessment for the specific situation and will always be cleaned appropriately.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> No pupil or student will be denied education on the grounds of whether they are, or are not, wearing a face covering. <input type="checkbox"/> Children under the age of 3 should not wear face coverings. <input type="checkbox"/> Face coverings do not need to be worn when outdoors. <p>Safe wearing and removal of face coverings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our Outbreak Management Plan already covers a process for when face coverings are worn within the school and how they should be removed. We will communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND. <input type="checkbox"/> When wearing a face covering, staff, visitors and pupils should: <ul style="list-style-type: none"> - wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on; - avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus; - change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose; - avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination. <input type="checkbox"/> When removing a face covering, staff, visitors and pupils should: <ul style="list-style-type: none"> - wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing; - only handle the straps, ties or clips; - not give it to someone else to use; - if single-use, dispose of it carefully in a household waste bin and do not recycle; - once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them; - if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric; - wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed. <p>Omicron Covid Variant and Plan B</p> <ul style="list-style-type: none"> <input type="checkbox"/> The government has announced that England will move to Plan B in response to the risks of the Omicron variant. From Friday 10/12/21 the public, and staff in public facing areas, are required to wear face coverings in many additional settings (unless exempt). | | |

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| Inadequate cleaning measures leading to spread of Covid-19 virus | High | <p>Cleaning non-healthcare settings where no-one has symptoms of, or confirmed Covid-19</p> <p><i>Cleaning and disinfection</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> We will reduce clutter and remove difficult to clean items to make cleaning easier. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used. <p><i>Kitchens and communal canteens</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Crockery and eating utensils should not be shared. <input type="checkbox"/> Clean frequently touched surfaces regularly. <input type="checkbox"/> Catering staff will continue to follow the Food Standard Agency's (FSA) guidance on good hygiene practices in food preparation, Hazard Analysis and Critical Control Point (HACCP) processes, and preventative practices (pre-requisite programmes (PRPs)). <p><i>Bathrooms</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean frequently touched surfaces regularly. <input type="checkbox"/> Ensure suitable hand washing facilities are available including running water, liquid soap and paper towels or hand driers. <input type="checkbox"/> Where cloth towels are used, these should be for individual use and laundered in accordance with washing instructions. <p><i>Waste</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Waste does not need to be segregated unless an individual in the setting shows symptoms of or tests positive for Covid-19 (see below). <input type="checkbox"/> Dispose of routine waste as normal, placing any used cloths or wipes in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away. <p>Cleaning after an individual with symptoms of, or confirmed Covid-19 has left the setting or area</p> <p><i>Personal protective equipment (PPE)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Wash hands with soap and water for 20 seconds after all PPE has been removed. | <p>Refer to PHE COVID-19: cleaning of non-healthcare settings outside the home</p> <p>Full stock of cleaning products held.</p> <p>All staff advised to wipe down frequently touched surfaces at the mid-day point. Regular reminders given and full access to the risk assessment at all times.</p> <p>All areas cleaned by Orian at end of day.</p> <p>Staff also advised to wipe down any areas following use if a new group will be using it afterwards.</p> <p>Bathrooms cleaned twice per day.</p> <p>Refer to Coronavirus (Covid-19): Disposing of waste</p> | Med |

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| | | <p><i>Cleaning and disinfection</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction. Use one of the options below: <ul style="list-style-type: none"> - a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.); or - a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants; or - if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses. <input type="checkbox"/> Avoid mixing cleaning products together as this can create toxic fumes. <input type="checkbox"/> Avoid creating splashes and spray when cleaning. <input type="checkbox"/> Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. <input type="checkbox"/> When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. <p><i>Laundry</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. <input type="checkbox"/> Dirty laundry that has been in contact with an unwell person can be washed with other people's items. <input type="checkbox"/> To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to washing. <input type="checkbox"/> Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above. <p><i>Waste</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal waste from individuals with symptoms of Covid-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues): <ul style="list-style-type: none"> - should be put in a plastic rubbish bag and tied when full - the plastic bag should then be placed in a second bin bag and tied - this should be put in a suitable and secure place and marked for storage until the individual's test results are known | <p>Refer to COVID-19: personal protective equipment use for non-aerosol generating procedures</p> | |

