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Covid-19 Risk Assessment for Schools

The technical name of the virus that causes COVID-19 is severe acute respiratory syndrome coronavirus 2, abbreviated as **SARS-CoV-2.** Whilst the Covid-19 virus can cause serious illness, especially for vulnerable adults with underlying health conditions, evidence suggests that for the majority (particularly children and young people) they will experience a mild to moderate illness.

Whilst this is still a potentially complex and changing situation, there is enough known about the epidemiology of Covid-19 to provide a risk based approach to support staff in their roles. The vaccine and associated booster, that has now been taken up by a large proportion of adults in the UK, has brought an extra level of safety and reassurance to the situation. The now dominant variant, OMICRON, is considered to be a milder form than the previous dominant variant, DELTA and most will notice symptoms that are very akin to the common cold.

measures, in school, remain vigilant due to the very high rates of OMICRON infection. Testing is a twice weekly requirement for all staff and any positive cases should be reported by the individual to the NHS for track and trace, with a period of isolation following to ensure that we minimise the risk of spreading and associated absence and health risks. We will ensure that the environment is kept clean using antiviral/bacterial cleaning products, hands will be washed and sanitised and rooms will be well ventilated to keep CO2 and COVID particles in the air at a safe level.

We will endeavour to do all we can to maintain high levels of COVID related safety for all within the school premises. The assessment below has been developed based on the following principles:

- That we will act together to ensure the safety and reassurance of all staff, children & young people.
- PPE will be recommended according to evidence of **efficacy and assessment of clinical risk**.
- All efforts will be made to secure a reliable and adequate supply of suitable PPE.
- PPE does not negate the need for appropriate social distancing and hand and respiratory hygiene.
- It is necessary to remain alert and continue to recognise that all staff and pupils could be potentially carrying Covid-19.

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Updated COVID-19 (OMICRON edit) Risk Assessment January 5th 2022

*** The following document references PCR testing. Within the last 24hours, the government has announced that, due to difficulties in logistics of administering PCR tests, lateral flow tests should be used and actions be determined by that result.**

Potential Hazard	Risk	Who might be harmed?	Minimum control measures to reduce risks to an acceptable level
Covid-19	Staff not having appropriate knowledge on virus, transmission and risk leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public	All staff to keep themselves updated and follow the latest DfE. guidance for schools and national UKHSA (Uk Health and Safety Agency)/NHS guidelines via https://www.gov.uk/coronavirus https://www.nhs.uk/conditions/coronavirus-covid-19/ In particular staff should be familiar with the schools operational guidance – Schools coronavirus (Covid-19) operational guidance.
Covid-19	Contagious people coming into school leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public, Pupils	To help ensure that the risk of virus spread is as low as possible, the school will inform staff and potential visitors, including customers and contractors, not to enter the school if they are displaying any symptoms of coronavirus (COVID-19) or if they should be self-isolating. All visitors in school will be kept to ones that are absolutely necessary and essential to the children's educational needs. All visitors must wear a mask and also staff interacting with the visitor. Visitors will not enter classrooms or the staffroom unless essential maintenance is required. Maintenance will be ideally carried out when pupils are not in school Track or Trace QR codes for individual schools and for the NHS App are available at all schools and visitors and staff encouraged to use them Sanitiser is located at school entrances for visitors to use in the first instance as well as at various locations around the school buildings for use by anyone when they feel it necessary

