Coronavirus (Covid-19) Pandemic – Schools Operational Risk Assessment V5



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 <u>Schools coronavirus (COVID-19) operational guidance</u>, <u>Actions for early years and childcare providers during the COVID-19</u> <u>pandemic</u>, <u>SEND and specialist settings</u>: <u>additional COVID-19 operational guidance</u> and <u>Covid-19</u>: <u>Actions for Out of School settings</u>. This marks a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As Covid-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses of the vaccine, 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 <u>contingency framework</u> 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 V5



Activity:	School Operations during Coronavirus (Covid-19) Pandemic				Location:	Fairfield Primary School		
Assessor:	C.Steele		Ref No.:	N/A		Distribution:	ALL - PUBLIC	
Date:	20 th Septeml	per 2021	Proposed	Review Date:	Monthly (or in response to changing guidance)	Signed:	C.Steele	
Individuals at Rick	guidance or so		is Black, Asia	n, Minority Ethni	c (BAME), young/ inexperienced v		ular, vulnerable children (as classified by DfE pectant mothers, anyone experiencing ill-hea	
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.							
out in the guidar <u>19 operational g</u>	ce in the sam <u>uidance</u> and <u>C</u> 9 Risk Assessi	e way. Separate guidance is also avail ovid-19: Actions for Out of School set	able for <u>Actions</u> .	ons for early year	s and childcare providers during t	he COVID-19 pan	chools are expected to follow the control me demic, <u>SEND and specialist settings: addition</u> hool commissioned) and <u>Home Visits</u> alongsi	al COVID-
Hazards & Associated Risks	Risk Rating			ol Measures we doing now?			otes/Additional Control Measures hat more do we need to explain/do?	Residual Risk
An individual develops Covid- 19 symptoms or has a positive test	High	 do. They should not come into temperature in excess of 37.8°C (anosmia) *), have had a positin due to the risk of them passing If anyone in school develops CC should follow public health adv if a child or member of sta and at least 2 more days if thereafter; if a child or member of sta home: guidance for house and must continue to selfthe following 10 full days a cough or anosmia can last isolation starts from the days till have a high temperature to normal; if a child or member of sta 	school if the C or a loss of, ve PCR test re on Covid-19 <u>VID-19 symp</u> ice and self-i ff tests negat they have he ff with symp holds with pe isolate for at and then retu for several w ay they becau ire, they show	y have <u>COVID-19</u> or change in the esult or other rea (e.g. they are rec <u>otoms</u> , however r solate and should tive, then they sh ad <u>diarrhoea or v</u> toms tests positive <u>possible or confirm</u> least from the da irm to school only veeks once the in me symptomatic uld keep self-isola	nild, we will send them home and	th, a to all on be given me * In addi to get te covid-19 to get te sympton fatigue a fator re (a PHE has tempera rns is an unr should n should n to get te sympton fatigue a cases re (a PHE has tempera is an unr should n to get te should n to get te given the sympton fatigue a cases re (a PHE has tempera is an unr should n to get te given te gi	mation related to 'what to do' is available our school website. regular reminders will to staff and parents via our Dojo channel. tion, if any staff or pupils test positive for , public health may advise us to ask pupils sted and isolate with a wider range of ns, including: headache, diarrhoea, severe nd sore throat. In Schools]: Refer to the CCC Public Health rt: managing suspected/positive Covid-19 advised that routinely taking the ture of pupils is not recommended as this eliable method for identifying Covid-19. with coronavirus (Covid-19) symptoms ot visit the GP, pharmacy, urgent care " a hospital unless advised to do so.	Med

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
		 symptoms develop during this isolation period, then they must restart the 10 day isolation from the day after symptoms developed. For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household. If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the <u>use of PPE in education</u>, childcare and children's social care settings guidance. Any rooms they use should be cleaned after they have left. The household (including any siblings and pupils in boarding schools) should follow the <u>PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection and refer to 'Close Contacts' overleaf.</u> 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. Asymptomatic testing Testing remains important in reducing the risk of transmission of infection within schools. That is why, whils to ome measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances. Staff should continue to test twice weekly at home with LFD test kits, 3-4 days apart. There is no need for primary age pupils (those in year 6 and below) to test. Testing remains voluntary but is strongly encouraged. Confirmatory PCR tests Staff and pupils with a positive LFD test result should continue to self-isolate. Whilst awaiting the PCR result, the individua	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. 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. Cumbrian Schools: Telephone the <u>Cumbria Covid- 19 Call Centre</u> 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). 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. Refer to: <u>Secondary schools and colleges</u> document sharing platform, Early years and primery schools document charing nelatform and	
			primary schools document sharing platform and Rapid asymptomatic testing in specialist settings (from Step 4) along with the KAHSC model risk	

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
			assessments for: <u>Lateral Flow Device (LFD) testing</u> in Secondary/Special Schools and <u>LFD testing in</u> primary and maintained nursery schools	
			Refer to <u>PCR test kits for schools and further</u> <u>education providers</u> . School-held PCR test kits should only be offered in the exceptional circumstance an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.	
An individual has been identified as a close contact of a positive Covid-19 case	High	 Definition of a Close Contact A contact is a person who has been close to someone who has tested positive for Covid-19. A person can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be: 	Refer to: <u>Guidance for contacts of people with</u> <u>confirmed coronavirus (COVID-19) infection who</u> <u>do not live with the person and Stay at home:</u> <u>guidance for households with possible or</u> <u>confirmed coronavirus (COVID-19) infection</u>	Med
		 anyone who lives in the same household as another person who has Covid-19 symptoms or has tested positive for Covid-19; anyone who has had any of the following types of contact with someone who has tested positive for Covid-19: 	Additional measures in school: Children to sit in a regular seating plan in classrooms to assist with track and trace.	
		 face-to-face contact including being coughed on or having a face-to-face conversation within 1m been within 1m for 1 minute or longer without face-to-face contact been within 2m of someone for more than 15 minutes (either as a one-off contact, or added up together over one day) 	Hall capacity limited. 2 x year groups eating lunch in classrooms. No assemblies in person (all virtual) Gatherings outside limited to two year groups	
		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.	mixing. More groups can be outside in a more controlled, zoned area.	
		 Tracing close contacts and isolation 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 report the details to the NHS Self Isolation Service Hub on 020 3743 6715. This will include the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts. 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. 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. 		