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| | | <input type="checkbox"/> 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. <input type="checkbox"/> If the individual tests negative, this can be disposed of immediately with the normal waste. <input type="checkbox"/> If Covid-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste. <input type="checkbox"/> If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must: <ul style="list-style-type: none"> - 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. <input type="checkbox"/> Other household waste can be disposed of as normal. <input type="checkbox"/> 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 | <input type="checkbox"/> We will continue to have regard to statutory guidance Keeping Children Safe in Education . <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> The DSL (and deputies) will be provided with adequate time to help provide support to staff and children regarding any new safeguarding and welfare concerns and the handling of referrals to children's social care and other agencies where these are appropriate. <input type="checkbox"/> The DSL will be best placed to co-ordinate multi-agency working within a school, including communication with school nurses. | Full training given on all updates to child protection policy and procedures in September INSET day. Wide safeguarding team – all highly trained and up to date. Culture of vigilance and support evident. | Low |
| Inappropriate arrangements for opening the school to pupil groups | High | Mixing and 'bubbles' <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. | We have contingency plans to re-introduce bubbles. No gathering (assemblies & lunch) in school will involve more than two year groups. | Med |

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| | | <p><input type="checkbox"/> Any decision to recommend the reintroduction of ‘bubbles’ will not be taken lightly and will need to take account of the detrimental impact they can have on the delivery of education.</p> <p>School meals</p> <p><input type="checkbox"/> We will continue to provide meal options for all pupils who are in school. Meals will be available free of charge to all infant pupils and pupils who are eligible for benefits-related free school meals who are in school. Meals served should meet the school food standards, and where possible a hot meal should be available.</p> <p><input type="checkbox"/> We will also continue to provide free school meal support to pupils who are eligible for benefits related free school meals and who are learning from home during term time by providing good quality lunch parcels or vouchers.</p> <p>Transport</p> <p><u>Dedicated school transport, including statutory provision and the use of school minibuses</u></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Maximising distancing and minimising mixing are no longer recommended, but unnecessary risks such as overcrowding will be minimised.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> We will continue to ensure frequent and thorough hand cleaning with soap and running water or hand sanitiser.</p> <p><input type="checkbox"/> The ‘catch it, bin it, kill it’ approach continues to be very important.</p> <p><input type="checkbox"/> Fresh air (from outside the vehicle) through ventilation will be maximised, particularly through opening windows and ceiling vents.</p> <p><input type="checkbox"/> We will put in place and maintain an appropriate cleaning schedule with a particular focus on frequently touched surfaces.</p> <p><u>Wider public transport</u></p> <p><input type="checkbox"/> We will continue to encourage children, parents, carers and staff to walk, cycle or scoot to and from the setting, wherever it is possible and safe to do so. Where children, parents, carers and staff need to use public transport, they should follow the Coronavirus (COVID-19): safer travel guidance for passengers.</p> <p><input type="checkbox"/> 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.</p> <p>Other considerations</p> | <p>Any gathering will ensure that class groups stay together and will only occur when ventilation is possible.</p> <p>Refer to: Providing school meals during the coronavirus (COVID-19) outbreak & KAHSC model Delivering Lunch Parcels Risk Assessment</p> <p>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</p> | |

