

Risk Assessment Covid-19 (step 4)

This Risk Assessment has been written following guidance from the DFE and Public Health. This has been shared with Governors, staff members and their representatives and parents and carers of pupils who attend Sutton House Academy. The Academy have recorded that employees have been consulted and made aware of the contents of the risk assessment. As an Academy we have adopted this Risk Assessment with additional risk control measures / adaptations noted in green.

This Academy has robust arrangements in place to control the risk. This risk assessment is not exhaustive and should be used a guide for typical COVID-19 risk management considerations and controls.

This risks assessment:

- **Step** 1: Identify the hazards.
- **Step** 2: Decides who might be harmed and how.
- **Step** 3: Evaluates the **risks** and decide on precautions.
- **Step** 4: Records findings and implement them.

Step 5: Review your assessment periodically and where there have been significant changes or any learning from accidents / incidents or work-related ill health. Risks shouldbe reduced to as low as reasonably practicable.

Having assessed the risk, the Academy has worked through the below system of controls and adopted measures to the fullest extent possible in a way that addressesthe risk identified in the assessment, works for the Academy and allows us to deliver a broad and balanced curriculum for pupils, including full educational and caresupport for those pupils who have Special **Educational Needs and Disabilities (SEND).**

Control Measures/Prevention

You must always:

- 1) Ensure good hygiene for everyone.
- 2) Maintain appropriate cleaning regimes, using standard products such as detergents.
- 3) Keep occupied spaces well ventilated.
- 4) Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19. Minimise contact with individuals who are required to self-isolate byensuring they do not attend Academy.

In specific circumstances:

- Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.
- Promote and engage in asymptomatic testing, where available.
- Face coverings are personal choice the Academy and on Academy transport but strongly recommended when social distancing cannot be maintained.

Response to any infection:

You must always:

- Promote and engage with the NHS Test and Trace process. (If applicable)
- Manage and report confirmed cases of coronavirus (COVID-19) amongst the Academy community.
- Contain any outbreak by following local health protection team advice

Key Considerations:

Cleaning / Hygiene protocols: Coronavirus can transfer from people to surfaces. It can be passed on to others who touch the same surfaces.

Keeping your Academy buildings clean and frequent handwashing reduces the potential for coronavirus to spread and is a critical part of making and keeping your Academy safe.



<u>Ventilation</u>: Adequate ventilation reduces how much virus is in the air. It helps reduce the risk from aerosol transmission, when someone breathes in small particles (aerosols)in the air after a person with the virus has been in the same enclosed area. The law says employers must make sure there's an adequate supply of fresh air (ventilation) in enclosed areas. This has not changed during the pandemic.

You should be maximising the fresh air in a space and this can be done by:

- <u>Natural ventilation</u> which relies on passive air flow through windows, doors and air vents that can be fully or partially opened.
- Mechanical ventilation using fans and ducts to bring in fresh air from outside, or
- a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air.

Ventilation must be considered alongside other control measures needed to reduce risks of transmission as part of making your Academy building safe. A priority for your assessment is to identify and control poorly ventilated occupied areas.

Respiratory hygiene: The 'catch it, bin it, kill it' approach continues to be very important. The following link contains free resources for you, including materials to encourage good hand and respiratory hygiene -<u>Information about the Coronavirus (ebug.eu.)</u>

Use of personal protective equipment (PPE) Most staff in the Academy will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the <u>Safe working in education</u>, childcare and children's social care settings, including the use of personal protective equipment (PPE) (applies until Step 4) - GOV.UK (www.gov.uk).

Social Distancing - No social distancing, however our local Public Health Team recommend 1m+ apart, where possible e.g., Staff to Staff 1m+, Staff to Pupils 1m+ and Staffto Visitors 1m+.

Face Coverings

- Mandatory face masks remain in place on London transport. The use of face coverings is now a personal
 choice in the Academy; however, our Local Public Health Teamstrongly recommend face coverings where
 social distancing of 1m+ cannot be maintained, including provision of First Aid.
- Government expects and recommends that people wear face coverings in crowded areas such as public transport.
- We recommend that visitors and contractors continue to be required to wear face coverings in the Academy.

Bubbles – As part of Step 4, the Government advice is that bubbles no longer need to be maintained. However, if there is an outbreak in your nursery, Academy, or college, or ifyour nursery, Academy, or college is in an enhanced response area, you might be advised that it is necessary to reintroduce bubbles or to keep groups apart for a temporary period to reduce mixing between groups.

Contact Tracing - Responsibility for contact tracing will be removed from the Academy and passed to NHS Test and Trace.

Reporting of Cases - Academy MDS reporting is to continue for cases. Parents will be asked to continue to let the Academy know of cases.

Testing - Secondary Academy pupils and staff are encouraged to continue to take LFD tests 2 x per week throughout the Academy break if they are attending summer Academy's or holiday clubs/ activities. Secondary Academy pupils should take 2x on Academy site/supervised LFT 3-5 days apart on their first week of return. Pupils should then test 2 x weekly at home until the end of September.

Outbreak - In the event of an outbreak, DsPH can advise on targeted time limited rules if necessary - awaiting further guidance on definitions. This risk assessment template must be completed taking into full consideration current government guidelines for Academy's:

Academys COVID-19 operational guidance (publishing.service.gov.uk)

SEND and specialist settings - additional
operational guidance: COVID-19
(publishing.service.gov.uk)Contingency
framework: education and childcare
settings - GOV.UK (www.gov.uk)



Risk Assessment Covid-19

Activity/Person/Location	Managing COVID-19 risks
Academy	Sutton House
Head Teacher	Headteacher
Assessor(s) including employee representative	Governors JWo MH KH JW, AP
Date of assessment	01.09.2021
Review date (Monthly)	2 nd of the month ongoing

Key	
	Social Distancing to minimise potential spread of COVID-19
	Hygiene protocols to minimise potential spread of COVID-19
	Additional considerations to manage and control risk



Risk rating to be applied by each Academy following implementation of control measures. Select a risk rating to reflect the overall risk once control measures are in place. You are aiming to ensure that the risk is as low as reasonably practicable (ALARP)

