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| **Service**: St Ignatius Catholic Primary School  | **Location**: St Ann’s Road N15 6ND | **Assessment Completed by**: C Bonner  |
| **Description of Activity/Task Assessed**:Opening schools fully – September 2020 | **Date of Assessment**: 31 August 2020( updated) | **Review Date**: 18 September 2020(Ongoing) |

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| **No** | **Hazard Description** (i.e. potential causes of injury/damage) | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures** | **Risk Level** (See method) | **Further action required** | **Residual Risk Level** |
| 1. | Education settings must be able to achieve the following controls as defined by the Department of Education before opening the school for the September term.The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded to show how the controls have been applied. Where points are not completed but will need to be addressed, they should be placed in the Further Actions Required column with a time frame for completion. Items that are not applicable to the school’s specific settings should be deleted. |
| 2 | Pupils who are shielding or self-isolatingWe now know much more about coronavirus (COVID-19) and so in future there will be far fewer pupils advised to shield whenever community transmission rates are high. Therefore, the majority of pupils will be able to return to school. You should note however that:* a small number of pupils will still be unable to attend in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19)
* shielding advice for all adults and pupils was paused on 1 August 2020, as a result of a continued decline in the rates of community transmission of coronavirus (COVID-19). This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding. Read the [current advice on shielding](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)
* if rates of the disease rise in local areas, pupils (or family members) from that area, and that area only, will be advised to shield during the period where rates remain high and therefore they may be temporarily absent (see below).
* some pupils, no longer required to shield but who generally remain under the care of a specialist health professional, may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Pupil Health at [COVID-19 - ‘shielding’ guidance for children and young people](https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people#children-who-should-be-advised-to-shield). **(A2)**

**School workforce**Following the reduction in the prevalence of coronavirus (COVID-19) and relaxation of shielding measures from 1 August 2020, most staff will be expected to attend school.It remains the case that wider government policy advises those who can work from home to do so. We recognise this will not be applicable to most school staff, but where a role may be conducive to home working, for example some administrative roles, school leaders should consider what is feasible and appropriate.Staff who are clinically vulnerable or extremely clinically vulnerableWhere schools apply the full measures in this guidance, the risks to all staff will be mitigated significantly, including those who are extremely clinically vulnerable and clinically vulnerable. We expect this will allow most staff to return to the workplace, although we advise those in the most at risk categories to take particular care while community transmission rates continue to fall. |
| **No** | **Hazard Description** (i.e. potential causes of injury/damage) | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures** | **Risk Level** (See method) | **Further action required** | **Residual Risk Level** |
| 3. | Contact with persons who are unwell with Covid-19 symptoms | Infection and transmission of the Covid-19 Virus | Staff, pupils, other adults on site.  | * Pupils, staff and other adults instructed not to come into school if they have [coronavirus (COVID- 19) symptoms](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works%23people-who-develop-symptoms-of-coronavirus) or have tested positive in at least the last 10 days.
* Anyone in the school who becomes unwell with a new and persistent cough or a high temperature,

or has a loss of, or change in, their normal sense of taste or smell (anosmia), will be sent home and advised to followGuidance for households with possible or confirmed coronavirus (COVID-19) infection **(A3),** which sets out that they should self-isolate for at least 10 days and should [arrange to have a test](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested) to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) will be required to self-isolate for 14 days from when the symptomatic person first had symptoms.* If a pupil is awaiting collection, they will be moved to a room where they can be isolated behind a closed door, depending on the age and needs of the pupil, with appropriate adult supervision if required. A window will be opened for ventilation.
* If it is not possible to isolate the pupil in allocated space, they will be moved to an appropriate area which is at least 2 metres away from other people.
* If the pupil needs to go to the bathroom while waiting to be collected, they will use a separate bathroom.
* The bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.
* PPE will be worn by staff caring for the pupil while they await collection if a distance of 2 metres cannot be maintained (such as for a very young pupil or a pupil with complex needs).
* 999 will be called in an emergency, if someone is seriously ill or injured or their life is at risk.
* Hands will be washed thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell.
* The area around the person with symptoms will be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings) **(A5)**
 | HIGH |  | MED |
| 4 | Hygiene | As above | As above | * Hands thoroughly cleaned more often than usual
* Hand washing and/or hand sanitising stations provided to fulfil the requirements for whole school.
* Suitable supervision of hand sanitiser use in place, given risks around ingestion.
* Pupils with complex needs continued to be helped to clean their hands properly.
* Skin-friendly skin cleaning wipes provided as an alternative to sanitiser
 | HIGH |  | MED |
| 5 | Respiratory Hygiene |  |  | * Tissues and bins provided for the whole school to maintain ‘Catch it, bin it, kill it’.
* Younger pupils and those with complex needs helped with respiratory hygiene.
* Pupils who spit uncontrollably or use saliva as a sensory stimulant supported and strategies to manage their behaviour in place.
 | HIGH |  | MED |
| 6 | Cleaning of school and resources |  |  | * Cleaning regimes /schedules enhanced for the increased whole school return.
* Shared rooms and areas cleaned thoroughly and frequently.
* Frequently touched surfaces (handrails, door handles, switches) cleaned regularly throughout the school day.
* Toilets cleaned regularly throughout the school day.