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| | | <input type="checkbox"/> 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. [EYFS] Supervised toothbrushing programmes <input type="checkbox"/> Supervised toothbrushing programmes may be undertaken using the dry brushing method. <input type="checkbox"/> The wet brushing model is not recommended because it is considered more likely to risk droplet and contact transmission and offers no additional benefit to oral health over dry toothbrushing. | <p>Refer to COVID-19: guidance for supervised toothbrushing programmes in early years & school settings</p> | |
| Inappropriate arrangements for managing the curriculum | High | Physical Education, School Sport and Physical Activity (PESSPA) <input type="checkbox"/> All sports provision, including competition between settings can be planned and delivered whilst following the measures in our system of controls. <input type="checkbox"/> We will follow the guidance contained in Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators . <input type="checkbox"/> If delivering sporting or other organised events, more information can be found in COVID-19: Organised events guidance . Science, Art and D&T <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> We will continue teaching music, dance and drama as part of the school curriculum. <input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> With sufficient mitigation, events should be able to go ahead unless we are experiencing an outbreak of Covid-19 in a relevant class/year group or there are local restrictions in the community following public health advice. A Risk Assessment will be completed for each event that details the safety measures to be implemented - this will be kept under review and updated accordingly if the number of active Covid-19 cases within our setting changes. Considerations when weighing the balance of benefit and risk associated with an event will include: <ul style="list-style-type: none"> - the educational, wellbeing and community benefit of the event; - the perceived importance of an event within the school and wider community; | <p>Refer to:</p> <ul style="list-style-type: none"> • Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators • Sport England • Youth Sport Trust • Association for Physical Education (AfPE) • Swim England <p>Refer to: CLEAPSS GL344 and GL343</p> <p>See outbreak management plan.</p> <p>Refer to CLEAPSS guidance for D&T: GL347, GL348, GL354, GL355, GL360, GL356 & GL362 and Science: GL336, GL338, GL339, GL345, GL352, GL353 & GL362</p> <p>Refer to Working safely during COVID-19 in events and attractions including performing arts</p> <p>Christmas productions planned in line with guidance at the time.</p> <p>National (and Cumbria Public Health guidance) remains unchanged - Educational settings can plan and hold Christmas events such as nativities, carol services and trips. There is no need to cancel events at this time as a result of national Omicron guidance issued on the 29 & 30/11/21.</p> | Med |

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| | | <ul style="list-style-type: none"> - current public health advice in our school and its locality; - the risk of any cases occurring, resulting in the need to self-isolate for pupils, staff, parents, and others; - the risk that self-isolation results in staff absence with consequential business continuity challenges and a further loss of face-to-face teaching time. <p><input type="checkbox"/> [Cumbrian Schools]: If there is a suspected or confirmed Covid-19 outbreak at our setting, we will contact the EIPC team (EducationIPC@cumbria.gov.uk), who will support us in risk assessing whether or not our event can still safely take place. If the risk assessment shows the event may cause further transmission, the public health team may advise that the event is cancelled.</p> <p><input type="checkbox"/> If the Public Health team identifies a local issue (e.g. spike in community cases, cases linked to Omicron) then they may advise that local events are cancelled. If this happens, they will contact any schools affected directly.</p> <p><input type="checkbox"/> We will ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.</p> <p>Mandatory certification</p> <p><input type="checkbox"/> Schools are not required to use the NHS Covid Pass, unless we are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds.</p> <p><input type="checkbox"/> Where applicable, we will follow guidance on mandatory certification for events.</p> <p><input type="checkbox"/> Under 18s are exempt from showing their Covid Status but should be counted towards attendance thresholds.</p> | <p>We will follow the Cumbria Education Infection Prevention Control (EIPC) team's Advice for Christmas events in educational settings in Cumbria and the KAHSC model Performances & Events During the Covid-19 Pandemic Risk Assessment</p> | |
| Inappropriate arrangements for education recovery | High | <p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"> - catch-up premium - recovery premium - tutoring (including the National Tutoring Programme and 16 to 19 tuition fund) - teacher training opportunities - curriculum resources - specialist settings - wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching <p><input type="checkbox"/> Special schools and other specialist settings should refer to the SEND additional operational guidance.</p> | <p>A full programme of catch-up and recovery is documented, published, followed and tracked.</p> <p>Full curriculum resources available to support the programme.</p> <p>SIP focusses on areas identified.</p> | Low |
| Inadequate contingency plans in place | High | <p>Stepping measures up and down</p> <p><input type="checkbox"/> Currently, early years settings, schools and colleges are advised to contact their Local Authority for advice when they reach specific thresholds described in the Contingency Framework. Local Authorities can then advise further measures that settings can take to reduce in-setting transmission of COVID-19.</p> <p><input type="checkbox"/> [Cumbrian Schools]: In order to support settings in managing outbreaks and in-setting transmission, an enhanced version of the framework has been produced for Cumbria (refer to CCC Public Health Threshold Actions). This framework aims to provide a clear range of step-up, step</p> | <p>Refer to the Contingency framework and the Outbreak Management Plan</p> | Med |