What are the	Who may be	What are you already doing?	What	Actions	Action	Date
hazards?	harmed and		further	by	by	Com
	how? (risk)		action is	whom?	when?	plete
			necessary?			d
1.	Staff, pupils,	Protocol in place in line with <u>Guidance for Academys and educational settings</u> contains detailed guidance for settings	Please	AB	Ongoing	N/A
There is a	contractors,	on: cleaning, testing and tracing, PPE and what settings should do in response to a case being confirmed. Academy's	consult the			
confirmed	visitors	should refer to this guidance and continue to follow measures, along with handwashing, cleaning, and self-isolation to	relevant			
case of	Possible	lower the risk of transmission.	guidance to			
coronaviru	transmission of		carry out			
s ina	the virus	Child / young person / staff member with symptoms Anyone with symptoms should be advised NOT to come to the	this risk			
setting	between staff to	Academy premises, they should be advised to get tested and self- isolate for 10 days (along with their household).	assessment.			
	staff, Staff to					
	pupil, pupil to	If a child, young person or staff member displays symptoms of coronavirus in a setting, they should be sent home and				
	pupil and into the	advised to get a test and self-isolate for 10 days. Their fellow household members should self-isolate for 10 days. Stay at				
	wider	home guidance is available <u>here</u> .				
	community.	All staff and students who are attending an education or childcare setting will have access to a PCR test if they display				
	However,	symptoms of coronavirus and are strongly encouraged to get tested in this scenario. Employee refusal to arrange a test				
	transmission of	will need to be discussed with the manager and the employee. If the child, young person or staff member tests				
	virus between	negative, they can return to their setting and the fellow household members can end their self-isolation.				
	pupil to pupil and	If a child with symptoms is awaiting collection, they should be moved, if possible, to a room where they can be isolated				
	between pupils	behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required.				
		Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
	to staff is negligible. People can catch the virus from others who are infected in the following ways: • virus moves from person- to-person in droplets from the nose or mouth spread when a person with the virus coughs or exhales • the virus can survive for up to 72 hours out of the body on surfaces which people have coughed on, etc • people can pick up the virus by breathing in the droplets or by touching contaminated surfaces and then touching their eyes or	least 1m+ away from other people. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) (applies until Step 4) - GOV.UK (www.gov.uk). Any rooms they use should be cleaned after they have left. The household (including any siblings) should follow the PHE guidance: Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk). In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else. PPE must be worn by staff caring for the child while they await collection if a distance of 1m+ cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance. Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive or they have been requested to do so by NHS Test and Trace. Everyone must wash their hands 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 must 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-		whom?	when?	_
	mouthExposure to the virus may result mild or					



What are the hazards?	Who may be harmed and	What are you already doing?	What further	Actions by	Action by	Date Com
	how? (risk)		action is necessary?	whom?	when?	plete d
	moderate					
	symptoms e.g.					
	coughing,					
	fever or shortness of					
	breath, more					
	severe					
	symptoms					
	include					
	pneumonia in					
	both lungs					
	which can lead					
	to death. The					
	children are					
	generally					
	asymptomatic					
	or have mild					
	symptoms only					
	and the					
	transmission					
	rate to other					
	children or adults is low or					
	negligible					
Covid-19	<u> </u>	Child / young person / staff member with a positive test result	Contact			
Outbreaks on		If there is a confirmed case of coronavirus (a child, young person or a staff member with a positive test result) in a	Local Public			
site		setting, they should be sent home and advised to self-isolate for 10 days. Their fellow household members then follow	Health			
		NHS Test and Trace advice. Information can be found <u>here</u> .	Team and			
			LCRC in case			
		Where the child, young person or staff member tests positive, the rest of their class within their childcare or education	of an			
		setting should not be sent home unless the Academy has spoken to the local Public health team and London	outbreak.			
		Coronavirus Response Centre. The other household members of that wider class do not need to self-isolate unless the	Please visit			
		child, young person or staff member they live with in that class subsequently develops symptoms. They should follow advice from NHS Test and Trace and those identifies as a close contact are encouraged to complete a PCR test.	the council's			
		advice from NTS rest and trace and those identifies as a close contact are encouraged to complete a PCR test.	website to			
		As part of the NHS Test and Trace programme, if other cases are detected within the cohort or in the wider setting,	access the			
		Local Public Health Team has put Outbreak Action Cards and SOPs in various settings as part of the Local Outbreak	Outbreak			
		Management Plan. Further guidance can also be found: https://www.gov.uk/government/publications/coronavirus-	ActionCards			
		covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-	and SOP for			
		settings	your setting			