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		[Cumbrian Schools]: In addition to the above, we will complete a ' <u>Positive Covid-19 case</u> notification/outbreak assessment form' and submit it to the County Council Public Health Team via EducationIPC@cumbria.gov.uk.		
		Close contacts in schools are now identified by NHS Test and Trace and we are no longer expected		
		<mark>to undertake contact tracing.</mark> Individuals are not required to self-isolate if they live in the same household as someone with Covid-19, or are a close contact of someone with Covid-19, and any of the following apply:		
		they are fully vaccinated (vaccinated with an MHRA approved Covid-19 vaccine in the UK, and at least 14 days have passed since they received the recommended doses of that vaccine);		
		they are below the age of 18 years 6 months; they have taken part in or are currently part of an approved Covid-19 vaccine trial; they are not able to get vaccinated for medical reasons.		
		NHS Test and Trace will contact them to let them know that they have been identified as a contact and check whether they are legally required to self-isolate. If they are not legally required to self- isolate, they will be provided with advice on testing and given guidance on preventing the spread of Covid-19. Even if they do not have symptoms, they will be advised to have a <u>PCR test</u> as soon as possible. We will encourage all individuals to take a PCR test if advised to do so. There is no requirement to self-isolate while awaiting PCR test results and so individuals can attend the setting as usual. <i>Children aged 4 and under will not be advised to take a test unless the positive case was someone in their own household.</i>		
		They should not arrange to have a PCR test if they have previously received a positive PCR test result in the last 90 days, unless they develop any new symptoms of Covid-19, as it is possible for PCR tests to remain positive for some time after Covid-19 infection.		
		Staff/other adults who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.		
		If they develop symptoms at any time, even if these are mild, they must self-isolate immediately, arrange to have a PCR test and follow the <u>guidance for people with COVID-19 symptoms</u> . Even if they are vaccinated, they can still be infected with Covid-19 and pass it on to others. If they are identified as a contact of someone with Covid-19 but are not required to self-isolate, they can help protect others when not at work/school by following <u>Coronavirus: how to stay safe and help prevent the spread</u> . As well as getting a PCR test, they will be encouraged to follow <u>keeping yourself and others safe</u> by:	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.	
		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 <u>exempt</u> ;		
		limiting contact with anyone who is clinically extremely vulnerable; continuing to practice good hand/respiratory hygiene;		

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
		 taking part in twice weekly LFD testing. This advice applies until 10 days after their most recent contact with the person who has tested positive for Covid-19 or while any person in their household with Covid-19 is self-isolating. 18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact (as below). Those who are contacted by NHS Test and Trace as contacts/household contacts and are still legally required to self-isolate i.e. those over 18 years and 6 months who have not been fully vaccinated (unless unable to get vaccinated for medical reasons), must self-isolate for 10 days from the day after contact with the individual who tested positive. We will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in our setting or if central government offers our area an enhanced response package, a director of public health might advise us to temporarily reintroduce some control measures. 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: 5 children, pupils or staff who are likely to have mixed closely, test positive for Covid-19 within a 10-day period. For special schools and settings that operate with 20 or fewer children, pupils, and staff at any one time: 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. fourbring Schools]: Additional Covid-19 control measures agreed for schools and early year settings in Cumbria from 1	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). Refer to KAHSC model <u>Outbreak Management Plan</u> for details on thresholds requiring additional control measures. Refer to: <u>Use of the NHS COVID-19 app in schools</u> <u>and FE colleges</u>	
		 Children & young people between the ages of 5 and 18 years + 6 months Children and young people between the ages of 5 and 18+6 months (unless exempt – see below), who are household contacts of a positive case, should be advised to stay at home. 5 days following 		

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
		the onset of symptoms in the household contact who has tested positive (or test date if the positive case had no symptoms), the close contact child should get a PCR test.		
		 If this is negative, they can return to the setting, but should isolate again immediately and get another test if they develop symptoms of Covid-19 at a later date. If the 5-day PCR test result is positive (even if the child is asymptomatic), they should follow the advice for people with Covid-19 to self-isolate for a further full 10 days from the date of the positive PCR. This means that their total isolation period will be longer than 10 days. 		
		Children and young people can be released from the 5 day self-isolation period and can continue to attend the setting while they are waiting for their PCR test (on the 5 th day) if they conduct daily Lateral Flow tests, and these remain negative. If they develop symptoms of Covid-19, or receive a positive Lateral Flow test result, they should immediately isolate and get a PCR test. This approach is likely to be the norm for secondary school pupils, but it is also an option for primary school pupils if the parents/carers and school are in agreement.		
		Exemptions		
		The groups exempt from this advice and able to continue to attend the setting when identified as a close contact of a positive case are:		
		 Any child or young person who has had at least one dose of the vaccine more than 14 days ago; Any child or young person who has tested positive for Covid-19 themselves via a PCR test within the past 90 days; Where there are significant concerns about the impact of exclusion on the child or young person, and a risk assessment indicates that the risks of exclusion to the individual child outweigh the wider benefits. 		
		 Any parents or carers who still want their child to continue to attend school have the right to send their child into the setting. In these situations, we strongly advise the child or young person identified as a household close contact to get a PCR test before attending the setting. Anyone who develops symptoms of Covid-19 should get a PCR test and stay at home until the result is known. Individuals informed by Test & Trace to isolate should stay at home for the time advised. 		
		In-setting transmission: strengthening control measures		
		Refer to 'Stepping measures up and down' on Page 20.		
		 Close contacts (non-household) – Isolation whilst awaiting PCR test results If we have children or staff within the setting getting a PCR test because they have been identified as a close contact of a positive case (who they DO NOT live with) they do not need to isolate whilst waiting for the test result (unless they have symptoms of Covid-19) and as long as they are exempt for one of the following reasons: they are fully vaccinated they are below the age of 18 years 6 months they are taking part in or are currently part of an approved Covid-19 vaccine trial they are not able to get vaccinated for medical reasons 		