			Staff working in more than one MAT school (eg KC OJ DA GB CL) to consider working patterns to avoid crossing schools on the same day. Anyone showing COVID symptoms should carry out a PCR test, and should follow the relevant government protocol to continue to work, as long as they are well enough, until they receive a positive COVID result. Pupils who are ill during the school day will be treated by a staff member wearing PPE (Mask). Pupils with suspected Covid symptoms will be isolated in a secure designated area until a parent collects and takes them. They will be asked to take their child for a PCR test. If the result is positive for COVID, the child will be required to isolate for a period of 7 days. Anyone living in a household where someone is showing symptoms should continue to carry out their normal activity and attend school but we advise that they should take daily lateral flow tests to ensure they are aware if they become COVID positive. If they show symptoms, they should get a test and return to school if they can show proof of a negative result and are well enough. If they become positive, they should isolate for 7 days also.
Injury during travel and whilst onsite.	Increased pressure on an already stretched NHS	Employee, visitors, agency staff	The above is also true of any need for first aid, whether this ends in a collection or not, the person treating will wear necessary PPE. Pupils are now able to undertake day trips and overnight residential trips associated with school. Should cases rise to the degree that the school feels that the travel or any other aspect of the trip is unsafe due to risk of catching and/or spreading COVID, then the trip will be postponed and rearranged. Individual class equipment both for class use and use outside is no longer a requirement. However, the cleaning of hands on a regular basis, coupled with well ventilated or outdoor area usage, should keep the presence of COVID particles to a minimum.
Transmission of Covid-19 via	Increased transmission of virus	Employee, visitors, agency	Staff and pupils will now be able to travel to school using their preferred method of transport, in the knowledge that should they be travelling in close proximity to anyone that displays

arrival at school	on arrival at the school premises	staff, member of the public Pupils.	symptoms of COVID, that they should take a lateral flow test for 7 days following to ensure that they haven't caught the virus. Upon arrival at school, children will all be encouraged to wash their hands and adults should use available sanitiser at that point and other points that they deem necessary throughout the day. Sanitiser will be available at Reception Desk and forms part of the signing in protocol. See above for track and trace recording. Visitors will be signed in manually by the School administrator not the individual Pick up and drop off arrangements now allow parents to enter onto the school playground, whilst maintaining a safe distance and wearing a face covering.
Inadequate implementation of social distancing at school	People being unable to adhere to social distancing therefore increasing the transmission and spread of Covid-19	Employee, visitors, agency staff, member of the public, Pupils	Class bubble will no longer be required and classes will be staffed according to educational need. However, it will still be good practice to maintain a social distance between adults within a classroom where it won't impact negatively upon a child's learning. Adults are no longer required to maintain a social distance between themselves and their pupils but should continue to be vigilant and look out for any signs and symptoms of COVID in their class environment. Pupils are able to be seated as they would previously have been with the main rationale for positioning based upon educational reasons Small group work and 1:1 intervention work, as long as there is no presence of COVID symptoms, should continue as the pre-pandemic normal. Pupils can use equipment as normal, including shared resources such as reading books. However, should any children choose to only use their own belongings, this is not discouraged.. All whole school activities such as playtimes, worship and curriculum enrichment can now take place as pre-pandemic normal with the proviso that any children that are showing COVID symptoms should be PCR tested and not participate until that have a negative result. Outdoor learning is as valuable as ever and particularly encouraged during these times

			Adults in school should continue to wear face coverings in communal areas but are not restricted from using communal areas. Identify actions required to ensure sufficiency in meeting increased demand for support where pupils are: • At risk of exclusion • In need of early help • Have additional needs such as behaviour, sensory impairment etc. • Exhibiting mental health and well-being issues • In need of bereavement counselling • Meeting the social care thresholds Unnecessary sharing of offices will still be avoided and ideally staff will avoid using computers that have been used by others in the previous 72 hours. If this is not possible, protocol and equipment will be established to allow sanitisation before and after use. Cleaning materials that are dedicated to these areas will remain in place and people will be expected to sanitise the area with these materials following usage. When indoor seating in the same space is necessary amongst adults, i.e for meetings etc… seating to be arranged 2m apart. Good ventilation required when sharing internal spaces. Toilet useage in school for both children and adults can return to normal with a priority on a high level of cleanliness and good hand washing. Staff gatherings will be carefully considered. Where it is possible and sensible to do so and won't risk that success of meetings in question, video calling can be used. Staff will be given the option to join training and general meetings via video call should they so choose. Governing Body Meetings/PTA etc will take place via Zoom/Teams Staff have the option to wear masks and disposable masks are available in school. Clear visors are available in school for staff wishing to wear masks in class and are offered to all staff. Recent guidance suggest that visors are not as effective as face masks.