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
hazards?		Please follow these. In case of an outbreak (please see definitions below), contact the local Public health team as below: Contact Local PH team on Name They will Respond to your enquiries Give advice if there are suspected coronavirus cases (i.e. before test result back) Gives ongoing support to settings managing outbreaks Contact PHE on 0300 303 0450 They will Give initial advice when there is a person with confirmed coronavirus in a high-risk setting Want organisations to notify them of all confirmed (test positive) cases in high risk local settings (Notifications to be made via LCRC@phe.gov.uk rmailto:LCRC@phe.gov.uk or call 03003030450) If PHE confirm that there is an outbreak in any setting, they will still: Support setting to complete an outbreak risk assessment Run through infection prevention and control check list Support with communications, if needed Alert local authority public health team who will provide ongoing support. Establish a multi-agency incident management team (if required) The Trust will undertake an outbreak risk assessment to help mitigate the risks. (Please note this is different from the Individual RA and Academy's RA already undertaken) Where settings are observing guidance on COVID-19: infection prevention and control (IPC), which will reduce risk of transmission, closure of the whole setting will not generally be necessary. Outbreak definition: Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period.	action is	-	-	plete
		(In the absence of detailed information about the type of contact between the cases). End of cluster No test-confirmed cases with illness onset dates in the last 14 days.				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
		 Outbreak definition: Two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:				
		Note: The threshold for the end of an outbreak is higher than the end of a cluster. <u>covid-19-epidemiological-definitions-of-outbreaks-and- clusters</u>				
2. Testing and contact tracing	Staff, Pupils, visitors, contactors (Risk - as set out in section 1)	The NHS Test and Trace programme will play an important role in helping to minimise the spread of coronavirus in the future. It will also include more traditional methods of contact tracing if a child, young person or parent test positive. Testing remains voluntary but strongly encouraged by Public Health. Academies must ensure they understand the NHS Test and Trace process and how to contact their local Public Health England health protection team. Academy's must ensure that staff members and parents/carers understand that they will need to be ready and willing to: • Book a test if they are displaying symptoms. Staff and pupils must not come into the Academy if they have symptoms and must be sent home to self-isolate if they develop them in Academy. All children can be tested, including children under 5, but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit. • Provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID- 19) or if asked by NHS Test and Trace. • Self-isolate if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19).	Parents, visitors, contractors and pupils with a smart phone should download the app.	AB	Ongoing	N/A
		Coronavirus testing is available to everyone in England with symptoms (a new, continuous cough; high temperature; or a loss of or change in your normal sense of smell or taste). You can get an NHS test if at least one of the following applies: • you have a high temperature • you have a new, continuous cough • you've lost your sense of smell or taste or it's changed • you've been asked to get a test by a local council • you're taking part in a government pilot project				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
		 you've been asked to get a test to confirm a positive result 				
		You can also get a test for someone you live with if they have symptoms.				
		How to book a test				
		 People can register for a test <u>at Testing for coronavirus (COVID-19) - NHS</u> (www.nhs.uk) 				
		 Those who do not have any access to the internet, or who have difficulty with the digital portals, can ring a new 119 service to book their test. People with hearing or speech difficulties can call 18001 119. 				
		When to get a test				
		If you have symptoms, get a test as soon as possible.				
		Book a visit to a test site to have the test today. Test sites are open 7 days a week <u>Get a coronavirus test</u> LBBD. Order a home test kit if you cannot get to a test site.				
		Asymptomatic Testing Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will be reviewed.				
		There is no need for primary age pupils to test over th				
		e summer period. They will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary Academy as a new year 7. Academy's may choose, however, to start testing year 6 pupils earlier, including in summer Academy's, depending on their local circumstance				
		Staff and pupils must report their result to NHS Test and Trace as soon as the test is completed either online or by telephone as per the instructions in the home test kit. Staff and pupils should also share their result, whether void, positive or negative, with their Academy to help with contact tracing.				
		Pupils aged 18 and over should self-test and report the result, with assistance if needed. Adolescents aged 12 to 17 should self-test and report with adult supervision. The adult may conduct the test if necessary. Children aged 11 attending a secondary Academy should be tested by an adult.				
		Confirmatory PCR tests Staff or pupils with a positive LFD test result must self-isolate in line with the stay-at-home guidance Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk). They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result.				
		Whilst awaiting the PCR result, the individual should continue to self-isolate.				
		If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to Academy, as long as the individual doesn't have COVID-19 symptoms.				
		Those with a negative LFD test result can also continue to attend Academy and use protective measures.				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is	Actions by whom?	Action by when?	Date Com plete
			necessary?			d
		Tracing close contacts and isolation From 16 August 2021, children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case.				
		Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.				
		Close contacts will be identified via NHS Test and Trace and education settings will no longer be expected undertake contact tracing. As with positive cases in any other setting, NHS Test and Trace will work with the positive case to identify close contacts. Contacts from a Academy setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who				
		would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases. Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.				



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3. Contingency Plan to deal with an outbreak	Staff, Pupils, visitors, contactors (Risk - as set out in section 1)	If a local area sees a spike in infection rates that is resulting in localised community spread, appropriate authorities will decide which measures to implement to help contain the spread. The Department for Education will be involved in decisions at a local and national level affecting a geographical area, and will support appropriate authorities and individual settings to follow the health advice. For self-isolating pupils, remote education plans will be put in place. These should meet the same expectations as those for any pupils who cannot yet attend Academy at all due to coronavirus (COVID-19). Academy's should maintain capacity to deliver remote learning for the next academic year, including pupils who face challenges to return due to COVID-19 travel restrictions for the period they are abroad. See guidance on remote education support. Full expectations for remote education, support and resources can be found on the Safeguarding - Get Help with Remote Education - GOV.UK. Remote learning is provided using Microsoft Teams. Learning is uploaded regularly. Resources, including IT, is available upon request. Pupils with significant SEND are provided bespoke learning to meet their needs. Learning packs are available upon request. In the event of a local outbreak, the PH health protection team or local authority may advise a Academy or number of Academies to close temporarily to help control transmission. Academies will also need a contingency plan for this eventuality. This may involve a return to remaining open only for vulnerable children and the children of critical workers, and providing remote education for all other pupils.				
4. Communicatio n n strategy (communicatio n n to parents / guardians)	Staff, Pupils, visitors, contactors (Risk - As set out in section 1)	 Protocol in place and includes: The use of face coverings is now a personal choice in Academy's; however, our Local Public Health Team strongly recommend face coverings where social distancing of 1m+ cannot be maintained, including provision of First Aid. We recommend that visitors and contractors continue to be required to wear face coverings in Academy's. If parents of pupils with significant risk factors are concerned, Academy's should discuss their concerns and provide reassurance of the measures they are putting in place to reduce the risk in Academy. If there is an outbreak in the Academy, the Director of Public Health may advise that face coverings should temporarily be worn in communal areas or classrooms (by pupils, staff and visitors, unless exempt). Those positive with Covid-19 or symptomatic - phone or email notification to be urgently made to the Academy and affected persons to stay away from site until required isolation periods have passed. Parents to be advised to follow guidance below 		AB CF	Ongoing	N/A