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| | | <p>down measures that settings can consider depending on the assessed severity of the COVID-19 situation being experienced.</p> <ul style="list-style-type: none"> <input type="checkbox"/> [Cumbrian Schools]: We will continue to email the Education IPC team at Cumbria County Council for advice on managing cases and outbreaks: EducationIPC@cumbria.gov.uk. <input type="checkbox"/> 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. <input type="checkbox"/> Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <p>Remote education</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Coronavirus Act 2020 Provision of Remote Education (England) Temporary Continuity (No.2) Direction applies from the start of the academic year 2021 to 2022 and extends the requirement on schools to provide remote education for state-funded pupils when they cannot attend school due to COVID-19. <input type="checkbox"/> 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. <input type="checkbox"/> 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). <input type="checkbox"/> 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. <input type="checkbox"/> The remote education provided will be equivalent in length to the core teaching pupils would receive in school. <input type="checkbox"/> We will work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education. <input type="checkbox"/> We will keep in contact with students learning from home and regularly check if they are accessing remote education. <input type="checkbox"/> Where pupils who are self-isolating are within our definition of vulnerable, we will put systems in place to keep in contact with them, particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and we will seek to support any children who we believe may have challenging circumstances at home. <input type="checkbox"/> When a vulnerable pupil is asked to self-isolate, we will: | <p>Refer to:</p> <ul style="list-style-type: none"> • Get help with remote education • Keeping children safe online • Adapting teaching practice for remote education • Review your remote education provision • Get help with technology for remote education during coronavirus (Covid-19) • Remote education good practice guide • Support for parents and carers to keep children safe online • Remote education webinars • 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 | |

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| | | <ul style="list-style-type: none"> - notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head; - agree with the social worker the best way to maintain contact and offer support. <p><input type="checkbox"/> We have procedures in place to:</p> <ul style="list-style-type: none"> - check if a vulnerable pupil is able to access remote education support - support them to access it (as far as possible) - regularly check if they are accessing remote education - keep in contact with them to check their wellbeing (including a home visit where necessary) and refer onto other services if additional support is needed. <p><input type="checkbox"/> Our Offer of Remote Education is available to all pupils/parents and is displayed on the school website.</p> <p><input type="checkbox"/> [EYFS]: We will direct parents of EYFS children to the Hungry little minds campaign, BBC: tiny happy people, National Literacy Trust's Family Zone and Help children aged 2 to 4 to learn at home during coronavirus (COVID-19).</p> | | |
| Poor or inappropriate behaviour and attendance | High | <p>Behaviour</p> <p><input type="checkbox"/> Our Behaviour policy has been communicated clearly and consistently to staff, pupils and parents, setting clear, reasonable and proportionate expectations of pupil behaviour both in school and online. We will set out clearly the consequences for poor behaviour and deliberately breaking the rules and how we will enforce those rules including any sanctions.</p> <p><input type="checkbox"/> 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 any new expectations into our rewards system.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Where a child with a social worker is at risk of exclusion, their social worker will be informed and involved in relevant conversations.</p> | <p>Refer to: Changes to the school suspension and permanent exclusion process during the coronavirus (COVID-19) outbreak</p> | Low |