			Staff will avoid congregating in central/non class areas eg staffroom, offices, reprographics and will spray equipment between usage. **Ventilation** Where mechanical ventilation is present, circulatory systems should be adjusted to full fresh air. If this is not possible, systems should be operated as normal. Where possible, occupied room windows should be open. Classrooms should remain well ventilated/window open at all times when occupied. Children and staff should wear additional jumper/fleece if needed to ensure that they are as comfortable as possible in their working environment. When classrooms are occupied with children in a teaching situation, windows need to be partially open, enough to feel a circulation of air when in the room. When classrooms are empty, a full flush of air can be conducted. Ventilation to chemical stores should remain operational.
Consultation with staff	Staff made aware of implications for them with regards to ongoing COVID restrictions and measures	Staff	Staff meetings or some other communication will be held prior to the start of the term (in person or virtually) to share expectations with all staff and to address concerns. Staff meetings to continue to be held via zoom/teams or in a larger space where distancing can be achieved effectively, eg classroom/hall Covid procedures/risk assessments to remain as standing item under Health & safety at all staff & TA meetings & FGB meetings to allow staff opportunities to express concerns & review/update procedures Access to well-being and mental Health support communicated and shared with staff.

Staffing	Insufficient key staff available to allow school to function properly; safely and effectively for the children	Staff and Pupils	Staffing numbers required for schools to operate will be calculated and different scenarios for managing staff absence considered: supply cover, TA covering, combining classes The following roles need to be considered and statutory obligations for these people to be in school buildings need to be met. ● Paediatric First aider & Level 3 qualified practitioner (where children in EYFS age group) ● Designated Safeguarding Lead (DSL) ● SENCO ● Office staff member ● Maintain safe levels of staff/pupil ratios Staffing levels are sufficient to enable staff to receive appropriate and safe comfort breaks for eating, toileting and wellbeing. If this is not achievable Head Teachers must review whether class or school must close.
Poor hand & respiratory hygiene	Poor hand & respiratory hygiene leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public, Pupils	Continue to follow hand washing protocol that has been a standard now since the beginning of the pandemic. https://www.who.int/gpsc/clean_hands_protection/en/ Soap and water, and regular hand washing for at least 20 seconds, is the best way of staying safe. Hand washing with soap employs mechanical action that loosens bacteria and viruses from the skin, rinsing them into the drain. Drying hands afterwards makes the skin less hospitable to the virus. Hand sanitiser can be effective if soap is not available, or the situation makes using soap less feasible (for example, when outside), but using hand sanitiser provides none of the virus-destroying friction that rubbing your hands together and rinsing with water provides. Staff, visitors and pupils should be reminded, through signage or verbal prompting, to wash their hands for 20 seconds more frequently than normal, including on arrival at the setting, before and after eating, and after sneezing or coughing.