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		 We are aware that asymptomatic children and fully vaccinated school staff (and their household) have been advised to isolate pending a PCR test result by test centre staff. Cumbria Public Health have checked with the DHSC who have confirmed that the guidance above is still correct. NHS Test and Trace App The national <u>NHS Test and Trace App</u> can be downloaded by staff/volunteers and students aged 16 and over. The app complements, rather than replaces, existing processes. 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. Refer also to 'Lettings' below. 		
Clinically	High	Pupils		Med
vulnerable or extremely		Clinically extremely vulnerable (CEV)		
extremely clinically vulnerable persons returning to school		 Clinical studies have shown that children and young people, including those originally considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that no children and young people under the age of 18 should no longer be considered CEV and under-18s should be removed from the Shielded Patient List. The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them. Children and young people previously considered CEV should attend school and should follow the same guidance as everyone else. However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist. We will provide remote education to pupils who are following specific clinical advice. Whilst attendance is mandatory, we will work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions will have a collaborative approach, focusing on the welfare of the child and responding to the concerns of the parent, carer or young person. 	Refer to <u>RCPCH: COVID-19 guidance on CEV</u> <u>children & young people</u> and <u>DFE: Supporting</u> <u>pupils at school with medical conditions</u> 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.	
		Immunisation	Regular meetings held with CV/CEV staff to ensure	
		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.	all reasonable steps are being taken to implement measures.	
		School workforce		
		 School leaders are best placed to determine the workforce required to meet the needs of their pupils. We will discuss any concerns individuals including those who may be clinically extremely vulnerable, clinically vulnerable or at increased comparative risk from coronavirus, may have 	Refer to <u>COVID-19</u> : guidance on protecting people defined on medical grounds as extremely vulnerable, HSE: <u>Protect vulnerable workers</u> during the coronavirus (COVID-19) pandemic &	

around their particular circumstances, reasure staff about the protective measures in place and review their specific Individual Risk Assessments with them. The shelding programme has now come to an end and aduits previously considered clinically extremely vulnerable (CV) shoulds as a minimum, continue to follow the same Covid-19 guidance as everyone else. It is important that everyone adheres to this guidance but people previously considered CP upople may with to consider taking part apreculations. In some circumstances, staff may have received personal advice from their specialist or clinical on additional precautions to take and they should continue to follow that advice. See also Coronavirus (COVID-19): advice for presnant employees, RCOSE, Coronavirus (COVID-19): advice for presnant employees, RCOSE, Coronavirus (COVID-19): advice for presnant employees, RCOSE, Coronavirus (COVID-19): advice for memory advices to the construction of advice. X50ff who are pergenancy. We will conduct a risk assessment for new and expectant mothers in line with the Management of reath and Safety at Work Regulations 1399 (MHSW). Aver risk identified at that point, or later during the pregnancy, in the first 6 months after borth, or while the employee is still breastfeeding. We will conduct a workplace risk assessment twith each person and occupational health team. They will only conduce working the risk assessment advises that it is aste to do so. This means that we will remove or manage any risk. If this cannot be done, they will be offered subable alternative work or working arrangements (including working for molecular divises for assessment) or working Guida ACAS. Example there will nerve or working arrangements (including working for molecular divises that its assessment. Women lestes began withs. If the insk assessment with each person with appro	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
 The shielding programme has now come to an end and adults previously considered clinically extremala divice from the clicken on a severyone else. It is important that everyone adheres to this guidance but people previously considered CEV people may wish to consider taking extra precautions. In some circumstances, integrant the exercised people may wish to consider taking extra precautions. In some circumstances, integrant the measures we have in place to keep CEV staff safe at work. Staff may have received people and advice from their specialist or to keep CEV staff safe at work. We will could continue to follow that advice. We will could can change as part of the general workpace rais is still breastfeeding. We will follow the goal college of Obstetricians and synaecology (RCOG) guidance and continue to monitor for future updates to it. We will follow the goal college of Obstetricians and synaecology (RCOG) guidance and continue to montron for future updates to it. We will follow the goal college of Obstetricians and synaecology (RCOG) guidance and continue to montron for future updates to it. We will follow the goal college of Obstetricians and synaecology (RCOG) guidance and continue to montron for thure updates to it. We will follow the goal college of obstetricians and synaecology (RCOG) guidance and continue to montron for avery staff and the achies to avork allow at the each staff and the effectively and guidance on tow own shaffy at how to work safefy at more safefy and effectively and guidance on the advice fix assessment. We will support each person with appropriate risk mitigation in line with recommendations to staff and their employees and USI. For many workers, this may require working from home) or be suppended on normal guidance and percention and percent and beyond or are pregnant and have an underlying health conditions: We will consider how to redepiop			review their specific Individual Risk Assessments with them.		
Staff who are pregnant age, pregnant to the sester that a base of the sester that the set that the set the set of the sester that the sest the s			The shielding programme has now come to an end and adults previously considered clinically extremely vulnerable (CEV) should, as a minimum, continue to follow the same Covid-19 guidance as everyone else. It is important that everyone adheres to this guidance but people previously considered CEV people may wish to consider taking extra precautions. 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.	a case by case basis when appropriate. See also <u>Coronavirus (COVID-19): advice for</u> pregnant employees, <u>RCOG: Coronavirus (COVID- 19) infection & pregnancy</u> and <u>COVID-19</u>	
 We will conduct a risk assessment for new and expectant mothers in line with the Management of Health and Safety at Work Regulations 1999 (MHSW). Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, will be included and managed as part of the general workplace risk assessment. We will follow the Royal College of Obstetricians and Gynaecology (RCOG) guidance and continue to monitor for future updates to it. Women less than 28 weeks pregnant with no underlying health conditions: We will conduct a workplace risk assessment advises that it is afte to do so. This means that we will remove or manage any risks. If this cannot be done, they will be offered suitable alternative work or working arrangements (including working from home) or be suspended on normal pay. We will support each person with appropriate risk mitigation in line with recommendations to staff and their employers and NHS; information available on who is a thigher risk from coronavirus workers, this may require working flexibly from home on social distancing. This is because although they are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, they have an increased risk of becoming severely ill and of pre-term birth if they contract Covid-19. We will ensure they are able to adhere to any active national guidance on social distancing. For many workers, this may require working flexibly from home to maximise the potential for homeworking, wherever possible. Where readjustments to the work on working they are a and role are not possible and alternative work cannot be found, such persons will be suspended on paid leave. 					
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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
		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).		
Inadequate hand and respiratory hygiene leading to spread of Covid-19 virus	High	 Frequent and thorough hand cleaning is now regular practice. We will continue to ensure that pupils clean their hands regularly with soap and water or hand sanitiser including before leaving home, on arrival at school, on return from breaks, when they change rooms and before and after handling cleaning chemicals, eating/drinking, using the toilet, sports activities, using public transport and after coughing or sneezing and not to touch face (eyes, mouth, nose) with hands that are not clean. Wash with liquid soap & water for a minimum of 20 seconds. Alcohol based hand cleansers/gels (containing at least 60% alcohol) can be used if soap and water are not available or practical. We will continue to ensure there are sufficient hand washing or hand sanitiser 'stations' available throughout school for staff and pupils and at the main entrance and dining hall entrance. We will ensure supervision of hand sanitiser use given the risks around ingestion. Young children and pupils with complex needs will continue to be helped to clean their hands properly - songs and rhymes will be used to encourage hand washing in early years. Skin friendly skin cleaning wipes can be used as an alternative. Toilets will be cleaned regularly and pupils encouraged to clean their hands thoroughly after using the toilet. The 'catch it, bin it, kill it' approach will continue. Everyone will be reminded to sneeze into a tissue or sleeve NEVER into hands and to wash hands immediately after (as above). 'Catch it, bin it, kill it' posters to be displayed in relevant areas. Used tissues will be put in a bin immediately - all waste bins to be lined (they do NOT need to be 	We have built these routines into school culture, supported by behaviour expectations. Regular reminders will be given to children via teaching sessions. 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. From 11am – 1pm, toilets/wash basins across the school will receive an additional wipe down clean. We will ensure there are enough tissues and bins available to support pupils and staff to follow the	Med
		 double lined) and should be lidded and foot operated where possible and emptied regularly. As with hand cleaning, we will ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, e.g. those who spit uncontrollably or use saliva as a sensory stimulant. This will be considered in risk assessments in order to support these pupils and the staff working with them – they will be given more opportunities to wash their hands. Where it is necessary for first aid to be administered in close proximity, treating any casualty properly should be the first concern. Those administering it should pay particular attention to sanitation measures immediately afterwards, including washing hands. 	 'Catch it, bin it, kill it' routine The <u>e-Bug coronavirus (COVID-19) website</u> contains free resources for schools, including materials to encourage good hand and respiratory hygiene Refer to <u>HSE: First aid during Covid-19</u> 	
Inadequate ventilation leading to spread of Covid-19 virus	High	 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: <u>Ventilation Tool – Breathe Freely</u>. This can be achieved by a variety of measures including: 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 	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. All staff regularly reminded to fully refresh air when room not in use and it is safe to do so.	Med