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| | | <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Pre-empting that a pupil may commit a disciplinary offence, and thus not allowing a pupil to attend school, is an unlawful exclusion. <input type="checkbox"/> Any disciplinary exclusion of a pupil, even for short periods of time, must be consistent with the relevant legislation. This includes sending a pupil home for poor behaviour, whether or not remote education is provided. 'Informal' or 'unofficial' exclusions, such as sending pupils home 'to cool off' for part of the day are unlawful, regardless of whether they occur with the agreement of parents or carers. <input type="checkbox"/> We will be mindful that it is unlawful to punish a child for the actions of their parents and will consider this when applying sanctions. <p>Attendance</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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). <input type="checkbox"/> 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. <input type="checkbox"/> 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. <p>Term time holidays</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Where a parent wishes to take their child out of school for whatever reason, the onus is on them to apply for a leave of absence and demonstrate why they believe the circumstances are exceptional. Schools make decisions on granting leave of absence but will not normally do so for a holiday. <p>Travel & quarantine</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. | <p>Refer to school attendance guidance</p> | |

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| | | <ul style="list-style-type: none"> <input type="checkbox"/> On 04/10/21, the red, amber and green list rules for entering England changed to remove the amber and green lists and allow those who are fully vaccinated, and under-18s from the UK or resident in approved countries, to travel with reduced requirements on testing and without the need to quarantine. The UK recognises the following Covid-19 vaccines: Pfizer BioNTech, Oxford AstraZeneca, Moderna and Janssen (J&J). <input type="checkbox"/> Additional guidance has been issued on the quarantine arrangements for boarding school students from red list countries. <input type="checkbox"/> 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. <input type="checkbox"/> Fully Vaccinated travellers (including under 18's): <ul style="list-style-type: none"> - prove vaccination status using the NHS Covid Pass (England); - before travel to England must book and pay for a Covid-19 test (LFD or PCR) to be taken after arrival in England; - complete a passenger locator form to be completed in the 48 hours before arrival in England; - after arrival in England, take a Covid-19 test (the test booked before arrival – LFD or PCR) any time after arrival and before the end of day 2 at the latest (day of arrival is day 0); - if the test is positive, they must self-isolate. - if the LFD test is positive, take a PCR test and refer to: How to quarantine at home after international travel. <input type="checkbox"/> Not Fully Vaccinated (aged 18 and over): <ul style="list-style-type: none"> - before travel to England take a Covid-19 test in the 2 days before travel to England; - book and pay for day 2 and day 8 Covid-19 PCR tests to be taken after arrival in England; - complete a passenger locator form to be completed in the 48 hours before arrival in England; - after arrival in England, quarantine at home or in the place you are staying for 10 full days; - take the Covid-19 PCR tests (the PCR tests booked before arrival); - take the first test on or before day 2 and the second test on or after day 8 (day of arrival is day 0); - if the day 2 test is positive, self-isolate for 10 full days (the day of the test is day 0); - they do not need to take the day 8 test if the day 2 test is positive. If the day 2 test is negative, they must take the day 8 test; - if the day 8 test is positive, self-isolate for 10 full days (the day of the day 8 test is day 0); - if the day 2 test is negative, they must continue to quarantine and must take the day 8 test on or after day 8; - if the day 8 test is negative, they can stop quarantine on whichever is later: <ul style="list-style-type: none"> • day 10 – day 0 is the day of arrival in England • when they receive the day 8 test result; <input type="checkbox"/> Those who need to quarantine, may be able to end quarantine early if they pay for a private COVID-19 test through the Test to release scheme (not applicable for travel from or through red list countries). | | |
| Inadequate arrangements in place for | High | <ul style="list-style-type: none"> <input type="checkbox"/> We will continue to undertake full and thorough risk assessments in relation to all educational visits, and in particular we will consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the | Refer to the health and safety guidance on educational visits and specialist advice from the Outdoor Education Advisory Panel (OEAP) | Low |

