Risk Assessment

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| Service Area: | The Meadows School | | Ref: 070 |
| Name of area / activity to be assessed : | COVID 19 site risk assessment | | |
| Name of person carrying out the assessment: | Helen Rose | | |
| Others inputting to the assessment: | Nia Hinton; Kevin Hurcombe; Simon Adams; Rupe Virk | | |
| Date of assessment: | 20th April 2020 | Reviewed: 13th May 2020, 20th May 2020, 1st June 2020, 15th June 2020, 14th July 2020, 1st Sept 20**,** 5 Nov 20, 16th Nov,19th Nov,30th Nov, 04Jan 2021**,** 7 Jan, 25 Feb**,** 17 May**; 06 Sep** | |
| Checked and signed by SLT: |  |  | |

| Description of Hazards | Persons at risk from harm and how | Existing control measures | L | S | R | Further actions / control measures required, by whom and when | L | S | R | Complete |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COVID-19  Transmission of infection between users | Students  Staff  Members of the public / visitors to school site  Cross contamination of the coronavirus which is a respiratory virus:  Anosmia (loss of taste / smell)  Cough  Fever  Difficulty in breathing  Hospitalisation  Fatality | **Any staff/student displaying coronavirus symptoms does not attend the setting.**  Follow school protocol if any staff or students develop symptoms or feel unwell during the day; vented  isolation room identified.  Advised to call 119 or book a test at [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)  School will manage confirmed cases of COVID with an individual and engage with NHS Track and Trace process if required. School will also seek advice from local health protection team to contain any outbreak.  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 * they are below the age of 18 years and 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   Instead, they 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.  Staff 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.  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.  School will continue to follow principles of limiting risk; this will incorporate the following features:   * Minimum movement of staff/students around school * Students to have access to wider provision, via a strictly adhered to timetable   Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. MAT staff, supply staff, peripatetic teachers and support staff from outside agencies will minimise contact with, and maintain social distance from school staff wherever possible.  These staff will be advised to be rigorous about hand washing and respiratory hygiene and to follow employer guidance on PPE.  Equipment used in delivery of therapies is cleaned between each use.  PPE provided and used in accordance with Local Authority and Public Health England recommendations**.**  Enhanced use of PPE for personal care, in close contact tasks, or where individual students pose an increased risk. IRAs updated as appropriate.  Good hygiene and increased handwashing, including:   * On arrival at school * Before and after any personal care * Before and after using the toilet * Before and after eating * Before leaving school * At 30 minute intervals throughout the day   Staff to support students with regular handwashing.  Hand sanitiser available to supplement handwashing, as an additional control where regular handwashing is not possible.  Hand sanitiser available at main reception and rear entrance for use by all visitors on arrival.  Good respiratory hygiene:  Cover any cough or sneeze with a tissue which is then binned and then wash hands; lidded bins in all classrooms; bins emptied securely at the end of the day by site team.  Staff to undertake voluntary COVID-19 self-testing at home – twice a week.  Home test kits to be offered to parents for use on students, as well as external stakeholders.  If staff or students live with a person who is confirmed a positive case of coronavirus, then daily testing is recommended during the commensurate period.  Good surface hygiene across the building   * daily cleaning using LA approved cleaning products and additional cleaning throughout the day as required * enhanced cleaning in the dining rooms between sittings * enhanced practices appropriate to COVID-19 including targeted contact surface cleaning * outdoor playground equipment cleaned frequently.   Staff to maintain social distancing between themselves and wear face masks in communal areas (unless exempt).    Staff encouraged to stagger breaks and use outdoor spaces where possible.  Students with less complex needs who are able to self-regulate their behaviours without distress will be encouraged and supported to maintain distance where possible.  Classrooms and work areas will be rearranged where practicable, in line with DfE guidelines to maintain distancing and reduce face-to-face contact.  Windows and external doors to remain open where this does not pose a risk to student group based on their IRAs.  Roof ventilation windows open around school.  Enhanced cleaning of toilet blocks.  Lessons that involve singing, chanting, shouting or playing instruments will be limited to small groups, and will take place outside wherever possible (if taking place inside, the space will be well ventilated). Pupils will be positioned either back-to-back or side-to-side at an appropriate distance. Instruments will not be shared. | 3 | 4 | 12 | Government guidelines, as well as School and LA policies consulted; updates as advised; RA reviewed in accordance with any guidance issued.  In the case of a symptomatic pupil who needs to be supervised before being picked up:   * Supervising staff will wear a face mask * If contact is necessary, supervising staff will also wear disposable gloves and a disposable apron * If there is a risk of splashing to the eyes, such as from coughing, spitting or vomiting, supervising staff will also wear eye protection * Supervising staff will wash their hands thoroughly for at least 20 seconds after the pupil has been picked up. * Isolation room will be deep cleaned after use and all PPE disposed of properly, following decontamination guidance.   If there is a confirmed case of COVID-19, school to take advice from local health protection team, PHE and Sandwell’s incident management team to determine the course of action required.  SLT offices in each of the zones and school reception, to have additional supplies of PPE available for staff.  Soap and hand towels at all sink areas around the site; refilled daily by site team.  Hand dryers disabled to ensure use of paper towels as per guidance.  Hand sanitiser refilled daily by site team.  COVID-19 test kits for use at home supplied to staff and parents of students who wish to undertake self-testing. Guidance notes on the process provided.  Site staff to clean static playground equipment.  Class teams to clean and wipe bikes, balls and mobile resources following use in lessons, break times. | 2 | 4 | 8 |  |
