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 a 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.

Following the recent government announcement that all schools will be returning, in full, to face to face learning from March 8th 2021, we will be reverting back to the version of our RA that stood in place up until January's lockdown and school closures came into force. The addition of a risk assessment for home testing, for COVID, of staff will remain as this is still a requirement of Primary school from the 8th March although not a legal one.

Other measures, in school, remain the same as covered in this risk assessment. In summary, we will endeavour to do all we can to maintain high levels of COVID related safety for all within the school premises. The following is an excerpt from the Education Secretary's statement to school on Monday of this week:

*The system of controls supports you to assess risk and implement measures to mitigate risk, including **ventilating occupied spaces**, introducing **enhanced cleaning** and **retaining bubbles of students**. We ask pupils, students and staff to continue to do everything they can to adhere to these measures, because it is vital that they are implemented well and consistently.*

In addition to the above statement, schools have also been asked to co continue to maintain hand cleaning for all, in the way that we have been instructed for the past year now, and to decide upon the necessary degree of face coverings for staff and visitors within the school environment. These details are contained within this risk assessment.

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.

Updated Risk Assessment March 8th 2021

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 Public Health England/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. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/964351/Schools_coronavirus_operational_guidance.pdf This was last updated February 26th 2021
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. Staff may still follow historical union advice to teach smaller groups not whole classes, eg key worker pupils/vulnerable pupils and may teach remotely following agreed protocols. This must be indicated to the Head Teacher in writing using the union approved letter format. Head Teachers will then consider the feasibility of opening class/school and enable remote learning where appropriate. During this stage of return, all visitors in school will be kept to an absolute minimum, essential visitors only. All visitors must wear a mask and also staff interacting with the

			visitor. Visitors will not enter classrooms or 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 the symptoms (new continuous cough and/or a high temperature or loss of taste and smell) should not come to work, obtain a test, and should follow the relevant government protocol at home and before coming back to work, this will last at least 10 days. Process for collecting a child due to illness or an existing appointment during the school day is established and shared. Pupils who are ill during the school day will be treated by a staff member wearing full PPE (Mask, visor, gloves, plastic apron – all available in heads office or staffroom first aid area). Pupils with suspected Covid symptoms will be isolated in secure designated area until a parent collects Anyone living in a household where someone is showing symptoms should stay at home for 10 days. If they then become ill then they must continue to isolate for 10 days from when they first showed their own symptoms or they should ensure that the person with symptoms should get a test and return to work if they can show proof of a negative result Work to be undertaken will be initially prioritised, based on its importance to the school and being able to assist with potential critical functions during the covid-19 outbreak. (Provision for the children of essential workers and vulnerable children).

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 full/necessary PPE. Overnight Visits for groups of pupils are currently against DfE guidance, although day visits with appropriate Covid 19 controls are possible. Day visits are currently halted apart from a class bubble walking outside in the immediate location. Classes will not participate in planned swimming lessons Where playground equipment is in use this should be 'more frequently cleaned'. Cleaning will take place of any equipment between usage if used by more than one bubble. School field play equipment will not be used during Tier 4 as it is shared by the local community during school closures. Adults responsible for each bubble will ensure sensible use of their own bubble's equipment and be responsible for ensuring that it is kept within their bubble and cleaned after use.
Transmission of Covid-19 via arrival at school	Increased transmission of virus on arrival at the school premises	Employee, visitors, agency staff, member of the public Pupils.	Staff and pupils will be encouraged to consider how they travel to school, (following government guidance) and reduce any unnecessary travel on coaches, buses or public transport. Walking, cycling and individual use of cars to be encouraged. From June 2020, it became compulsory to wear face coverings on public transport and dedicated school transport (with exceptions of the very young and some disabled persons). This still remains the case. Vehicles provided under contract as 'school transport' count as 'dedicated 'transport. Families will be reminded via newsletters that childcare bubbles should be maintained with one consistent family and not interchanged to support the work of the school is negated the risk of infection Where home school transport is mandatory, plans and risk assessments will take place with the local authority and transport providers.