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| managing off-site visits | | <p>need to isolate and test on arrival back into the UK, and will ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> From this term, we can go on international visits that have previously been deferred or postponed and organise new international visits for the future. We will refer to the guidance on international travel and Foreign, Commonwealth and Development Office travel advice before booking and travelling. <input type="checkbox"/> 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. <input type="checkbox"/> We will speak to either our visit provider, commercial insurance provider, or the Risk Protection Arrangement (RPA) to assess the protection available. If unsure contact organisations such as the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI) for independent advice on insurance cover and options. <p>Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational international visits.</p> | | |
| Inadequate staffing ratios, staff availability and recruitment | High | <p>Ratios and Qualifications</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will undertake an appropriate audit to ensure staffing levels are appropriate. <input type="checkbox"/> We have contingency plans in place should staff be absent as a result of Covid-19. Our possible approaches to managing a shortfall in staffing include: <input type="checkbox"/> 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. <input type="checkbox"/> Where support staff capacity is available, we will consider using this to support catch-up provision or targeted interventions. TAs may also be deployed to lead groups or cover lessons, under the direction and supervision of a qualified, or nominated, teacher. Any redeployments will not be at the expense of supporting pupils with SEND. The Head teacher will be satisfied that the person has the appropriate skills, expertise and experience to carry out the work, and discuss and agree any proposed changes in role or responsibility with the member of staff. This includes ensuring that safe ratios are met, and/or specific training undertaken, for any interventions or care for pupils with complex needs where specific training or specific ratios are required. <input type="checkbox"/> 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. <input type="checkbox"/> Where it is necessary to use supply staff, peripatetic teachers and volunteers, they will be expected to comply with our arrangements for managing and minimising risk and will be included in our communications, policies and processes for asymptomatic testing including provision of test kits where feasible. <input type="checkbox"/> 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 | <p>A daily audit of staff cover/provision is completed.</p> <p>A number of staff area available at short notice to fill short notice shortfalls.</p> <p>Refer to Early Years Foundation Stage Framework</p> | Low |

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| | | <p>remains appropriate for our work environment and the level of first aid provision necessary in high risk settings is fully maintained. We will ensure sufficient Paediatric First Aid Trained staff are available when EYFS children are present on site or on school trips.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure the contact details of the Safeguarding Hub/Early Help Team/LADO are available to all staff on duty. <input type="checkbox"/> Ensure sufficient competent staff on duty to administer or supervise the administration of medication. Wherever possible, children to self-administer, witnessed by staff. <input type="checkbox"/> [EYFS]: It remains a priority to continue providing face to face education and childcare. However, Government considers Covid-19 to be an exceptional circumstance in which the staff-to-child ratios set out in the EYFS statutory framework can temporarily be changed if necessary, e.g. to respond to Covid-related workforce absences. Refer to paragraph 3.31 in the EYFS Statutory Framework. <input type="checkbox"/> [EYFS]: In some cases, we may choose to respond to staff and child absences by temporarily mixing age groups of children who would otherwise be educated or cared for separately. Ratios will be guided by all relevant requirements and by the needs of individual children within the group. For the purposes of meeting EYFS ratio and qualification requirements, all staff educating or caring for a mixed age group of children can be considered 'available to work directly with' all the children who have been grouped together. <input type="checkbox"/> [EYFS]: In all circumstances, we remain responsible for maintaining the quality of care, safety and security of children. <p>Staff taking leave</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff will need to be available to work in school during term time. We will discuss leave arrangements with staff to inform workforce planning taking into account their individual contractual arrangements. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> [Cumbrian Schools]: Whilst it remains a decision for individual schools, 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 the following options will be discussed: <ul style="list-style-type: none"> <input type="checkbox"/> take additional paid annual leave (from their usual leave allowance); <input type="checkbox"/> take unpaid annual leave; <input type="checkbox"/> make up the leave over an agreed period of time; <input type="checkbox"/> undertake redeployment to alternative duties, which can be carried out at home, but this will be subject to service requirements and cannot be guaranteed; <input type="checkbox"/> work from home if possible. <p>Recruitment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recruitment will continue as usual. We will continue to adhere to Keeping children safe in education regarding pre-appointment checks. | <p>All staff in school have full first aid qualifications.</p> <p>The latest guidance on travel/quarantine can be accessed at: Travel abroad from England during coronavirus (COVID-19), Quarantine and testing if 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</p> | |