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
5. Shielded and clinically vulnerable Groups including those who are pregnant SEND Pupils Black, Asian and Minority Ethnic (BAME) and clinically vulnerable groups	Staff, pupils, contractors, visitors (Risk - as set out in section 1) UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionatel y affected by COVID-19.	COVID-19: guidance for households with possible coronavirus infection - GOV.UK (www.gov.uk) The Academy is continuing to limit the number of non-Academy staff on site and supporting, where possible, families remotely. The majority of contracted work is completed outside of Academy hours (unless in an emergency situation) Shielding is currently paused. Although the advice to shield has ended, clinically extremely vulnerable people must continue to follow the rules that are in place for everyone. Clinically extremely vulnerable people must continue to take extra precautions to protect themselves. The current advice on shielding can be found here: guidance-on-shielding-and-protecting-extremely-vulnerable-persons. It is important that children attend Academy for their education, wellbeing, mental health and long-term development. Clinically extremely vulnerable pupils and students should continue to attend Academy or other educational setting. This includes early years provision, wraparound childcare and applicable out-of-Academy Settings. All CEV children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their GP or clinician not to attend. Further information is available in the guidance on Supporting pupils with medical conditions at Academy - GOV.UK (www.gov.uk). Where parents are concerned about their child's attendance, they should speak to their child's Academy about their concerns and discuss the protective measures that have been put in place to reduce the risk. They should also discuss other measures that can be put in place to ensure their children can regularly attend Academy. Please see link for specific information on: SEND and specialist settings - additional operational guidance: COVID-19 (publishing.service.gov.uk). Academy attendance is mandatory for all pupils of compulsory Academy age, and it is a priority to ensure that as many children as po	If parents of pupils with significant risk factors are concerned, we recommend Academies discuss th eir concerns and provide reassurance of the measures they are putting in place to reduce the risk in Academy. Academies should be clear with parents that pupils of compulsory Academy			d
		 Where a pupil is unable to attend Academy because they are complying with clinical and/or public health advice, we expect Academies to be able to immediately offer them access to remote education. Where Academies 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 	age must be in Academy unless a statutory reason			



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		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. Advice for pregnant women, is available here. If you are 28 weeks pregnant and beyond, or if you are pregnant and have an underlying health condition that puts you at a greater risk of severe illness from COVID-19 at any gestation, you should take a more precautionary approach. This is because although you are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, you have an increased risk of becoming severely ill and of pre-term birth if you contract COVID-19. Staff should discuss these matters with line management/Academies HR and undertake a risk assessment. All pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, in line with the age group roll out. Please see link for further information: COVID-19 vaccines, pregnancy and breastfeeding (rocgo.org.uk) Pupil local individual SEND care plans and risk assessments (where in place) reviewed regularly. To include the need for relevant PPE use. Pupils in Sunshine and Oasis have risk assessments if necessary Where closer contact may be necessary (for example personal care) appropriate PPE to be worn. This would include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the individual is coughing, spitting. Management staff to follow manufactures instructions on how to use PPE correctly Important considerations for occupied spaces within the Academy building. Frequent and thorough hand cleaning should now be a regular practice. The Academy should continue to ensure that staff / visitors and pupils clean their hands regularly. This can be done with soap and water to minimise possible adverse dermatological effects (20 seconds minimum recommended) or with sanitiser. Pupils clean their hands when entering Academy, Implementation and maint	applies (for example, the pupil has been granted a leave of absence, is unable to attend because of sickness, is absent for a necessary religious observance etc.). Academy leaders should be flexible in how those members of staff are deployed. People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.			



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
		 full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply. Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations. Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so). The Academy should aim to achieve a sensible balance between increased ventilation and a comfortable temperature (thermal comfort) in classrooms and other occupied spaces. The minimum temperature maintained in classrooms and offices should not be below 16°C. To balance the need for increased ventilation while maintaining a comfortable temperature, consider: opening high level windows in colder weather in preference to low level to reduce draughts, increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused), providing flexibility to allow additional, suitable indoor clothing, rearranging furniture where possible to avoid direct draughts Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces The 'catch it, bin it, kill it' approach continues to be very important. The following link contains free resources, including materials to encourage good hand and respiratory hygiene -Information about the Coronavirus (e-bug.eu.) 				
6. Entry to Academy premises egress from Academy premises	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	Academies should consider well in advance future events, including parents' evenings – how they will be managed in terms of COVID-19 arrangements e.g., maintaining good hygiene and well ventilated spaces. The use of face coverings is now a personal choice in Academies; however, our Local Public Health Team strongly recommend face coverings where social distancing of 1m+ cannot be maintained, including provision of First Aid. We recommend that visitors and contractors continue to be required to wear face coverings in Academies. • Appropriate disposal of face coverings and hygiene arrangements are in place are in place for staff and pupils who continue to wear face coverings. • 1m+ distancing maintained on Academy entry approaches, where possible. • Face coverings continue to be used where 1m+ distancing cannot be maintained staff/visitors. • Clean hands thoroughly more often than usual. Hand washing / sanitisation stations (ideally soap and water to minimise possible adverse dermatological effects) at point of entry to Academy. All people entering the Academy must sanitise hands prior to entry. (20 seconds minimum recommended for washing with soap and water) • Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents • Age-appropriate instruction provided to pupils on hand washing methods. • To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues, and PPE: • Put it in a plastic rubbish bag and tie it when full • Place the plastic bag in a second bin bag and tie it	Advice / instruction on recommend ed social distancing of 1m+ / hygiene and cleaning practices		Ongoing	N/A