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
		 Emergencies' on Page 26 and November 2021 Cumbria County Council Guidance Improving ventilation during COVID-19:5 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 in sturned 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. 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 while maintaining a comfortable temperature, the following measures will also be used a provided the area is well ventilated; the use of fans for air circulation while maintaining a comfortable temperature, the following measures will also be used as appropriate; opening high level windows in preference to low level to reduce draughts; increasing the ventilation while spaces are unoccupied (e.g. 10 – 15 minute	Refer to the <u>HSE: Ventilation & air conditioning</u> <u>during the coronavirus (COVID-19) pandemic, HSE</u> . <u>Video: Covid-19 ventilation & air conditioning</u> , <u>CIBSE coronavirus (COVID-19) advice</u> and <u>CCC</u> . <u>Improving ventilation during COVID-19</u> School is now using <u>carbon dioxide monitors</u> 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 <u>DfE portal</u> .	
Inadequate personal protection & PPE & spread of Covid-19 virus	High	 PPE We have reviewed tasks in school which require PPE like first aid, intimate care, cleaning, food preparation etc. and identified where we need extra equipment (like visors where splashing to the eyes is a new significant risk) or more of it (because we change it more often). Where PPE is 	Refer to: <u>Use of PPE in education, childcare and</u> <u>children's social care settings including AGPs</u>	Med

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
		 required, staff have been trained in and must scrupulously follow the guidance how to put PPE on and take it off safely to reduce cross and self-contamination. Most staff will not require PPE beyond what they would normally need for their work. Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used. Additional PPE is only needed in a very small number of scenarios, including: where an individual child or young person becomes ill with coronavirus (Covid-19) symptoms and only then if close contact is necessary; when performing aerosol generating procedures (AGPs). Depending on how close you need be to an individual with Covid-19 symptoms you may need the following PPE: fluid-resistant surgical face masks (also known as Type IIR) disposable gloves 	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. PPE readily available in the appropriate locations. Stocks of all PPE held.	
		 disposable plastic aprons eye protection (for example, a face visor or goggles) How much PPE you need to wear when caring for someone with symptoms of Covid-19 depends on how much contact you have: 		
		 A face mask should be worn if you are in face-to-face contact. If physical contact is necessary, then gloves, an apron and a face mask should be worn. Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, e.g. from coughing, spitting or vomiting. 		
		 Staff dealing with children with complex medical needs have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the <u>Public Health advice</u> and refer to <u>Use of PPE in</u> <u>education, childcare and children's social care settings including AGPs</u> which specifically covers Aerosol generating procedures (AGPs), and wear the correct PPE which is: a FFP2/3 respirator (which must be fit-tested) 		
		 a FFF2/STESPITATO (Which must be in-tested) gloves a long-sleeved fluid repellent gown eye protection 	Refer to <u>HSE Face Fit Testing Guidance</u>	
		When changing children, and where the child can understand, ask the child to turn their head to the side during the changing process.	A displayed poster which the children can describe may assist with this.	
		Face Coverings		
		 The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where individuals may come into contact with people they don't normally meet - this includes public transport and dedicated transport to school or college. Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas. 	Refer to: face coverings including when to wear one, exemptions and how to make your own	