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| Visiting children in their own homes and contact with Covid-19 virus | High | <input type="checkbox"/> 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 | Low |
| Visitors & spread of Covid-19 virus | High | <input type="checkbox"/> We will ensure that all visitors and key contractors are aware of the school's control measures and ways of working. <input type="checkbox"/> 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. <input type="checkbox"/> We will: <ul style="list-style-type: none"> - continue to ask every visitor (over the age of 16) to 'check in' by using our inventory system; - keep a record of all staff working in school, their shift times and dates, and their contact details; - keep these records of visitors and staff for 21 days and provide this information to NHS Test and Trace, if requested. <p>Lettings</p> <input type="checkbox"/> We expect each organiser to have their own Covid-19 risk assessment in place. 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'. | <p>Where possible, visitors will be scheduled outside school core hours.</p> <p>Refer to Maintaining records to support NHS Test & Trace</p> <p>Refer to KAHSC model Letting Arrangements</p> | Med |
| Lack of wellbeing management for pupils and families | High | <input type="checkbox"/> 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. <input type="checkbox"/> We will offer pastoral support to pupils who are self-isolating, shielding or who are vulnerable. <input type="checkbox"/> We will also provide more focused pastoral support for pupils' individual issues, drawing on external support where necessary and possible. <input type="checkbox"/> 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. | <p>One to one counselling available by teacher or parent request.</p> <p>Wellbeing workshops throughout the year.</p> <p>PSHE programme has specific focus on wellbeing.</p> <p>Refer to Promoting and supporting mental health and wellbeing in schools and colleges and Mental Health and Wellbeing Resources for Teachers & Teaching Staff</p> | Low |
| Lack of wellbeing management for staff | High | <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Where work-related issues present themselves, the HSE's published Stress Management Standards will be followed. We will also review how we can support employees on broader issues, such as | <p>Consultation with staff over arrangements for opening.</p> <p>An open-door policy with senior leaders ensures that staff feel they can approach with any issues.</p> <p>Refer to extra mental health support for pupils and teachers, NHS Every Mind Matters and DfE School workload reduction toolkit</p> | Low |