What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
 Put it in a suitable and secure place marked for storage Waste to be stored safely and securely kept away from children. 				
The use of face coverings is now a personal choice in Academies; however, our Local Public Health Team strongly recommend face coverings where social distancing of 1m+ cannot be maintained. We recommend that visitors and contractors continue to wear face coverings in Academies Enhanced cleaning frequency of regular touched items. Catch it, Bin it, kill it notices displayed. Hand washing poster displayed. Hand sanitiser stations located in reception. Sanitisation/hand washing protocols observed when handling deliveries. Non fire/security doors propped open to minimise touching of surfaces and increase ventilation. Provision of closed top bins available for disposal of face masks and other PPE which may be worn. Face masks are not recyclable at present and should not be placed in recycle bins. Further guidance can be found here https://www.gov.uk/guidance/coronavirus-covid-19- disposing-of-waste Ventilation is maximised (maintaining thermal comfort) in this space via: Natural ventilation - passive air flow through windows, doors and air vents that can be fully or partially opened Mechanical ventilation - using fans and ducts to bring in fresh air from outside, or a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air Note: Fire Doors must not be propped open unless connected to specifically designed electronic/magnetic devices which release automatically when fire alarm is activated. Screens will remain in place in the reception area. Queuing minimised, where reasonably practicable. The distancing maintained, where possible. Face coverings continue to be used where 1m+ distancing cannot be maintained staff/visitors.				
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What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
8. Classrooms	Staff, pupils, contractors, Visitors	The use of face coverings is now a personal choice in Academies; however, our Local Public Health Team strongly recommend face coverings where social distancing of 1m+ cannot be maintained.			Ongoing	N/A
	(Risk - as set out	We recommend that visitors and contractors continue to be required to wear face coverings in classrooms.				
	in section 1)	COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK (www.gov.uk)				
		 Classroom based resources and equipment used and Shared is cleaned regularly, along with all frequently touched surfaces. Increased cleaning frequencies of hard surfaces / emptying of bins. In place. Adequate tissues are available to clear up spills and to catch sneezes in line with Catch it / Bin it / Kill lit advice. Enhanced cleaning frequency of regular touched surfaces / items. Catch it, Bin it, kill it notices displayed. Hand washing poster displayed. Hand sanitiser available for staff / pupil use. Non fire / security doors propped open to minimise touching of surfaces. Ventilation is maximised (maintaining thermal comfort) in this space via: Natural ventilation - passive air flow through windows, doors and air vents that can be fully or partially opened Mechanical ventilation - using fans and ducts to bring in fresh air from outside, or A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. Staff maintaining distance from pupils and other staff as much as possible. 				
		 Considering the guidance: <u>Covid-19-SEND-risk- assessment-guidance</u>. Where possible, social distancing of 1m+ is maintained. 				
9. Lunch times/Break times	Staff, pupils, contractors, visitors	• Face coverings are encouraged to be used where 1m+ distancing cannot be maintained staff/visitors. The Academy should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces. PHE has published guidance on the COVID-19: cleaning of non- healthcare settings outside the home - GOV.UK (www.gov.uk)			Ongoing	N/A
	(Risk - as set out in section 1)	 Hand washing / sanitisation to be followed e.g., clean hands thoroughly more often than usual. Hand washing / sanitisation stations (ideally soap and water to minimise possible adverse dermatological effects) at point of entry to Academy (20 seconds minimum recommended for washing with soap and water). Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents. Outdoor spaces utilised where practicable. Academy kitchens should be complying with the guidance for food businesses on coronavirus (COVID-19) 				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
10. Communal Areas (Halls, Corridors, Staircases)	Staff, pupils, Contractors, Visitors (Risk - as set out in section 1)	The use of face coverings is now a personal choice in Academies; however, our Local Public Health Team strongly recommend face coverings where social distancing of 1m+ cannot be maintained. We recommend that visitors and contractors continue to be required to wear face coverings in Academies If the Academy leases out halls and facilities for third parties to use in the evening or on weekends, this must be risk assessed in terms of, hygiene - including enhanced cleaning regimes to determine if the hall can be used by third parties in line with COVID-19 arrangements. Enhanced cleaning frequency of regular touched surfaces in line with COVID-19 arrangements. Catch it, Bin it, kill it notices displayed. Hand washing poster displayed. Hand sanitiser available for staff / pupil use. Non fire / security doors propped open to minimise touching of surfaces. Ventilation is maximised (maintaining thermal comfort) in these spaces via: Natural ventilation - passive air flow through windows, doors and air vents that can be fully or partially opened Mechanical ventilation - using fans and ducts to bring in fresh air from outside, or A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. Where possible, social distancing of 1m+ is maintained. Face coverings continue to be used where 1m+ distancing cannot be maintained staff/visitors.				
11. Toilets	Staff, pupils, Contractors, Visitors (Risk - as set out in section 1)	The use of face coverings is now a personal choice in Academies; however, our Local Public Health Team strongly recommend face coverings where social distancing of 1m+ cannot be maintained. We recommend that visitors and contractors continue to be required to wear face coverings in Academies. Toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet. • Hand washing protocol increased to before and after use of toilet facilities (20 seconds minimum recommended) • Hand washing poster displayed in all WCs • Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergent. • Ventilation is maximised (maintaining thermal comfort) in this space via: • Natural ventilation - passive air flow through windows, doors and air vents that can be fully or partially opened • Mechanical ventilation - using fans and ducts to bring in fresh air from outside, or				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
		 A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. Where possible, social distancing of 1m+ is maintained. Face coverings continue to be used where 1m+ distancing cannot be maintained staff/visitors 				
12. Staff Areas including: • Staff rooms • Meeting rooms • Offices	Staff, contractors, visitors, (Risk - as set out in section 1)	 Hand washing protocol increased to before and after use of toilet facilities (20 seconds minimum recommended) Hand washing poster displayed in all WCs Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergent. Ventilation is maximised (maintaining thermal comfort) in this space via: Natural ventilation - passive air flow through windows, doors and air vents that can be fully or partially opened Mechanical ventilation - using fans and ducts to bring in fresh air from outside, or A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. Conduct meetings where possible via Teams Where possible, social distancing of 1m+ is maintained. Face coverings continue to be used where 1m+ distancing cannot be maintained staff/visitors. Staffroom available however, staff are encouraged to use a range of spaces around the Academy to avoid overcrowding. Lunch and Break time staggered to avoid overcrowding. 				
13. First Aid	Staff, pupils, visitors (Risk - as set out in section 1)	 Adequate numbers of trained staff to administer First Aid. Check First aid boxes content and facilities available. Each classroom has their own first aid box Where closer contact may be necessary, we recommend appropriate PPE to protect First Aider and casualty. This would include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the casualty is coughing, spitting, or vomiting. The best way to protect is through rigorous cleaning, personal hygiene and regular hand hygiene. First Aid PPE provided to include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the casualty is coughing, spitting, or vomiting. Guidance for first aiders: Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone. 				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
		 If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern remember the 3P model – preserve life, prevent worsening, promote recovery. Please see link: COVID-19: guidance for first responders - GOV.UK (www.gov.uk) Preserve life: CPR: Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms Ask for help. If a portable defibrillator is available, ask for it Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation If available, use: a fluid-repellent surgical mask disposable gloves eye protection apron or other suitable covering Only deliver CPR by chest compressions and use a defibrillator (if available) – don't do rescue breaths (for CPR in paediatric settings see specific guidance from the Resuscitation Council UK) Contact the Health and Safety team if it is suspected that a staff member at work has been diagnosed as having COVID-19 attributed to an occupational exposure (not societal) to coronavirus (needs to be evidence based). Management and staff must read and follow manufactures instructions on how to use PPE correctly. Guidance on PPE and the correct fitting of face masks can be found here: COVID-19: personal protective equipment use for non-aerosol generating procedures - GOV.UK (www.gov.uk)				
14. Academy Trips	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	Please add any additional specific arrangements applicable to your Academy. It is recommended the Academy does not go on any international visits before the start of the autumn term. From the start of the new Academy term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future. Ensure that any new bookings have adequate financial protection in place and assess insurance type required. The travel list is subject to change and green list countries may be moved into amber or red. The travel list could also change, whilst on a visit, so you must have a contingency plan in place. The Academy must undertake a full and thorough risk assessment in relation to educational visits. Please see following links: Health and safety on educational visits - GOV.UK (www.gov.uk). Specialist advice is available from: The OEAPNG https://oeapng.info Academy has observed and followed current guidance on educational visits. The Academy has undertaken a full and thorough risk assessments in relation to all educational visits to ensure they can be done safely.				