			Signage will be made available to encourage people to remain in their vehicle on arrival and call reception rather than wander around the site if appropriate. No-one enters the school grounds without permission and the knowledge of the school office. Hand washing on arrival by pupils and at other key points in the day to be supervised by staff. Sanitiser will be available in all wash areas for staff and visitors and in classrooms under the supervision of the adults. Older children may bring own sanitisers if there is reason related to allergy etc. 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 Processes and procedures are established and shared with Parents for pick up and drop off arrangements. These are to be staggered timings and use of different entrances/exits to avoid mixing between bubbles. Signage around the site encourages families to move disperse quickly and reminders via newsletters are issued regularly
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	Plan is in place to ensure that each class/group of children is staffed appropriately, minimising adults and children mixing with different groups. Guidance states that staff adults can cross class bubbles but this will be minimised as much as possible by maintaining consistent staffing and use of TA's where possible Adults to maintain a 2m distance from pupils as far as possible. In classes (excluding EYFS) we return to individually seated desks where there is space OR maintain a fixed seating plan in the classroom to facilitate tracking & isolation of a pupil tests positive for Covid. Groups will have their own base room separate to other groups. Pupil desks to be arranged to reduce possibility of face to face contact. If space & staffing ratio allows, classes may split into two smaller groups and/or use an additional area eg hall for consistent lessons

			All pupils to be provided with own stationary and regularly used equipment. Classes to be located in different classrooms with the same adults. Records to be kept of pupils and staff within groups and any close contact that takes place between children and staff in different groups. Playground / field to be zoned where applicable or a rota drawn up to avoid sharing of areas at the same time. As previously, any equipment used is specific to each bubble and will be packed away after each use. Whole School / Year group Assemblies should not take place as a whole group unless that has been established as a bubble. Instead, worship is conducted at class level or as a whole collective via zoom or other visual communication platforms. Singing and the playing of wind instruments, as a group activity, subject to very strict social distancing controls (please note possible change in advice subject to on-going research). Maximise opportunities for Learning Outdoors (Separate advice available). Lunch times, break times, and movement around the site will be staggered to reduce gatherings or in large spaces where bubbles can still remain distanced Everyone will be either taught or asked to follow the social distancing guidelines Review behaviour policy and amend as appropriate. 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 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, seating to be arranged 2m apart. Good ventilation required when sharing internal spaces. Separated toilets will be used where possible – Different groups to utilise different toilets where possible. Unnecessary staff gatherings will be avoided. The definition of unnecessary will be reviewed prior to any possible situation where a meeting could take place. Where it is possible and sensible to do so and won't risk that success of meetings in question, video calling will 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. Staff will be asked to wear masks in areas of high usage eg reprographics Where staff and pupils are clinically vulnerable the employer has a duty to 'make reasonable adjustments' under the Equalities Act. This may result in departure to the general guidance as a response to individual needs. Staff who are extremely clinically vulnerable are not expected to be in school, as has previously been the case. If staff in

			this situation have received a vaccination dose or both, then this guidance may differ?? If these staff do come into school before the 31st March, there needs to be a separate RA in place for these people. **Ventilation** All systems to remain energised in normal operating mode. 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 may wear additional jumper/fleece if needed during winter. 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 conducted. Ventilation to chemical stores should remain operational.
Consultation with staff	Staff made aware of implications for them	Staff	Staff meetings held prior to reopening (in person or virtually) to share expectations with all staff and to address concerns. Staff meetings 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. Staff and visiting group leaders to be aware of key national guidance for school/education settings.

Staffing	Insufficient key staff available to allow school to reopen	Staff and Pupils	Staffing numbers required for entire eligible cohort have been determined including support staff such as facilities, IT, midday and office/admin staff. Including one of the following: • 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 bubble 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	Follow Hand Washing protocol at appendix 1 below 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 young children 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. 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. Cleaners in school and/or unit clean are provided with written schedule of daily & weekly cleaning for enhanced clean during Covid. 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 a covid case is confirmed and a class bubble has to close as a result.