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
		 In circumstances where face coverings are recommended If we have a substantial increase in the number of positive cases in our school, a Director of Public Health might advise us that face coverings should temporarily be worn in communal areas, classrooms or both (by pupils, staff and visitors, unless exempt). Our Outbreak Management Plan covers this possibility. In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of Covid-19, however, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles. Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They will only be used after carrying out a risk assessment for the specific situation and will always be cleaned appropriately. We will make reasonable adjustments for disabled pupils to support them to access education successfully. Where appropriate, we will discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual. No pupil or student will be denied education on the grounds of whether they are, or are not, wearing a face covering. Children under the age of 3 should not wear face coverings. 	Ensure there is a small supply of face coverings available in school The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings. The re-introduction of face-coverings is identified in our contingency framework and may be advised at any point.	
Inadequate cleaning measures leading to spread of Covid-19 virus	High	Cleaning non-healthcare settings where no-one has symptoms of, or confirmed Covid-19 Cleaning and disinfection We will reduce clutter and remove difficult to clean items to make cleaning easier. Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. As a minimum, frequently touched surfaces should be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens. When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used. Kitchens and communal canteens It is very unlikely that Covid-19 is transmitted through food. However, as a matter of good hygiene practice, anyone handling food will wash their hands often with soap and water for at least 20 seconds before doing so. Crockery and eating utensils should not be shared.	Refer to PHE <u>COVID-19: cleaning of non-healthcare</u> <u>settings outside the home</u> Full stock of cleaning products held. 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. All areas cleaned by Orian at end of day. Staff also advised to wipe down any areas following use if a new group will be using it afterwards.	Med

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		 Clean frequently touched surfaces regularly. Catering staff will continue to follow the Food Standard Agency's (FSA) <u>guidance on good hygiene</u> <u>practices in food preparation</u>, <u>Hazard Analysis and Critical Control Point</u> (HACCP) processes, and preventative practices (pre-requisite programmes (PRPs)). Bathrooms 		
		 Clean frequently touched surfaces regularly. Ensure suitable hand washing facilities are available including running water, liquid soap and paper towels or hand driers. Where cloth towels are used, these should be for individual use and laundered in accordance with washing instructions. 	Bathrooms cleaned twice per day.	
		 Waste □ Waste does not need to be segregated unless an individual in the setting shows symptoms of or tests positive for Covid-19 (see below). □ Dispose of routine waste as normal, placing any used cloths or wipes in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away. 		
		Cleaning after an individual with symptoms of, or confirmed Covid-19 has left the setting or area		
		 Personal protective equipment (PPE) The minimum PPE to be worn for cleaning an area after a person with symptoms of or confirmed Covid-19 has left the setting is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed. 	Refer to <u>Coronavirus (Covid-19): Disposing of</u> waste	
		Cleaning and disinfection		
		 Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, door push plates, work surfaces, computer keyboards/mice, telephones, grab rails in corridors/bannisters, stairwells. Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction. Use one of the options below: 	Refer to <u>COVID-19: personal protective equipment</u> use for non-aerosol generating procedures	
		 a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.); or a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants; or if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses. Avoid mixing cleaning products together as this can create toxic fumes. 		
		 Avoid creating splashes and spray when cleaning. 		

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
		 Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. 		
		Laundry		
		□ Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely.		
		 Dirty laundry that has been in contact with an unwell person can be washed with other people's items. To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to 		
		 washing. Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above. 		
		Waste		
		Personal waste from individuals with symptoms of Covid-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):		
		 should be put in a plastic rubbish bag and tied when full the plastic bag should then be placed in a second bin bag and tied this should be put in a suitable and secure place and marked for storage until the individual's test results are known 		
		 This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours. If possible, keep an area closed off and secure for 72 hours. If the individual tests negative, this can be disposed of immediately with the normal waste. If Covid-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste. If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must: 		
		 keep it separate from your other waste arrange for collection by a specialist contractor as hazardous waste 		
		There will be a charge for this service.		
		 Other household waste can be disposed of as normal. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing will be disposed of. 		
Failure to adequately identify vulnerable pupils/ safeguarding	High	 We will continue to have regard to statutory guidance <u>Keeping Children Safe in Education</u>. We will review our Child Protection Policy (led by the DSL) to reflect that some children may require remote education due to self-isolation for example. There is no change to local multi-agency safeguarding arrangements, which remain the responsibility of the three safeguarding partners (local authorities, clinical commissioning groups and chief officers of police). All local safeguarding partners will remain vigilant and responsive to all 	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.	Low

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
		 safeguarding threats and ensure vulnerable children and young people are safe – particularly as some children and young people will be learning remotely due to self-isolation for example. In particular, vulnerable children and those with a social worker are expected to attend provision (subject to public health advice), given their safeguarding and welfare needs. Where vulnerable children do not attend, we will follow up with the parent/carer, working with the LA/social worker (where applicable) to explore the reasons for absence, discussing their concerns; focus discussions on the welfare of the child ensuring they are able to access appropriate support whilst at home; keep the situation under review and maintain contact. The DSL (and deputies) will be provided with adequate time to help provide support to staff and children's social care and other agencies where these are appropriate. The DSL will be best placed to co-ordinate multi-agency working within a school, including communication with school nurses. 	Culture of vigilance and support evident.	
Inappropriate arrangements for opening the school to pupil groups	High	 Mixing and 'bubbles' At Step 4, it is no longer recommend that it is necessary to keep children in consistent groups ('bubbles'). Bubbles will not need to be used in school from the autumn term. As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and we no longer need to make alternative arrangements to avoid mixing at lunch. Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups. Any decision to recommend the reintroduction of 'bubbles' will not be taken lightly and will need to take account of the detrimental impact they can have on the delivery of education. School meals We will continue to provide meal options for all pupils who are in school. Meals will be available free of charge to all infant pupils and pupils who are eligible for benefits-related free school meals who are in school. Meals served should meet the school food standards, and where possible a hot meal should be available. We will also continue to provide free school meal support to pupils who are eligible for benefits related free school meals and who are learning from home during term time by providing good quality lunch parcels or vouchers. Transport 	 We have contingency plans to re-introduce bubbles. No gathering (assemblies & lunch) in school will involve more than two year groups. Any gathering will ensure that class groups stay together and will only occur when ventilation is possible. Refer to: Providing school meals during the coronavirus (COVID-19) outbreak & KAHSC model Delivering Lunch Parcels Risk Assessment 	Med
		 Dedicated school transport, including statutory provision and the use of school minibuses We no longer need to keep children in consistent groups/bubbles or be responsible for tracing close contacts of those who test positive for Covid-19. The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where an individual may come into contact with people they don't normally meet. On dedicated transport children and young people aged 11 and over will be expected to wear a face covering when travelling to secondary school or college. 	Refer to: <u>Dedicated transport to schools and</u> <u>colleges Covid-19 operational guidance</u> , KAHSC model <u>Covid-19 Home to school (school</u> <u>commissioned) transport Risk Assessment and</u> <u>Protocol for using the School minibus to transport</u> <u>students during the Covid-19 pandemic</u>	