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| | | bereavement support and general anxiety about the ongoing situation (e.g. by signing up for a formal Employee Assistance Programme providing confidential telephone advice and counselling). | Education Support Partnership provides a free helpline for school staff and targeted support for mental health. | |
| Inadequate communications with and training of staff | High | <input type="checkbox"/> 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. <input type="checkbox"/> We will ensure all staff are kept up to date with how safety measures are being implemented or updated. <input type="checkbox"/> 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. <input type="checkbox"/> We will promote awareness and focus on the importance of mental health at times of uncertainty (see above). | Weekly staff briefings Weekly SLT meetings | Low |
| Fire emergencies | High | <input type="checkbox"/> We will regularly review and where necessary, update the existing school Fire Risk Assessment and Fire Safety Management Policy/Evacuation Plan. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Generally, fire doors should remain closed at all times when not in use OR we will consider installing automatic door release devices connected to the fire alarm system to fire doors. However , it is accepted that increasing ventilation during the Covid-19 pandemic is a key mitigation. Whilst it is accepted that this practice will improve ventilation by increasing the air flow through the room (assuming windows are also left open), this must be balanced against the need to reduce the risk of fire spread. In line with November 2021 Cumbria County Council Guidance ' Improving ventilation during COVID-19 ', the recommendation is for classroom doors (and the doors of any other rooms) to remain open when the room is occupied . The windows of the room should also be opened, if practicable, to create a crossflow of air. However, fire doors of all unoccupied rooms should remain closed. Refer also to 'Ventilation' on Pages 10-11. <input type="checkbox"/> 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. | Fire risk assessments and plans amended following every change to operations after a review. All staff briefed on any changes. A full programme of drills produced. Refer to advice on Fire safety in new and existing school buildings | Low |
| Lack of building/ property maintenance | High | All routine external and in-house monitoring, testing and inspection will continue as normal including: <input type="checkbox"/> Routine in-house health & safety inspections; <input type="checkbox"/> External and in-house maintenance of fire safety equipment and systems; | Refer to CIBSE: emerging from lockdown and HSE: Legionella Risks during the Coronavirus Outbreak | Low |

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| | | <input type="checkbox"/> Ongoing external and in-house hot and cold water safety (legionella) monitoring, maintenance and testing; <input type="checkbox"/> In-house monitoring of asbestos containing materials; <input type="checkbox"/> External and in-house monitoring, testing and maintenance of all other systems and equipment in line with statutory requirements and manufacturer's instructions. | | |

| Further Action Required | Date Action Completed | Date RA Reviewed | Significant Changes Y/N | Shared with Staff Date or N/A |
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| <p>Settings should review and update their wider risk assessments and consider the need for relevant revised controls in respect of their conventional risk profile considering the implications of Covid-19. This risk assessment must be read and followed in conjunction with other applicable risk assessments for the setting, staff member or pupil, adapted as necessary, and:</p> <ul style="list-style-type: none"> Schools coronavirus (COVID-19) operational guidance Actions for early years and childcare providers during the COVID-19 pandemic SEND and specialist settings: additional COVID-19 operational guidance Covid-19: Actions for Out of School settings Stay at home: guidance for households with possible or confirmed Covid-19 infection Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable RCPCH: COVID-19 guidance on CEV children & young people Coronavirus: how to stay safe and help prevent the spread Coronavirus (Covid-19) Getting tested Use of the NHS COVID-19 app in schools and FE colleges Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners Safeguarding and remote education during coronavirus (COVID-19) Coronavirus (COVID-19): test kits for schools and FE providers Maintaining records of staff, customers and visitors to support NHS Test and Trace Actions for employers & providers following a COVID-19 related death of a carer or colleague across children's services Providing School Meals during the Coronavirus Outbreak COVID-19: cleaning in non-healthcare settings outside the home Coronavirus Covid-19 safer travel guidance for passengers Coronavirus Covid-19 Safer transport guidance for operators Dedicated transport to schools and colleges Covid-19 operational guidance Use of PPE in education, childcare and children's social care settings including AGPs COVID-19: personal protective equipment use for non-aerosol generating procedures HSE Face Fit Testing Guidance Face coverings: when to wear one, exemptions and how to make your own Early Years Foundation Stage Statutory Framework Get help with remote education Travel abroad from England during coronavirus (COVID-19) Promoting and supporting mental health and wellbeing in schools and colleges Schools and COVID-19: guidance for Black, Asian and minority ethnic (BAME) staff and their employers in school settings Asthma UK COVID-19: Health advice for people with asthma HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic Working safely during coronavirus (Covid-19) Contingency framework: education and childcare settings Secondary schools and colleges document sharing platform Early years and primary schools document sharing platform Rapid asymptomatic testing in specialist settings (from Step 4) COVID-19 Response - Summer 2021 | | | | |