			Follow government guidelines as follows: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings Checklist of cleaning has been created and is used to ensure that all frequently used objects and items are cleaned to include: • Door handles • Desks, table tops • Toys • Teaching equipment/resources • Bannisters • Light switches • Books • Toilets, sinks & all equipment within including bins • Sinks • Use of disposable cloths Additional cleaning capacity in place through use of teaching and support staff. Where playground equipment is in use this should be subject to 'more frequent cleaning' i.e. cleaning between use by different bubbles, Maximise opportunities for Learning Outdoors. Deep clean the kitchen prior to reopening before food preparation resumes. 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	Intimate care procedures	Employee, visitors, agency	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

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<td>minimising the risk of Covid-19</td>
<td>leading to increased transmission of covid-19</td>
<td>staff, member of the public, Pupils</td>
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hang in the air. It is believed that this new strain of virus is now airborn They quickly fall on floors or surfaces. The advice for schools, colleges and childcare settings is to follow steps on social distancing, hand washing and other hygiene measures, and cleaning of 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 use the PPE that they have always used (such as an apron and gloves in addition to masks) when undertaking more intimate care with pupils.

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

<table>
<tr><th></th><th>Category</th><th>PPE Requirements</th><th>Educational Setting</th></tr>
<tr><td>1</td><td>Staff / Pupil interaction where distance of 2m can be maintained throughout</td><td>Close adherence to hand (i) and respiratory hygiene protocols (ii).

No additional PPE required beyond what would usually be worn for any given task</td><td>The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment</td></tr>
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						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. Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances. – Head teachers have the option to introduce masks in share areas and corridors. For staff and pupils in year 7 upwards	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. PPE required - Disposable gloves, disposable apron, sessional surgical facemask, (include eye protection if client is coughing or sneezing). Donning and doffing according to standard protocols (vi) and disposing of clinical waste appropriately (vii).	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 then category 3 PPE will apply 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.

			4 | Any scenario in the household of a 'shielded' (viii) person. Close adherence to hand and respiratory hygiene protocols | PPE required - Disposable gloves and plastic apron in addition to single use (ix) surgical facemask. | Not applicable 5 | Specialist scenarios e.g. Aerosol generating procedures, hospital inpatients, home births, phlebotomy in non-compliant patients etc. | Specialist PPE requirements | Not applicable 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.
When essential travel in a vehicle is required	Sharing a vehicle where social distancing is not possible leading to increased	Drivers, Pupils and accompanying staff	When having to travel for business related please only travel when this is essential. When using a private vehicle to make a journey that is essential, cars should only be shared by members of the same household. Those who normally share a car with people who are not members of their own household for a journey that is essential,

	transmission of covid-19		e.g. getting to work, should consider alternatives such as walking, cycling and public transport where you maintain a distance of 2 metres from others. Where using a car is essential involving two or more people, it is recommended that two or more cars are used rather than staff travelling together in the same vehicle. Staff where possible should use their own vehicle Staff should only share a vehicle with a pupil as an absolute last resort. (e.g. Emergency response). If you have to share the vehicle with another staff member – remember to wipe down the car after the visit has taken place e/g steering wheel, handbrake, door handles etc with an antibacterial wipe (dispose of the wipes by double bagging) and open windows. Wear masks
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 to follow lone working guidance and ensure a buddy system is implemented and you are in regular contact re your whereabouts.
Managing risk of 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	https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19 Identified room has been located enabling the contagion be contained, if required. For pupils refer to; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915553/Symptomatic_children_action_list_SCHOOLS.pdf

			If someone becomes unwell and starts to display symptoms and starts to display with a new, continuous cough, a high temperature of loss of taste or smell in an education setting they must be sent home, advised to arrange a test and follow the staying at home guidance. **Important note;** diarrhoea and vomiting have been identified in recent research as additional symptoms of Covid 19 in children. As these symptoms would ordinarily require a child to be sent home the protocol for a possible coronavirus infection should be followed. 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. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. Wider testing is now available for anyone showing symptoms over the age of five years.
Deliveries and Maintenance on school sites	Increased number of people onsite leading to increased transmission of covid-19		Only essential repairs and maintenance work should be carried out. Where possible, work will be carried out after/before school opening hours when children would normally be present. Deliveries that need to be handled immediately should be sanitized with wipes/spray before taking them inside the premises Keep deliveries to a minimum with important items only.