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
		 As part of this risk assessment, the Academy has considered what control measures need to be used and is aware of wider advice on visiting indoor and outdoor venues. Where possible trips to be arranged not using public transport 				
15. Air conditioning	(Risk - as set out in section 1)	When your Academy is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.				
systems		If using a central ventilation system that removes and circulates air to different rooms, it is recommended that you turn off re-circulation and use a fresh air supply. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.				
		 Ventilation / air conditioning / extraction systems maintained. Mechanical ventilation systems have been adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. Natural ventilation – has been maximised to include opening windows and opening internal non fire doors to assist with creating a throughput of air and external doors where safe to do to (in cooler weather windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space). 				
		To balance the need for increased ventilation while maintaining a comfortable temperature, consider and indicate where in place: Opening high level windows in colder weather in preference to low level to reduce draughts. Increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused). Providing flexibility to allow additional, suitable indoor clothing. Rearranging furniture where possible to avoid direct draughts. The Academy has assessed its ventilation systems and requirements.				
		 Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces. HSE guidance on use of air conditioning systems followed https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm?utm source=govdelivery&utm medium=email&utm campaign=coronavirus&utm term=intro-1&utm content=aircon-22-jun 				
16. Fire	Staff, pupils, contractors, visitors	Please add any additional specific arrangements applicable to your building. Fire risk assessment and Emergency Evacuation Plans revised to consider areas which may not be in use and changes of use to the building. Personal Emergency Evacuation Plans (PEEPS) in place and revised where necessary.			Ongoing	N/A



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
	Smoke inhalation, exposure to heat	 Ensure emergency evacuation routes out of the building are not compromised including fire doors and final exit doors. Fire Assembly points arranged and monitored. Fire Drills planned half termly 				
17. Behaviour of pupils / staff	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	 Review of the Academy's pupil behaviour policy to ensure that they cover COVID-19 risk related incidents (to include individual risk assessment of children with known challenging behaviour). Non-compliance (designated space for de- escalation/cooling-off period with 1m+ social distancing, where possible. Designated spaces in place for pupils displaying ACEs/Trauma/anxiety, SEND and non-compliance. Provision in place for the Academy to be able to sanction pupils who wilfully refuse to adhere to arrangements and deliberately cough or spit at pupils or staff, putting them at risk. Policy reviewed in line with current Government guidance considering staff also. Guidance is available here. Training in place to reinforce expectations of staff behaviours, including adult to adult interactions. 			Ongoing	N/A
18. Behaviour of parents / visitors / contractors (Violence and aggression)	Staff, pupils, visitors (Risk - as set out in section 1)	 The Academy's violence and aggression policy has been reviewed to ensure that it covers COVID-19 risk related incidents. Provision is in place as the Academy will not tolerate and will take the firm action should any person wilfully refuse to adhere to arrangements. 				
19. COSHH Cleaning / Sanitisation products	Pupils due to required increased cleaning/sanitisin g of hard surfaces and items in classrooms, there is a need to ensure no residual traces of cleaning products / or access to the cleaning / sanitising product by children	 COSHH risk assessment updated to include all newly introduced cleaning products Training provided to all staff members required to use cleaning products (in consultation with the Academys cleaning provider) Manufacturers COSHH Safety Data Sheet provided to users of chemical outlining safe use, storage, emergency arrangements and PPE to be used. Strict instruction to staff / cleaning provider to always keep any cleaning / sanitisation products stored / secure and out of reach of children The Academy has worked with in house or external cleaning provider to ensure safe systems and protocols for use and storage are in place. Walk-through disinfecting systems and cleaning premises using fog, mist or UV treatment The HSE and public health bodies have agreed joint advice for duty holders considering using walk-through spraying or misting disinfecting systems. Walk-through disinfecting systems are not recommended under any circumstances, as this could be harmful and does not reduce the spread of COVID-19, this view is supported by the World Health Organisation. 				
20. Dealing with / clearing up	Staff, pupils, visitors	Where clearing up of body fluids is required, the staff member must wear full appropriate PPE. This will include disposable gloves, disposable apron and fluid resistant surgical facemask and eye protection or face shield. • PPE and waste disposal protocols to be followed (double bag waste).			Ongoing	N/A