			Staff should supervise any young children, that struggle to do this, to ensure they wash their hands for 20 seconds with soap and water (or hand sanitiser if soap is not available or feasible in the particular situation) Coughs and sneezes to be caught in tissues. Children should be reminded about hygiene for coughing and sneezing. Bins for tissues should be emptied throughout the day. Mantra: catch it, bin it, kill it to be displayed as a reminder of this to all staff and children Lidded bins required in all toilets, classrooms and office areas for safer disposal of tissues and sanitary wear Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent hand washing distressing. Staff should know where this is likely to be the case, and how they can best support individual children and young people. In some instances, skin irritation can be caused by increased use of soap. This should be discussed with parents as and when it occurs.
Surfaces contaminated with Covid-19	Increased transmission of covid-19 via surface – face contact	Employee, visitors, agency staff, member of the public	Regular points of contact such as door handles, push plates, code pads and WC levers should be cleaned regularly unless it is already known (with certainty) that the building has not been in use for 48hrs. It should be assumed this is not the case unless there is knowledge to the contrary. Where possible, to avoid contamination in the first instance, doors should be kept open to aid circulation but also to minimise hand contact against handles. Cleaners in school and/or unit clean are provided with written schedule of daily & weekly cleaning for enhanced clean during Covid times.. Where appropriate, schools can be given deeper cleans during some holiday periods to add to the fact that the virus does not survive for longer than a 72 hour period on surfaces. Sealed deep clean will take place if covid cases are confirmed and the situations escalates to the o-degree that class or school closures are necessary. Checklist of cleaning has been created and is used to ensure that frequently touched objects are cleaned to include:

			• Door handles • Desks, table tops • Bannisters • Light switches • Toilets, sinks & all equipment within including bins • Sinks • Use of disposable cloths School staff should continue to support simple cleaning where possible, if it doesn't greatly impact their role. For example, surfaces in the class. However, the majority of the obligation for ensuring cleanliness is placed upon those that are contracted to carry out that role. Maximise opportunities for Learning Outdoors. Food prep areas should be cleaned in the same way that all other areas are. This should be carried out by the people contracted to prepare school food. Clean and disinfect all areas and surfaces prior to reopening and if necessary, utilise pest control for insect infestations, particularly in the kitchen and/or food preparation areas.
Intimate care and minimising the risk of Covid-19	Intimate care procedures leading to increased transmission of covid-19	Employee, visitors, agency staff, member of the public, Pupils	The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. These droplets are too heavy to hang in the air. It is believed that this new strain of the virus, as with all others, is air born. The droplets quickly fall on floors or surfaces. Some children, and young people with special educational needs, may be unable to follow social distancing guidelines, or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing. School staff should continue to wear face coverings and any other PPE they feel they need, when undertaking more intimate care with pupils.

Suggested protocol for the use of PPE (Based upon Public Health England Guidelines).

	Category	PPE Requirements	Educational Setting
1	Staff / Pupil interaction where distance of 2m can be maintained throughout	Close adherence to hand (i) and respiratory hygiene protocols (ii). No additional PPE required beyond what would usually be worn for any given task	The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to.
2	Staff / pupil interaction where momentary (iii) physical contact is required or cannot maintain 2m distance.	Close adherence to hand and respiratory hygiene protocols. Be aware of the timeframe where there is 'close contact' to minimise the risk of possible infection. The contact shouldn't exceed 5 mins.	In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g. administration of medication where it cannot be self-medicated, or When administering first aid, self-administration is not possible e.g. child

			places their own plaster on a cut / laceration
3	Prolonged/intimate (v) physical contact is required between member of staff and Pupil.	Close adherence to hand and respiratory hygiene protocols. Abide by the same measures asd above. If time expected for close contact may exceed 15 mins, a face covering should be worn by the adult in question.	Anyone who is symptomatic should not be in a childcare or school setting. However if required to undertake intimate care with a child or young person that has symptoms, then PPE should be worn e.g. If a child requires intimate care when administering first aid as a result of serious injury. If that child were coughing or spitting, this should include eye protection.

NB: This summary relates to PHE's COVID-19: infection prevention and control, last updated 18th June 2020

Review above table alongside appendix 2

In circumstances where staff feel PPE is appropriate following the principles above, careful judgement should be used to consider likely risk and also any impact of behaviour the child/young person may demonstrate as a result of PPE being worn. The wearing of PPE, unless carefully removed, in itself can add increased risk therefore it is expected that PPE in educational settings **will only be required for momentary use** and not for long period of time.