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
		 Maximising distancing and minimising mixing are no longer recommended, but unnecessary risks such as overcrowding will be minimised. Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to temporarily reintroduce bubbles to reduce mixing for a temporary period. We will continue to ensure frequent and thorough hand cleaning with soap and running water or hand sanitiser. The 'catch it, bin it, kill it' approach continues to be very important. Fresh air (from outside the vehicle) through ventilation will be maximised, particularly through opening windows and ceiling vents. We will put in place and maintain an appropriate cleaning schedule with a particular focus on frequently touched surfaces. 		
		<u>Wider public transport</u>		
		 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 <u>Coronavirus (COVID-19): safer travel guidance for passengers</u>. The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet - this includes public transport. 		
		Other considerations		
		 Pupils with SEND will receive specific help with the changes to routine they are experiencing, so teachers and SENCo's will plan to meet these needs, e.g. using social stories. Where a pupil or student has an EHC plan the local authority and (if there is health provision) health commissioning body must secure or arrange the provision specified in the plan. At times it may be necessary to conduct some aspects of EHC needs assessments and reviews indifferent ways, e.g. because children or young people are isolating. It is important that the assessments and reviews continue to ensure that the child or young person, and their parent and carer, is at the centre of the process and can engage with the process in a meaningful way. As well as the duty to secure or arrange provision in an EHC plan, we must meet all the statutory duties relating to EHC needs assessments and annual reviews. It is important that we co-operate in supporting requests about potential placements, providing families with advice and information where requested. Specialists, therapists and other professionals should provide interventions as usual. 	Refer to <u>Supporting pupils and students with SEND</u> DfE <u>Supporting Pupils at School with Medical</u> <u>Conditions</u> remains in place	
		Wraparound care provision, holiday clubs and extra-curricular activity including out-of- school sports provision		
		 All children may access out-of-school settings, wraparound care and extra-curricular provision; activities may take in groups of any size and it is no longer recommended that it is necessary to keep children in consistent groups ('bubbles'). 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. 	Refer to <u>COVID-19: Actions for Out of School</u> Settings	

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		 Our provision will ensure they are following the same protective measures being taken by school during the day and work with school to follow our arrangements. When caring for children: under 5 years only - refer to the <u>Actions for Early years and childcare providers</u> both under 5 years and aged 5 years and over, in mixed groups together, should follow this guidance. Where we operate our setting in a shared space, we will have regard to relevant guidance for operators of shared spaces, such as <u>Working safely during Covid-19</u>, <u>Coronavirus: how to stay safe</u> and help prevent the spread and for places of worship and discuss any protective measures with the owner of the space. All sports provision, including competition between settings can be planned and delivered. Refer to 'PESSPA' below. We will follow the same protective measures as listed under 'Music, Dance and Drama' below for these out-of-school activities. Parental Attendance It is no longer advised that providers limit the attendance of parents and carers at sessions. We will continue to ensure that we have parents' and carers' most up-to-date contact details in case of an emergency. Educational visits & trips 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. 	The initial year group meetings in September will be virtual. October Parent meetings wo be planned.	
		 [EYFS] Supervised toothbrushing programmes Supervised toothbrushing programmes may be undertaken using the dry brushing method. The wet brushing model is not recommended because it is considered more likely to risk droplet and contact transmission and offers no additional benefit to oral health over dry toothbrushing. 	Refer to <u>COVID-19: guidance for supervised</u> toothbrushing programmes in early years & school <u>settings</u>	
Inappropriate arrangements for managing the curriculum	High	 Physical Education, School Sport and Physical Activity (PESSPA) All sports provision, including competition between settings can be planned and delivered whilst following the measures in our system of controls. We will follow the guidance contained in <u>Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators</u>. If delivering sporting or other organised events, more information can be found in <u>COVID-19: Organised events guidance</u>. Science, Art and D&T For guidance regarding Science and D&T in relation to practical activities during the Covid-19 pandemic, we will follow relevant CLEAPSS guidance. Although specific risk assessments will not be required, our existing curricular risk assessments will be reviewed and where necessary updated to reflect altered practices and CLEAPSS guidance. 	Refer to: Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators Sport England Youth Sport Trust Association for Physical Education (AfPE) Swim England Refer to: CLEAPSS GL344 and GL343 See outbreak management plan.	Med

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
		 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. 	Refer to CLEAPSS guidance for D&T: GL347, GL348, GL354, GL355, GL360, GL356 & GL362 and Science: GL336, GL338, GL339, GL345, GL352, GL353 &	
		Music, Dance and Drama	<u>GL362</u>	
		 We will continue teaching music, dance and drama as part of the school curriculum. Singing, wind and brass instrument playing can be undertaken in line with performing arts guidance ensuring we provide adequate ventilation and clean more frequently. 	Refer to <u>Working safely during COVID-19 in events</u> and attractions including performing arts	
		Performances		
		□ If planning indoor or outdoor face-to-face performances, sporting or other organised events in front of a live audience, we will follow the latest advice in the <u>COVID-19: Organised events</u> guidance, which provides details of how to manage audiences as well as carry out performing arts safely.	Christmas productions planned in line with guidance at the time.	
Inappropriate arrangements for education	High	There are a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on <u>education recovery support</u> . Specifically for schools, the document includes further information on:	A full programme of catch-up and recovery is documented, published, followed and tracked.	Low
recovery		 <u>catch-up premium</u> recovery premium tutoring (including the <u>National Tutoring Programme</u> and <u>16 to 19 tuition fund</u>) teacher training opportunities curriculum resources specialist settings wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching 	Full curriculum resources available to support the programme. SIP focusses on areas identified.	
		 Special schools and other specialist settings should refer to the <u>SEND additional operational</u> <u>guidance</u>. 		
Inadequate	High	Stepping measures up and down		Med
contingency plans in place		 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. [Cumbrian Schools]: In order to support settings in managing outbreaks and in-setting 	Refer to the <u>Contingency framework</u> and the Outbreak Management Plan	
		transmission, an enhanced version of the framework has been produced for Cumbria (refer to <u>CCC</u> <u>Public Health Threshold Actions</u>). This framework aims to provide a clear range of step-up, step down measures that settings can consider depending on the assessed severity of the COVID-19	Refer to: • <u>Get help with remote education</u>	
		situation being experienced.	 <u>Keeping children safe online</u> <u>Adapting teaching practice for remote</u> 	
		 for advice on managing cases and outbreaks: <u>EducationIPC@cumbria.gov.uk</u>. 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 	 <u>education</u> <u>Review your remote education provision</u> <u>Get help with technology for remote</u> <u>education during coronavirus (Covid-19)</u> 	