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 in place to provide food to CYP on site, including the requirement of universal free school meals. 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 Where possible pack lunches prepared at home should be sent to school in a disposable bag to allow disposal during the school day

Pupil Re-orientation Back into school after a period of closure/ being at home	Pupil and parents not aware of the new requirements and routines	Pupils and staff	Approach and expectations around school uniform determined and communicated with parents. Changes to the school day/timetables/pick up and drop off arrangements shared with parents. All students instructed to bring a water bottle each day. Water fountains not in use or strict social distancing and cleaning arrangements in place. Approach to preparing pupils for a return to academic work and new social situations is developed and shared by all teaching staff. This includes bringing together pupils who have remained in school during partial closure and those at home and celebrating non-academic achievements of pupils whilst at home/ during school closure. Staff, parents and pupils informed of the need to self-isolate for 14 days when returning from a range of overseas locations.
Covid 19	Increased vulnerability to illness	BAME Children and staff	Identify all children and staff in school who may be considered as part of this community. Ensure that staff supporting a pod or bubble are aware of the elevated risk to health. • Discuss concerns with parents or staff • Ensure all those identified have the opportunity to share concerns • Ensure adequate PPE is always available for staff use, • Ensure that information shared and updated by the DfE and https://bameednetwork.com is reflected in revisions of this risk assessment. • Conduct specific risk assessments for Clinically vulnerable staff and young and expectant mothers.

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	• Schools following government recommended control measures set out in the school's protective measures risk assessment. • Testing of staff will take place twice a week (Wednesday and Sunday evening) and staff will take these tests at home. These tests are to be taken 3-4 days apart. • Tests to be taken before staff come into work. • Staff to communicate results to the school administrator and results to be recorded on a staff register and recorded by the school administrator. 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.	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.	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)	

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?**
		• Covid Co-ordinator: ?? (Headteacher) 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.			
	Tests to be stored correctly and collection managed in a safe way	• Tests to be kept securely in the school office to prevent unauthorized access • 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:	School administrator ensure that tests kits are kept safe once in secured place and to enable access if/as/when it is required by staff.	School administrator	

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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?**
		- wear appropriate face covering at all times - hand sanitise before collecting and signing - maintain 2m from staff coming to collect their test			
	Staff not reporting results	• Void, double void and 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 using the anonymous Microsoft Forms form here. • For those not completing	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	

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?**
	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. • 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:	Support offered for any questions or issues that crop up during the test taking process	head	

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?
		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.			

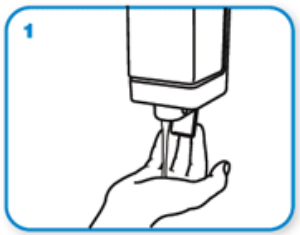
Appendix 1: Clean hands protect against infection (WHO protocol)

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.

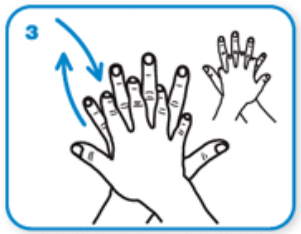
How do I wash my hands properly? Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below:

Wet hands with water



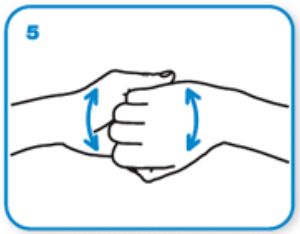
apply enough soap to cover all hand surfaces.

Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa

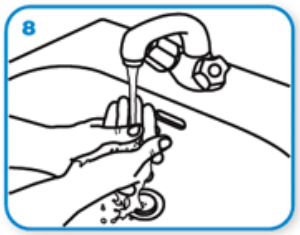
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked

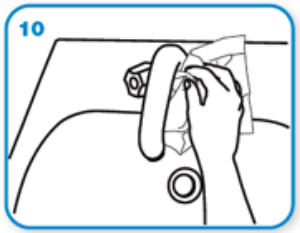
rotational rubbing of left thumb clasped in right palm and vice versa

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.