Pupils encouraged to clean their hands thoroughly after using the toilet. | HIGH |  | MED |
| 7 | Minimise contact between individuals and maintain social distancing wherever possible |  |  | * Contacts and mixing between individuals minimised while delivering a broad and balanced curriculum
* Number of contacts between pupils and staff reduced
* Bubbles kept separate and social distancing maintained.
* Bubbles kept apart from other bubbles.
* Interaction, sharing of rooms and social spaces between groups limited as far as possible.
* Social distancing (ideally 2 metres) maintained by staff (moving between classes and year groups) with other adults and pupils.
 | HIGH |  | MED |
| 8 | Measures within the classroom |  |  | * Face to face contact avoided by staff and time spent within 1 metre of others minimised.
* Older pupils supported to maintain distancing from other pupils and staff.
* Classrooms adapted to support distancing - seating pupils side by side and facing forwards.
* Unnecessary furniture moved out of classrooms.
 | HIGH |  | MED |
| 9 | Measures outside the classroom  |  |  | * Assemblies and large gatherings with other groups avoided
* Assemblies arranged using technology / video links
* Timetables reviewed to support separation of groups.
* Movement around the school minimised to avoid busy corridors, entrances and exits.
* Start and finish times, break times and lunch times staggered.
* Staff office spaces and staff rooms rearranged to allow for social distancing. Maximum occupancy of spaces available calculated and limited numbers are clearly communicated understood and enforced.
 | HIGH |  | MED |
| 10 | Measures for arriving at and leaving school |  |  | * Start and finish times between buildings staggered – minimising impact on overall teaching time
* Revised arrangements for start and finish times communicated to parents
* Arrangements made for a one way system to be in place outside of the school gates and for pupils and parents to wait in areas away from the school gates to avoid gatherings/ overcrowding and enable social distancing.
* Revised arrangements for parents dropping off and picking up their children
* Procedures in place for removing face coverings worn by pupils and staff arriving at school.
* Disposable coverings placed in bins or reusable face coverings placed in a plastic bag to be taken home at the end of the day.
* Hands washed by pupils and staff upon arrival at school for at least 20 seconds and again before going in to classrooms.

Alternatively, sanitisers placed at the doors of all classrooms can be used.  | HIGH |  | MED |
| 11 | Other considerations |  |  | * Support and plans put in place by teachers / SENCo to meet the needs/ support pupils with SEND (whether with Education, Health and Care Plans or on SEN support) with changes to routine e.g. social stories
* Supply teachers, peripatetic teachers and/or other temporary staff permitted to attend school, ensuring they

minimise contact and maintain as much distance as possible from other staff and pupils.* Interventions provided by specialists, therapists, clinicians, and other support staff for pupils with SEND.
* Arrangements made, where possible, for visitors to attend school premises outside of school hours.
* Essential visitors to school permitted with clear guidance given on physical distancing and hygiene on or before arrival.
* Records kept of all visitors – names, organisations, date, time of arrival / departure
* Personal equipment (pens, pencil, ruler, pencil case, maths equipment) allocated to each pupil and staff member.
* Classroom based resources (books and games) used and shared within the bubble: cleaned regularly, along with all frequently touched surfaces.
* Shared resources between classes or bubbles (sports, art and science equipment) cleaned frequently and meticulously and /or rotated to allow them to be left unused and out of reach for a period of 72 hours between use by different bubbles.
* Outdoor playground equipment cleaned frequently.
* Resources supplied by After School club (Sherpakids) separately to school based resources.
* Personal belongings brought to school by pupils limited to essentials – school bag, lunch bag, hats, coats, books.