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
		 considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible. Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. We have thought about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead us to consider taking additional action, and the steps we should work through, can be found in the <u>Contingency framework</u>. We will call the LA Public Health Team who will advise if any additional action is required, such as implementing elements of our contingency (or outbreak management) plan. Remote education The <u>Coronavirus Act 2020 Provision of Remote Education (England) Temporary Continuity (No.2)</u>. <u>Direction</u> applies from the start of the academic year 2021 to 2022 and extends the requirement on schools to provide remote education for state-funded pupils when they cannot attend school due to COVID-19. Not all people with Covid-19 have symptoms. Where appropriate, we will support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools affected by the <u>Remote Education Temporary Continuity Direction</u> are still required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around coronavirus (Covid-19). We will maintain our capacity to deliver high quality remote education for next academic year, including for pupils who are abroad. The remote education provided will be equivalent in length to the core teaching pupils would receive in school. We will work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education.	•	Remote education good practice guideSupport for parents and carers to keepchildren safe onlineRemote education webinarsSafe Remote Learning knowledge base andLive Remote Lessons by SWGfLSafeguarding during Remote Learning andLockdowns by LGfLThe National Cyber Security Centre: Videoconferencing services: security guidance andVideo conferencing services: using themsecurelySafeguarding and remote education duringcoronavirus (COVID-19)Home Learning Technology GuidanceKeeping children safe in education	
Poor or inappropriate behaviour and attendance	High	 Behaviour 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. 			Low

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		 We will 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. 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 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 soften, 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 the LA) to ensure the services and support are in place for a smooth return to schools for pupils. The disciplinary powers that schools currently have, including suspension and exclusion, remain in place. Exclusion will only be used as a last resort and must be lawful, reasonable and fair. Where a child with a social worker is at risk of 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 necexsary. Where a newidy a pupil may commit a disc	Refer to: Changes to the school suspension and permanent exclusion process during the coronavirus (COVID-19) outbreak	
		 consider this when applying sanctions. Attendance School attendance is mandatory for all pupils of compulsory school age and it is priority to ensure that as many children as possible regularly attend school. Where a child is required to self-isolate or quarantine because of Covid-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X 	Refer to <u>school attendance guidance</u>	

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
		 (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of Covid-19 they will be recorded as code I (illness). For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. We will continue to clearly and consistently communicate the expectations around school attendance to families and any other professionals who work with the family. Any discussions will have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person. This conversation is particularly important for children with a social worker. 		
		 Term time holidays As restrictions begin to lift, some families may be looking to take holidays. As usual, parents should plan their holidays around school breaks and not take their children out of school on holiday during term time. Where a parent wishes to take their child out of school for whatever reason, the onus is on them to apply for a leave of absence and demonstrate why they believe the circumstances are exceptional. Schools make decisions on granting leave of absence but will not normally do so for a holiday. 		
		 Travel & quarantine 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. 		
Inadequate arrangements in place for managing off-site visits	High	 We will continue to undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. Given the likely gap in Covid-19 cancellation insurance, if we are considering booking a new visit, whether domestic or international, we will ensure that any new bookings have adequate financial protection in place. From the start of the autumn term, we can go on international visits that have previously been deferred or postponed and organise new international visits for the future. We will be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and we must comply with international travel legislation and will have contingency plans in place to account for these changes. 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. Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational visits. 	Refer to the <u>health and safety guidance on</u> <u>educational visits</u> and specialist advice from the <u>Outdoor Education Advisory Panel (OEAP)</u>	Low
Inadequate staffing ratios,	High	Ratios and Qualifications Image: Constraint of the second state of the second sta	A daily audit of staff cover/provision is completed.	Low

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
staff availability and recruitment		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:	A number of staff area available at short notice to fill short notice shortfalls.	
		 We will ensure that appropriate support is made available for pupils with SEND, e.g. by deploying teaching assistants and enabling specialist staff from both within and outside the school to work with pupils in different classes or year groups. Where support staff capacity is available, we will consider using this to support catch-up provision or targeted interventions. TAs may also be deployed to lead groups or cover lessons, under the direction and supervision of a qualified, or nominated, teacher. Any redeployments will not be at the expense of supporting pupils with SEND. The Head teacher will be satisfied that the person has the appropriate skills, expertise and experience to carry out the work, and discuss and agree any proposed changes in role or responsibility with the member of staff. This includes ensuring that safe ratios are met, and/or specific training undertaken, for any interventions or care for pupils with complex needs where specific training or specific ratios are required. We can continue to engage supply teachers and other supply staff including to deliver face to face education to pupils in school and remote education. Where it is necessary to use supply staff, peripatetic teachers and volunteers, they will be expected to comply with our arrangements for managing and minimising risk and will be included in our communications, policies and processes for asymptomatic testing including provision of test kits where feasible. 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 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. Ensure the contact details of the <u>Safeguarding Hub/Early Help Team/LADO</u> are available to all staff on duty. Ens	Refer to Early Years Foundation Stage Framework All staff in school have full first aid qualifications.	
		Staff taking leave		
		 Staff will need to be available to work in school during term time. We will discuss leave arrangements with staff to inform workforce planning taking into account their individual contractual arrangements. There is a risk that where staff travel abroad, their return travel arrangements could be disrupted due to Covid-19 restrictions, and they may need to quarantine on their return. Where it is not possible to avoid a member of staff having to quarantine during term time, we will consider if it is possible to temporarily amend working arrangements to enable them to work from home. [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 this should be treated as unpaid leave. 	The latest guidance on travel/quarantine can be accessed at: <u>Travel abroad from England during</u> <u>coronavirus (COVID-19)</u> , <u>Quarantine and testing if</u> <u>you've been in an amber list country, Coronavirus</u> (COVID-19) testing before you travel to England, <u>Booking and staying in a quarantine hotel when</u> <u>you arrive in England, Red, amber and green list</u> <u>rules for entering England</u>	