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Actions by whom?	Action by when?	Date Com plete d
with Body	(Risk - as set out	Handwashing protocols to be followed.				
Fluids	in section 1)	 Protocol in place to respond to emergency cleaning requirements and increased cleaning requests. 				
21 Equalities and Mental Wellbeing	Staff, pupils Mental wellbeing could be affected by C-19 pandemic	Governing boards and Academy leaders should have regard to staff (including the Head Teacher) work-life balance and wellbeing. Academies will ensure they have explained to all staff the measures they are proposing putting in place and involve all staff in that process. All employers have a duty of care to their employees, and this extends to their mental health. Academies have mechanisms to support staff wellbeing. The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the extra mental health support for pupils and teachers is available. You can access useful links and sources of support on Permoting and supporting mental health and wellbeing				
		 in Academies and colleges - GOV.UK (www.gov.uk) Academies' mental wellbeing and support mechanisms for staff and pupils reviewed. The Academy has equalities policies to protect their employees, and others, from harm and continue to assess health and safety risks and considers how to meet equalities duties in the usual way. The Academy has a trained therapist 2 days a week who is able to provide work based supervision The Academy has 2 member of SLT trained in work based mental health first aid and 4 trained mental health ambassadors. 				
22. Pupils/Staff taking leave	Staff, pupils, parents	Staff may want to take a holiday over the summer period, which may involve travelling abroad. Please check here for latest advice: https://www.gov.uk/guidance/travel-advice-novel-coronavirus The government has set a requirement for people returning from some countries to quarantine on their return. The latest guidance on quarantine can be accessed at coronavirus (COVID-19): how to self-isolate when you travel to the UK. There is a risk that where staff travel abroad, their return travel arrangements could be disrupted due to factors arising beyond their control in relation to coronavirus (COVID-19">coronavirus (COVID-19), such as the potential for reinstatement of lockdown measures in the place they are visiting. Where it is not possible to avoid a member of staff having to quarantine during term time, Academy management should consider if it is possible to temporarily amend working arrangements to enable them to work from home. Academies may want to mirror and adapt the above guidance in relation to pupils. Individual Academies needs to take into account their Pupil Absence Management Policy and possibly adapt/amend and make the appropriate decision for their setting. The Academy is working to and relayed relevant travel advice to staff and pupils.				
23. Business Continuity	Staff, pupils, Closure of premises	Academies Business Continuity Plan has been reviewed to include COVID-19 related risks.			Ongoing	N/A



Academy Covid-19 Risk Matrix

(Modified Safety Assessment and Decision (SAAD) Score)

This risk assessment and matrix is based on the evidence available to date reviewed by a group of medical practitioners and provides an indication and guidance to carry out an individual risk assessment. This document will be reviewed and updated as and when new evidence emerges. This document is provided to supplement the individual risk assessment, previously circulated, but does not substitute the risk assessment or the conversation that you are required to hold with individual member of staff.

This risk matrix will give you an indication of the risk and therefore, if a member of staff scores higher, it means that the risk assessment and conversation may need to be more in depth with additional professional advice sought from Human Resources and Occupational Health colleagues.

There are some limitations that may be considered when interpreting the findings. This document may help Academies to supplement risk assessment of their staff, particularly of high risk and vulnerable groups to ensure staff safety. Please do remember this is to be applied to each individual on a case by case basis. There could be mental health issues for the staff that may need to be considered while carrying out the risk assessment. Head Teachers should refer staff to the Employee Assistance Programme, where your Academy buys into the service. Alternatively these resources are also available https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers & Wellbeing guide for staff working in Academies and trusts. Please ensure that the true feelings and concerns of the staff member can be captured.

Instructions for completing the risk assessment

- Arrange meeting with the staff member to jointly go through the score card
- Record the findings by encircling/ticking all relevant boxes
- Staff member having any one of the four risks in the 'high' risk category will automatically place themselves in the 'high' risk category (red boxes) irrespective of other variables and despite the total number scored.
- Discuss mental health and well-being concerns with staff member
- Complete each row and then add all rows to provide a total risk figure
- Record any decisions made to mitigate/reduce risk
- Record a review date for future review (provide staff member a copy of the score card)
- This score card is not for workers that fulfil the government criteria for 'Shielding' these workers should follow national guidance and stay at home



Mild Risk
Score: 1-7

Moderate Risk
Score: 8-11

High Risk
Score: 12 or above OR if the individual falls into one of the High-Risk categories i.e. 5

	1	2	3	4	5 High Risk	Row score
Age	40-49	50-59	60-69		70 +	
	White Chinese Mixed origin *Other	Indian	Bangladeshi Pakistani Middle East	Black		
Ethnicity	*BAME Other: Any staff that do not fall into one of the categories above, score according to other ethnicities above.					
Gender	Female	Male				

Obesity (BMI)	Over 23 (exclude white/ Chinese/ mixed)		Over 30 (white/ Chinese/ mixed)	Over 27.5 (exclude white/ Chinese/ mixed)	Over 40 (All groups)	
kg/m2	(in metres) or B measure the hei	MI = Kg/M2.For in ght will be required	culated as weight measuring BMI a ed. t into metres by di	weighing scale to		
Pregnancy		Under 28 weeks			Over 28 weeks	
Medical Conditions- (as below)	One condition			Two conditions	Three or more conditions	
Medical Conditions	the same as the for this score ca Respiratory p Heart Probler Chronic Kidne	shielding categor rd. Medical cond roblems (Asthma		re' in the shielding egory should be a led steroid)/COPI	category and 'mil assessed individua	d' or 'moderate'

- Chronic Neurological Conditions (Parkinson's, Motor Neurone Disease, History of Stroke (CVA), Multiple Sclerosis, Cerebral Palsy)
- Diabetes (Type 1 or 2)
- Reduced Immune Response AIDS/HIV, regular oral steroids
- Hypertension (on one or more anti-hypertensive medication)
- Ongoing inflammatory bowel conditions (Crohn's, Ulcerative Colitis)

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Evidence:

Age

An analysis of survival among people with confirmed COVID-19 by sex, age group, ethnicity, deprivation and region, shows that, compared with people under 40, the probability of death was about three times higher among those aged 40 to 49, nine times higher among those aged 50 to 59, twenty-seven times higher among those aged 60 to 69, fifty times higher among those aged 70 to 79 and seventy times higher among those aged 80 and over. These are the largest disparities by far found in this analysis.

