# Summary – Autumn term cv19 risk assessment

# What’s changed?

The government has removed many restrictions including the use of face coverings, the need to socially distance, the limitations of numbers. The specific changes since the last 2 July guidance;

* No need to isolate if a close contact for those under age of 18, or if over 18 and had 2 vaccinations
* No need for ‘bubbles’, this means assemblies can resume, and no longer need to avoid mixing at lunch time, they also stress the point that any decision to reintroduce ‘bubbles’ would not be taken lightly and would need to take account for potential impact of delivery of education – basically you would need to follow the instruction of public health
* Close contract will now only be identified via NHS test and trace and you will not be expected to undertake contact tracing. NHS will work with the individual and/or parent and follow up with any specific individual named, they may contact the school for more information
* Individual no longer need to isolate as a close contact if they have been fully vaccinated, under 18, or they are not able to get vaccinated for medical reasons – **but** they will be contacted by NHS test and trace and advised they are a close contact and to take the PCR test
* Schools will need to be ready to ‘step up’ and ‘step down’ on infection control measures, following advice from public health
* Face coverings are no longer advised for pupils, staff and visitors – anywhere in the school. The government have removed the legal requirements of wearing face coverings, but still advise the use in enclosed, crowded spaces with people you wouldn’t normally meet such as public transport
* The main risk assessment is now stripped back to 4 main control measures that include

1. Good Hygiene

2. Cleaning

3. Ventilation

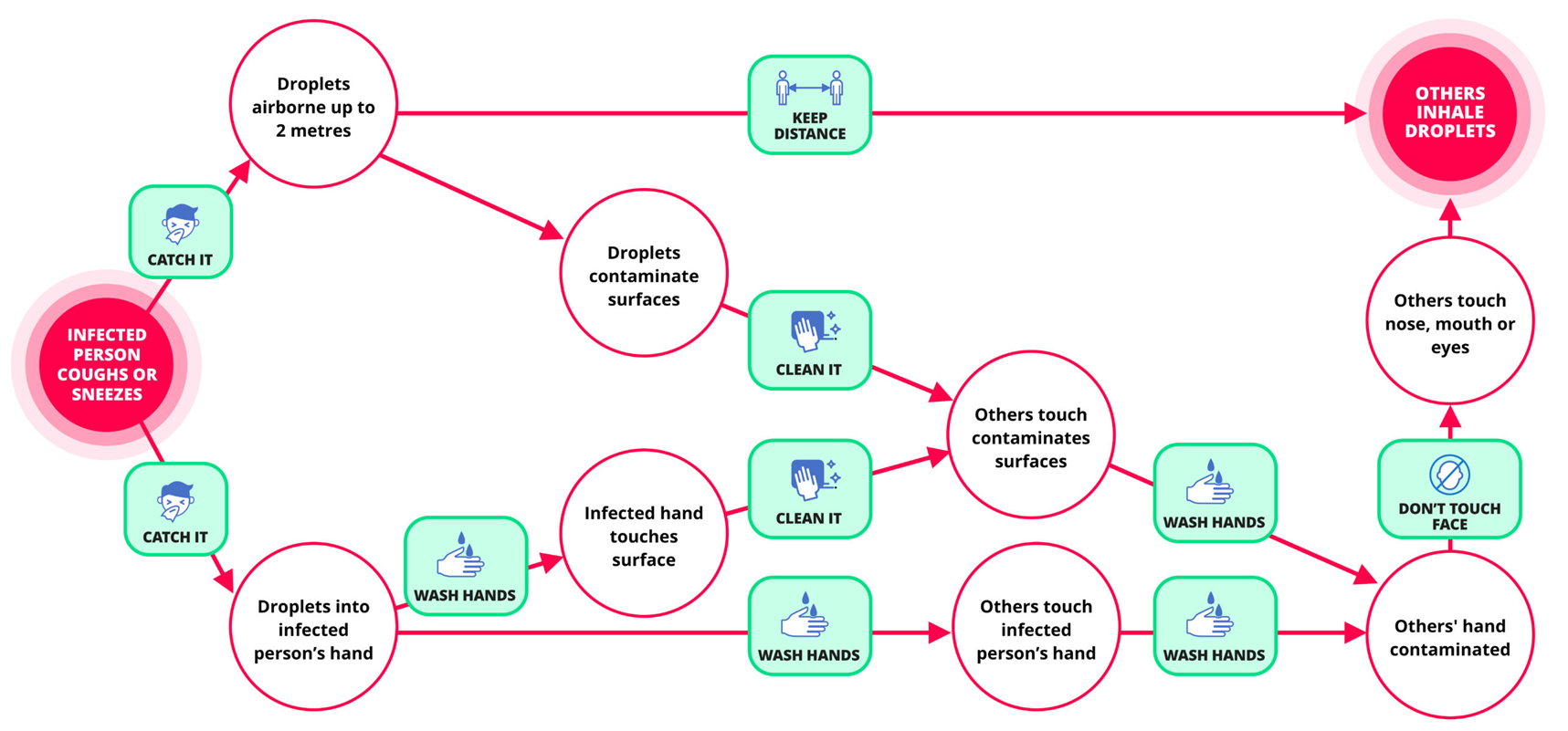
4. Follow PH advice for testing, self-isolation, managing confirmed cases

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| **Description of Activity** | COVID 19 Secure School Risk Assessment Version | **Review Dates** | ongoing |
| **Location** | Stepney All Saints School |  |  |
| **Completed by** | N.O’Brien/ N.Ahmed/ N.Akoo/ P.Woods |  |  |
| **Date of Assessment** | 25th August 2021 |  |  |