Increased lone working	Becoming injured when help is not at hand	Employees and contractors	Many social distancing measures result in an increase in lone working, something that is usually minimised. If you are lone working it is important that both the individual and school, follow lone working guidance and ensure that communication is maintained. This will support the mental well-being

			of the individual concerned. If a class is closed due to COVID or a member of staff is required to isolate, their working expectations should take into account their situation. Expectations are at the discretion of the head of school.
Managing risk if an individual displays symptoms	Proximity to a person displaying covid-19 symptoms leading to increased transmission of covid-19	Employee, pupils, agency staff, member of the public	If someone becomes unwell and starts to display symptoms; a new continuous cough, a high temperature or loss of taste or smell, in an education setting, they must be sent home. Communications with parents/carers should highlight the need to arrange a PCR test and follow guidelines necessary depending on the outcome of the test. **Important note;** diarrhoea and vomiting are occasionally indicators of a Covid 19 infection in children. As these symptoms would ordinarily require a child to be sent home, the protocol for a possible coronavirus infection should be followed, i.e a PCR test be arranged. If an affected person is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door. If they are a child, depending on the age of the child appropriate adult supervision may be 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 least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. Whether or not this is possible, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. For children over the age of 5, lateral flow and PCR tests are acceptable and should be used if the situation dictates in accordance with government guidance.
Deliveries and Maintenance on school sites	Increased number of people onsite leading to increased transmission of covid-19		Repairs and maintenance works can be carried out with the understanding that if in school, workmen should wear a face covering and restrict their movements to ‘essential for their work’ Deliveries that need to be handled immediately should be sanitised with wipes/spray before they are unpacked and distributed around the premises.

			The volume of deliveries can return to that of pre-pandemic levels although continuing care must still be taken when interacting with people carrying out deliveries and with the items delivered.
Catering	Catering facilities may not be available due to social distancing restrictions	Pupils	There is an expectation that school kitchens will be operational. Consultation with contract caters will be required and adjustments to provision required in order to minimise risk to staff and pupils. Arrangements for the continued provision of FSMs for children not attending school are in place. Arrangements for when and where each group will take lunch (and snack time if necessary) are in place so that children do not mix with children from other groups. Arrangements for food deliveries in place Packed lunches and snacks can come in with children in the way that they did pre-pandemic. Children should only handle their own lunches to maintain hygiene standards, as is always expected, and reduce and contamination.

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Rapid Testing for Staff			Risk Rating including mitigations (Likelihood x Severity = Risk)		
			Likelihood	Severity	Risk
			5	1	5
Who might be at risk?	**Risk Focus**	**How are you already controlling this risk?**	**Further mitigations / protective measure required?**	**Who needs to carry out the action?**	**When is the action needed by?**
Staff	COVID-19 spreading in the school community	• Testing of staff will take place twice a week (Wednesday and Sunday evening) and staff will take these tests at home. Tests to be taken before staff come into work. • Staff to communicate positive results to the school administrator negative results are assumed if no communication. Only positive results will be recorded on a staff register. This will support identifying staff with positive results for contact tracing and managing stock and distribution. • Those with symptoms are also expected to order a test online or visit a test site to take a polymerase chain reaction (PCR) test to check if they have the virus. • Staff to continue as normal whilst awaiting PCR results.	Test results that are negative do not need to be regularly reported. There will be an assumption of negative unless otherwise reported and attention drawn to.	staff	
	Regular communication to staff	• Information communicated to staff including: - what rapid testing is, about using the how to guide and the video content available - the requirement for them to report their test results. - the process and who to contact if they have an incident while testing at home. • Covid Co-ordinator to be head of school. Covid Registration Assistant: (School Administrator) • Staff will need to sign for their test kits and the lot number will be recorded against their name. Staff will collect their first set of tests and instructions as soon as the kits arrive in schools.	Head and school admin able to offer support and answer questions if there is any clarification needed over and above the measures that have been put into place.	Head/school admin (should any intervention be required)	
	Tests to be stored correctly and collection	• Tests to be kept securely in the school office to prevent unauthorized access	School administrator ensure that tests kits are kept safe once in	School administrator	