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		Recruitment Recruitment will continue as usual. We will continue to adhere to Keeping children safe in education regarding pre-appointment checks.		
Visiting children in their own homes and contact with Covid-19 virus	High	Should we have a situation where a child requires a home visit such as in relation to safeguarding concerns or delivery of the EHC Plan to pupils not attending school, we will consider and adhere to guidance issued in <u>Use of PPE in education, childcare and children's social care settings including AGPs</u> .	Refer to KAHSC model <u>Covid-19 Home Visits Risk</u> <u>Assessment</u>	Low
Visitors & spread of Covid-19 virus	High	 We will ensure that all visitors and key contractors are aware of the school's control measures and ways of working. As was the case pre-pandemic, access to contractors/external maintenance personnel should be by appointment only and wherever possible, arranged after school, holidays or weekends. We will: 	Where possible, visitors will be scheduled outside school core hours.	Med
		 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. 	Refer to <u>Maintaining records to support NHS Test</u> <u>& Trace</u>	
		Lettings 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'.	Refer to KAHSC model <u>Letting Arrangements</u>	
Lack of wellbeing management for pupils and families	High	 Some pupils may be experiencing a variety of emotions in response to the coronavirus (Covid-19) outbreak, such as anxiety, stress or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers. It is important to contextualise these feelings as normal responses to an abnormal situation. We will offer pastoral support to pupils who are self-isolating, shielding or who are vulnerable. We will also provide more focused pastoral support for pupils' individual issues, drawing on external support where necessary and possible. Where there is a concern a child is in need or suffering or likely to suffer from harm, we (generally led by the DSL or deputy) will follow our Child Protection Policy and Part 1 of Keeping children safe in education and consider any referral to statutory services (and the police) as appropriate. 	One to one counselling available by teacher or parent request. Wellbeing workshops throughout the year. PSHE programme has specific focus on wellbeing. Refer to <u>Promoting and supporting mental health</u> <u>and wellbeing in schools and colleges</u> and <u>Mental</u> <u>Health and Wellbeing Resources for Teachers &</u> <u>Teaching Staff</u>	Low
Lack of wellbeing management for staff	High	 We will be conscious of the wellbeing of all staff, including senior leaders themselves, and the need to implement flexible working practices in a way that promotes good work-life balance and supports teachers and leaders. We will monitor the wellbeing of people who are working from home or self-isolating and help them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site. 	Consultation with staff over arrangements for opening. An open-door policy with senior leaders ensures that staff feel they can approach with any issues.	Low

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		 We will keep in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security. Where work-related issues present themselves, the HSE's published <u>Stress Management Standards</u> will be followed. We will also review how we can support employees on broader issues, such as bereavement support and general anxiety about the ongoing situation (e.g. by signing up for a formal Employee Assistance Programme providing confidential telephone advice and counselling). 	Refer to <u>extra mental health support for pupils and</u> <u>teachers</u> , NHS <u>Every Mind Matters</u> and DfE <u>School</u> <u>workload reduction toolkit</u> <u>Education Support Partnership</u> provides a free helpline for school staff and targeted support for mental health.	
Inadequate communications with and training of staff	High	 We will provide clear, consistent and regular communication to improve understanding and consistency of ways of working amongst staff and explain and agree any changes in working arrangements, including those working from home. We will ensure all staff are kept up to date with how safety measures are being implemented or updated. We will ensure ongoing engagement with staff, (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments. We will promote awareness and focus on the importance of mental health at times of uncertainty (see above). 	Weekly staff briefings Weekly SLT meetings	Low
Fire emergencies	High	 We will regularly review and where necessary, update the existing school Fire Risk Assessment and Fire Safety Management Policy/Evacuation Plan. We will ensure there are sufficient trained staff on duty e.g. sufficient fire wardens to cover the site to enable sweeps of all areas to be carried out and to ensure full evacuation of the building – particularly important if staff are required to self-isolate. We will assess the suitability of Personal Emergency Evacuation Plans (PEEPs) – especially if previous role holders are no longer available to continue e.g., they may be required to self-isolate. The use of portable heaters will be avoided where possible. However, where it is necessary to use these, we will ensure suitable controls are implemented and include within the existing Fire Risk Assessment. 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 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 <u>Fire safety in new and existing</u> . <u>school buildings</u>	Low

Hazards &	Risk	Control Measures	Notes/Additional Control Measures	Residual
Associated Risks	Rating	What are we doing now?	What more do we need to explain/do?	Risk
Lack of building/ property maintenance	High	 All routine external and in-house monitoring, testing and inspection will continue as normal including: Routine in-house health & safety inspections; External and in-house maintenance of fire safety equipment and systems; Ongoing external and in-house hot and cold water safety (legionella) monitoring, maintenance and testing; In-house monitoring of asbestos containing materials; External and in-house monitoring, testing and maintenance of all other systems and equipment in line with statutory requirements and manufacturer's instructions. 	Refer to <u>CIBSE: emerging from lockdown</u> and <u>HSE:</u> <u>Legionella Risks during the Coronavirus Outbreak</u>	Low

Further Action Required	Date Action Completed	Date RA Reviewed	Significant Changes Y/N	Shared with Staff Date or N/A
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:				
<u>Schools coronavirus (COVID-19) operational guidance</u>				
 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				
<u>Get help with remote education</u>				
<u>Travel abroad from England during coronavirus (COVID-19)</u>				
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				
<u>Asthma UK COVID-19: Health advice for people with asthma</u>				
HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic				
<u>Working safely during coronavirus (Covid-19)</u>				
<u>Contingency framework: education and childcare settings</u>				
<u>Secondary schools and colleges document sharing platform</u>				
Early years and primary schools document sharing platform				
<u>Rapid asymptomatic testing in specialist settings (from Step 4)</u>				
<u>COVID-19 Response - Summer 2021</u>				