Ethnicity

An analysis of survival among confirmed COVID-19 cases shows that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean, and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. ONS analysis showed that, when taking age into account, Black males were 4.2 times more likely to die from a COVID-19-related death than White males (16). The risk was also increased for people of Bangladeshi and Pakistani, Indian and Mixed ethnic groups.

The relationship between ethnicity and health is complex and likely to be the result of a combination of factors. Firstly, people of BAME communities are likely to be at increased risk of acquiring the infection. This is because BAME people are more likely to live in urban areas (18), in overcrowded households (19), in deprived areas (20), and have jobs that expose them to higher risks (21). People of BAME groups are also more likely than people of White British ethnicity to be born abroad (22), which means they may face additional barriers in accessing services that are created by, for example, cultural and language differences.

Secondly, people of BAME communities are also likely to be at an increased risk of poorer outcomes once they acquire the infection. For example, some comorbidities which increase the risk of poorer outcomes from COVID-19 are more common among certain ethnic groups. People of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from White British ethnicity (23), and people of Black Caribbean and Black African ethnicity have higher rates of hypertension compared with other ethnic groups (24). Data from the National Diabetes Audit suggests that type II diabetes prevalence is higher in people from BAME communities (25).



Gender

The analysis showed that working age males diagnosed with COVID-19 were twice as likely to die as females. For older adults (65 and over) the disparity remains significant but is much lower, with males in this age group having approximately 50% higher risk of death when compared to females

Obesity:

A study using data from over 400,000 patients aged 40 to 69 from UK Biobank linked to COVID-19 test data from PHE found that higher BMI was associated with a positive COVID-19 diagnosis (43). Compared with non-overweight people (BMI < 25 kg/m2), the odds ratios 1 were 1.26 (confidence interval of 1.01-1.56) for those who were overweight, 1.37 (1.06-1.76) for those in obese class I and 2.04 (1.50-2.77) for those in obese classes II and III combined 2.

Although many score cards available refer to obesity above a BMI of 30, data available is clear for the BAME community this risk increases with a BMI of 23, with further significant risk with a BMI of 27.5 and above.

Pregnancy:

Existing guidance identifies that pregnant women over 28 weeks should be regarded as at increased risk and recommended to stay at home. For pregnant women with underlying health conditions at any stage of pregnancy a more precautionary approach is required, and ethnicity should be included in the consideration and discussion between healthcare staff and managers. Where pregnancy is under 28 weeks gestation working in a public/pupil facing environment should be on the basis that the risk assessment supports this.

Medical conditions:

Emerging evidence suggests that certain conditions: hypertension, cardiovascular disease, diabetes, and chronic kidney disease are especially important risk factors, and these risk factors are increased in those of BAME population. Obesity has now also emerged as an independent risk factor for COVID-19 hospitalisation in the UK setting.



Mild Risk Score: 1-7 **Moderate Risk Score: 8-11**

High Risk Score: 12 or above **Behaviour Data Overview**

Actions

This is a guide, please do not apply this prescriptively, as individual risks and circumstances will vary.

Occupational Health's referrals in respect of Covid-19, should generally be used in the following instances:

- when an employee is at high-risk and additional advice is required around what can be accommodated. Shielding employees do not need to be referred as national guidance exists for this group.
- when a risk assessment has been completed but is inconclusive.

Occupational Health will be able to advise where an employee is very anxious about returning to work and can provide support and signposting to other services.

	Mild	Continue working as normal but following controls set out within the risk assessment and safety precautions (i.e. cleaning down all work/Academy areas before and after use, ensure where possible social distancing both during work and during breaks)				
	Moderate	Follow controls within risk assessment and safety precautions. Adjust working hours, work in a separate room, consider other adjustments, where possible. The focus is to support staff to attend work where possible.				
	High	Follow controls within risk assessment and safety precautions. No direct contacts. Lone working or working in separate office with minimal movement within the building. Workingfrom home, where possible				

Behaviour Data Overview

Examples of staff and scoring		
Male	2 points	
Chinese	1 point	
Age 56	2 points	
BMI 28	1 point	
No medical conditions	0 point	
Score:	6 points Mild risk category	
Male	2 points	
Black	4 points	
Age 42	1 point	
Diabetic (IDDM)	1 point	
Score:	8 points Moderate risk category	
Female	1 point	
Egyptian	3 points	
Age 64	3 points	
BMI 36	4 points	
Angina and Diabetic	4 points	
Score:	15 points High risk category	

Disclaimer

The SAAD Score is provided as a guidance and should be used as such. The line manager/Head Teacher/SLT/Governor should use the score card as an aid-memoire. Where necessary if a clear option is not available, then with mutual agreement a solution should be sought. If there is a disagreement in the role and function following an assessment, it is up to the employer to seek either HR (Human Resource) or OH (Occupational Health) advice.

The co-authors take no responsibility for consequences as a result of problems generated due to the use of the SAAD Score system. With the emerging evidence, the scoring system will be revised and it is up to the score system user to ensure they have access to the latest version available. At Academy level the co-authors would encourage the staff member to self-assess their position based on individual circumstances and experience. They may score themselves outside the allocated score in the system, which will then be for discussion with their line manager/Head Teacher/SLT/Governor. The co-authors would encourage supportive discussions between manager/Head Teacher/SLT/Governor and staff members in a way that acknowledges the particular pressures faced by BAME staff during Covid-19.

This matrix is based on the trends identified by a group of medical practitioners (via Public Health), it is not totally definitive as there is insufficient conclusive evidence; further studies are expected.