	managed in a safe way	• Not be stored outside. Stored in a cool, dry place. Test kits will be stored in a temperature between 2 and 30 degrees. • The kits should be used at room temperature (15 to 30 degrees). If the kit has been stored in a cool area less than 15 degrees, leave it at normal room temperature for 30 minutes before using. • Enough space for social distancing will be allowed when giving out tests. • Tests will be labelled with names and linked lot number and a form to sign will be made available as part of self-service. This negates the need for the station to be staffed. Those collecting their kit should: - wear appropriate face covering at all times - hand sanitise before collecting and signing - maintain 2m from staff coming to collect their test	secured place and to enable access if/as/when it is required by staff.		
	Staff not reporting results	• positive results are communicated to the school once the test is completed. • A negative test is assumed by 9am on Monday and Thursday • Staff must report their result online as per the instructions as soon as the test is completed either online or by telephone as per the instructions in the home test kit.	As previous box.		
	Low uptake on taking tests.	• Tests are optional and are not mandatory. Staff to opt in after they have read key information and privacy notice to understand data protection for testing. • Staff are able to ask key questions about the testing	Reminders and support with problems offered by lead staff on this issue, including head and school administrators. Support with understanding of data protection	Heads and school administrators	
	Swabs are taken incorrectly causing a false reading or cause contamination	• Schools following government control measures. • Covid Coordinator has undertaken relevant training and informed staff of how to access the portal/training videos/documents prior to taking part in the community testing scheme.	Support offered for any questions or issues that crop up during the test taking process	head	

- Instructions to be issued alongside the kits and staff informed that the old instructions which are contained in box must be recycled
- Test conducted on a dry, clean, flat surface.
- Hands washed or use sanitiser before taking the test.
- Online information, training and webinars available. Video available on how to take your own test.
- Information with the kits to be followed.
- Regular communication with staff about the testing process.
- If test is void, take another test. If 2 void results in a row, a PCR test should be taken.
- If a number of tests give a void result, unclear results or leaking/damaged tubes should be recorded and escalated to the DfE helpline.
- Covid Coordinator to be responsible for incident reporting on a school wide issue:

Schools

Incidents

In the case of an issue, it is most likely that this will be experienced by an individual at home. However, **if there seems to be repeated or similar issues** (e.g. multiple repeat void tests, unclear results, leaking/damaged tubes etc.), these should be recorded by the school and reported to the DfE Helpline, who will escalate to DHSC for investigation. Please record the time, date and details reported.

DHSC/MHRA may require the school to provide more information if further investigation is required.

Learning and improving

To ensure testing is running well, we will be in contact with schools from time to time to find out how testing is going and learn any lessons. Guidance will be updated to reflect this.

Individuals

Clinical issue

If there is a clinical incident which led or has potential to harm, participants are advised to report it on https://coronavirusyellowcard.mhra.gov.uk.
This is not for seeking immediate medical care. Medical care should be sought through the usual route of contacting 111 or 999.

Non-clinical issue

For incidents occurring at home, participants are advised to report any issues (something damaged, or missing or difficult to use in the kit, unable to log result etc.) to 119 in England, Wales, Northern Ireland and 0300 303 2713 for Scotland

Inform school

Participants should inform school about ongoing test-related problems, so that they can check if this is a wider issue across other users.

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Appendix 1: Clean hands protect against infection (WHO protocol)

Protect yourself

- Clean your hands regularly.
- Wash your hands with soap and water, and dry them thoroughly.
- Use alcohol-based hand rub if you don’t have immediate access to soap and water.