| Description of Hazards | Persons at risk from harm and how | Existing control measures | L | S | R | Further actions / control measures required, by whom and when | L | S | R | Complete |
| Transmission of COVID through AGPs  (Aerosol Generating Procedures) | Students  Staff  Increased risk of transmission through droplets transferred between students with complex medical needs and the caregiver | IRAs completed for all students who may require AGP care  AGP (unless in an emergency) will be carried out in a designated ventilated room away from the classroom; only staff needed to undertake the procedure are present; no other students will be present. The room will be cleaned immediately after use by staff wearing PPE, then remain empty with the windows open to allow for air change to clear airborne particles.  If a designated room is not possible or available, an AGP can be undertaken within a classroom if all other staff and pupils are at least 2 metres distance away (as recommended by [infection prevention and control guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) and follow the controls listed as if it was a designated room with a window opened for ventilation.  Where possible, all other pupils and persons should leave the room prior to undertaking an AGP. This ensures the privacy of the young person receiving an AGP, and safety for all those within proximity.  **Dependent on local situations a room may be identified as single or multi-use.**  If using a multi-use room to undertake an AGP:   * there should be clear signage on the timing of the last AGP * the room should be left for an hour for aerosol settle time post procedure * the room must be cleaned before being used by another pupil or accessed without PPE   Staff performing AGPs in school will follow PHE’s personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE, which is:   * a FFP2/3 respirator * gloves * a long-sleeved, fluid repellent gown * eye protection   Training will be provided for any staff who are required to complete this procedure. | 2 | 4 | 8 |  |  |  |  |  |
| Description of Hazards | Persons at risk from harm and how | Existing control measures | L | S | R | Further actions / control measures required, by whom and when | L | S | R | Complete |
| Contact with coronavirus when travelling to / from school | Students  Staff  Members of the public / visitors to school site  Cross contamination of the coronavirus which is a respiratory virus:  Anosmia (loss of taste / smell)  Cough  Fever  Difficulty in breathing  Hospitalisation  Fatality | All staff encouraged to use a private car (car-sharing is not recommended at this juncture), to walk or to use a bicycle to come to school if possible; those who need to use public transport to follow government guidance.  Dedicated local authority school transport guidelines shared with staff and families and available on school website. | 2 | 4 | 8 |  |  |  |  |  |
| Wellbeing due to long term absence | Students  Staff  Impact on education  Impact on personal and social development  Feelings of isolation  Worry about return and reintegration | Staff who are classed as vulnerable, have the option to request an individual risk assessment.  Wider SLT, MLT and Pastoral team have received mental health first aid training; leads have also attended further training from SIPs and Local Authority to develop their roles.  Open door policy for any staff to raise concerns with the HT.  Mental Health and wellbeing programme in place for staff.  Educare wellbeing and mental health modules available for all staff.  Recovery curriculum in place for all students for four weeks in Autumn term 2021.  Mental Health and wellbeing schemes of work and resources in place for all students.  Employee counselling service available to support and advise. | 2 | 3 | 6 |  |  |  |  |  |

L: Likelihood, S: Severity, R: Risk Rating.

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| **Likelihood** (Probability) | **Severity (consequences)** |
| 5. Almost Certain: More likely to occur than not | 5. Fatality: 1 or more persons |
| 4. Probable: Likely to occur | 4. Major injury or illness: more than 3 days absence |
| 3. Possible: Reasonable chance of occurring | 3. Moderate injury or illness: up to 3 days’ absence |
| 2. Unlikely to occur | 2. Minor injury or illness: requiring first aid |
| 1. Very unlikely: Will only occur in exceptional circumstances | 1. Insignificant: No injuries or illness |

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| **Likelihood** | 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| Risk Matrix | | 1 | 2 | 3 | 4 | 5 |
| **Severity** | | | | |

High risk: Score between 16 and 25.

High Risks activities should cease immediately until further control measures to mitigate the risk are introduced.

Medium risk: Score between 9 and 15.

Medium Risks should only be tolerated for the short-term and then only whilst further control measures to mitigate the risk are being planned and introduced, within a defined time period.

Low risk: Score between 1 and 8.

Low Risks are acceptable to adequate: ensure controls are maintained and keep it subject to review periodically, or after significant changes etc. Make improvements where possible.