No stationery is required.* Mobile phones permitted for older pupils in exceptional circumstances and in agreement between school and parents.
* Essential resources permitted to be taken home although unnecessary sharing of resources to be avoided, especially where this does not contribute to pupil education and development.
* Rules on hand cleaning, resource sanitising and resource rotation applied.
 | HIGH |  | MED |
| 12 | PPE |  |  | * PPE required only to be used in normal course of work tasks.
* PPE needed in a very small number of cases, including:
* where an individual pupil or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained
* where a pupil or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used.
* Staff referred to guidance on [safe working in education, childcare and children’s social care](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care) **(A4)** for more information about preventing and controlling infection, including when and how PPE should be used, what type of PPE to use, and how to source it.
 | HIGH |  | MED |
| 13 | Response to any infection |  |  | Staff and parents/carers informed of the NHS Test and Trace process and how to contact their local [Public Health England health protection team](https://www.gov.uk/guidance/contacts-phe-health-protection-teams).Staff and parents/carers informed that they:* will need to be ready and willing to [book a test](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested) if they/ their child are displaying symptoms of coronavirus (COVID-19)
* must not come into the school if they have symptoms and must be sent home to self-isolate if they develop them in school.
* must provide details of anyone they/ their child have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace
* must [self-isolate](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) if they have been in close contact with someone who tests positive for coronavirus (COVID-19) or if anyone in their household develops symptoms of coronavirus (COVID-19)
* can and should get a test if they or anyone else displays symptoms of coronavirus (COVID-19).
* must inform school immediately of the results of a test
* must, if they test negative remain in isolation for the remainder of the 14 day isolation period.
* Must inform their household that they should self-isolate for at least 14 days from when the symptomatic person first had symptoms.
* must, if they test positive, follow the [‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance) and should continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste.
 | HIGH |  | MED |

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| **Manage confirmed cases of Coronavirus amongst the school community** |
| * St Ignatius Primary School will take swift action if and when we become aware that someone, who has attended school, has tested positive for coronavirus (COVID-19).
* St Ignatius Primary School will contact the local health protection team.
* St Ignatius Primary School are aware that the local health protection team will also contact us directly if they become aware that someone, who has tested positive for coronavirus (COVID-19), attended the school – as identified by NHS Test and Trace.
* The health protection team will work with St Ignatius Primary School in this situation to guide us through the actions we need to take.
* Based on the advice from the health protection team, St Ignatius Primary School will send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious.

Close contact means:* direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
* proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
* travelling in a small vehicle, like a car, with an infected person
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Risk Assessment Method

In order to assess a risk associated to a hazard, two factors need to be considered:-

i - the possible severity of the outcome

Realistically, what is the worst likely outcome? This method defines four categories of severity:-

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| Fatality or permanent disabilityMajor injury or long-term absence3-day injury or temporary disabilityMinor injury |

ii - the likelihood of the outcome to occur

How likely is it that the severe outcome will occur? Five categories are defined:-

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| **Likely****Probable****Possible****Remote****Improbable** | A repetitive occurrence should be expectedForeseeableCould occur sometimeUnlikely, though conceivableAlmost negligible |

Once those two factors are assessed, the matrix on the next page can be used to determine the level of risk. This information was then used to prioritise any control measures necessary to eliminate or reduce the risk to an acceptable level.

Risk Assessment Method (continuing).

 **Matrix**

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| --- | --- | --- | --- | --- | --- |
|  | **Likely** | **Probable** | **Possible** | **Remote** | **Improbable** |
| Fatality or permanent disability | **VERY HIGH** | **VERY HIGH** | **HIGH** | **MEDIUM** | **LOW** |
| Major injury or long-term absence | **VERY HIGH** | **VERY HIGH** | **HIGH** | **MEDIUM** | **LOW** |
| 3-day injury or temporary disability | **HIGH** | **HIGH** | **MEDIUM** | **MEDIUM** | **LOW** |
| Minor injury | **MEDIUM** | **MEDIUM** | **LOW** | **LOW** | **VERY LOW** |

 **Action Level**

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| **VERY HIGH** | **Unacceptable risk - immediate action required** |
| **HIGH** | **Risk reduction required - high priority** |
| **MEDIUM** | Medium risk - action required so far as is reasonably practicable |
| **LOW** | Low priority - further risk reduction may not be feasible or cost effective |
| **VERY LOW** | Low risk - no further action required  |