How do I wash my hands properly? Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below:

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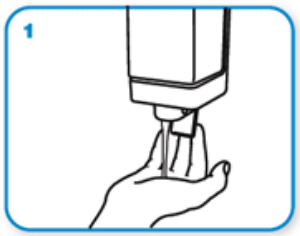
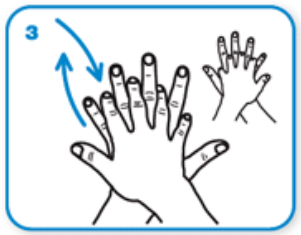
Wet hands with water

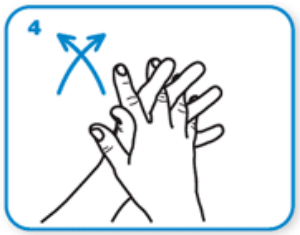


apply enough soap to cover all hand surfaces.

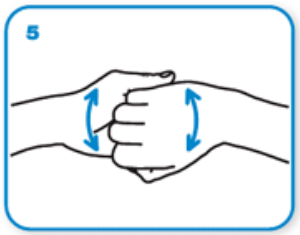
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa

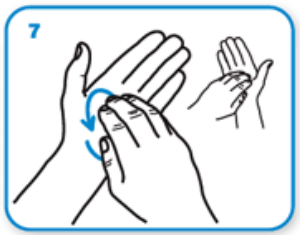


palm to palm with fingers interlaced

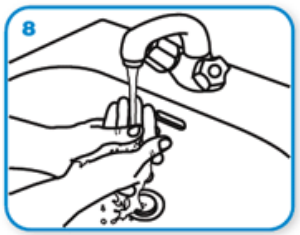


backs of fingers to opposing palms with fingers interlocked

rotational rubbing of left thumb clasped in right palm and vice versa

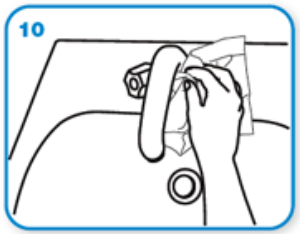


rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water

dry thoroughly with a single use towel



use towel to turn off faucet

...and your hands are safe.

Appendix 2

i.	Handwashing Protocol	Attached at appendix 1 above https://www.who.int/gpsc/clean_hands_protection/en/
ii	Respiratory hygiene protocol	This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. https://www.who.int/emergencies/diseases/novel-coronavirus2019/advice-for-public
iii	Momentary contact	Relates to ad hoc interventions that may create proximity to bodily fluid – e.g. a driver putting a seatbelt onto a client.
iv	Sessional use	Surgical facemask can be used multiple times and need not be disposed of until wet, damaged or uncomfortable. https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control/covid-19-personal-protective-equipmentppe#section-6
v	Intimate care	Is defined as a role which is personally supporting the client to bathe, wash, feed etc. where there may be close proximity to bodily fluids.
vi	Donning and doffing	Refers to the correct method by which PPE should be put on and taken off.. https://www.gov.uk/government/publications/covid-19-personalprotective-equipment-use-for-non-aerosol-generating-procedures https://www.youtube.com/watch?v=-GncQ_ed-9w
vii	Disposal of PPE	PPE should be bagged and disposed of in a lidded bin followed by close adherence to hand washing protocol.
viii	Shielded person	Definition at appendix 3.
ix	Single use	Refers to disposal of PPE after each client interaction.

x	PHE Covid-19 IPC	https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304cf38d248abba&utm_medium=email&utm_campaign=govuknotifications&utm_content=immediate

Appendix 3

People falling into this **extremely vulnerable group** include:

1. Solid organ transplant recipients.

2. People with specific cancers:

- people with cancer who are undergoing active chemotherapy
- people with lung cancer who are undergoing radical radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.

4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

5. People on immunosuppression therapies sufficient to significantly increase risk of infection.

6. Women who are pregnant with significant heart disease, congenital or acquired.

NB: Patients should have received notification directly from the government and or their GP practice about whether they fall into this group and how to reduce their risk.