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| **What are the hazards?** | **Who & how might someone be harmed?** | **What are you currently doing to control risks?** | **Risk Rating**  **L / M / H** | **What else do you need to do**  **(if applicable)?** | **Action by who / when?** | **Date Completed** |
| ***CV19 infection***   1. ***Poor hand and respiratory hygiene*** | **Employees, agency, Pupils, visitors**  Poor hand and respiratory hygiene causing severe infection/disease, sickness, and death | 1. **Hand and Respiratory Hygiene**  * The school continues with the strict regime of regular thorough hand washing * This is encouraged at the start of the day and at set times during the day, especially before and after breaks/lunch/play * Raising the profile of the importance and how to wash hands thoroughly, for at least 20 seconds with running water and soap supported by alcohol hand sanitiser. Ensuring all parts of the hand are covered * Promoting the importance of not only washing hands, but the need to thoroughly dry hands * Toilets having sufficient supply of paper towels or hand dyers, and regular cleaning and emptying of waste * Appropriate hand wash stations, alcohol hand sanitiser, managed and monitored to ensure adequate replenishment  1. **Respiratory hygiene**  * We continue with the promotion of **the ‘catch it, bin it, kill it’** approach * We continue to only use the normal PPE already used for certain activities re: Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children’s social care settings provides more information on the use of PPE for COVID-19. Link to [PPE](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care) | L | * Awareness training,raising the profile for school, communications of the importance of hand hygiene * Sharing risk assessment * Reminders for students during PSHE, lessons and tutor periods * Regular checks on adequate stock levels of hand sanitiser, hand soap, hand drying facilities across the school * Cleaners aware of high frequency areas to clean regularly * SEND to support with high need students | SLT – INSET training in September  S.Anderson/M. Vella – Medical  T.Walker/ P.S. Conneelly – cleaning and supplies  M.Dow/M.Bennattou – PSHE  A.Bell – SEND – to share respiratory hygiene with those students who require additional support | On going |
| ***CV19 infection***  ***2.Poor cleaning standards*** | **Employees, agency, Pupils, visitors**  Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death | 1. **Maintain appropriate cleaning regimes**  * We continue with a robust appropriate cleaning regime that applies the key infection control measures which involves;  1. **Cleaning** – physical process of using detergent, this removes germs – bacteria and viruses and lowers numbers of germs on a surface although not necessarily killing them 2. **Disinfection** – a process of killing germs on a surface they touch 3. **Sanitiser –** Sanitisers have a combined cleaning and disinfecting properties 4. **Deep clean –** A more thorough cleaning and disinfection regime. The school are prepared to complete these following outbreaks or particular area concern to help break the cycle of infection 5. **Established cleaning schedule**  * We continue with our infection control cleaning regime to include at least twice daily cleaning **that** is detailed within a cleaning schedule that covers;  1. Enhanced touch point cleaning and disinfection, this includes all touch points that are fixed to the premises inside and out. 2. Cleaning frequency is at least twice a day, supported by frequent hand touch area cleaning, and local area cleaning by staff of own areas 3. Equipment and resources are disinfected based on use and risk/high use areas/items, this includes play equipment, staff equipment such as kettles, microwaves, work stations, lunch areas, changing rooms 4. Higher risk areas/pupils, who may find it difficult to maintain personal hygiene or where we cannot supervise personal hygiene, such as toilet areas are included in our cleaning regime 5. Teaching staff are provided with cleaning products, cleaning wipes 6. **Monitoring cleaning**  * We continue to monitor and manage our cleaning regime to ensure it is being completed * House-keeping inspections of cleaning stations, cupboards are completed | L | * Cleaning rota in place, thorough cleaning twice a day, and high-touchpoint areas regularly throughout the day * Basic cleaning supplies and anti-bacterial in each classroom, and available upon request from the premises team * Stock checks of all cleaning suppliers and equipment | T.Walker/ P.S. Conneelly – Premises/Cleaning | On going |
| ***CV19 infection***   1. ***Poor ventilation*** | **Employees, agency, Pupils, visitors**  Poor ventilation transmission causing severe infection/disease, sickness, and death | 1. **Keep occupied spaces well ventilated**  * A ventilation assessment has been completed that includes all areas of the school with any identified control measures specific for identified areas of concern re rooms/areas lacking in ventilation * We open windows and/or increase/operate air flow building management systems when the school buildings are first opened * All ventilation systems have been serviced and maintained as per statutory/manufacturer requirements * We open doors from outdoor to internal corridor and room doors to create a good air flow, fire doors are not propped open, only opened with dorgards or mag-holders so that they would release in the event of fire (fire alarm) * As the winter months approach we continue to balance the need for ventilation and temperature control following HSE guidance, this includes opening windows just enough to provide constant background ventilation and then opened fully during breaks and when the room is not being used to purge the air in the space. Opening higher level windows in preference to lower level to reduce draughts * We continue to use air conditioning, turning off recirculated air and switching to fresh air supply | L | * Where possible ensuring natural ventilation of all spaces by opening windows/doors | All Staff  Premises – to ensure doors/windows are locked at the close of the school day to maintain good levels of heating throughout the school | On going |
| ***CV19 infection***  ***4.Poor management of cv19 confirmed cases*** | **Employees, agency, Pupils, visitors**  Poor management of CV19 symptoms, confirmed cases, attributing to transmission causing severe infection/disease, sickness, and death | 1. **Following public health advice on testing, self-isolation and managing cases of COVID-19**  * Pupils/staff/others will follow the PH advice on when to self-isolate, link [covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/) * Anyone with cv19 symptoms must not come into school, we promote this instruction and information on CV19 symptoms with staff, contractors, visitors, pupils and parents * Anyone with a positive test or have been told to quarantine must not come into school * The school must be notified of any cv19 symptoms, and confirmed test results as soon as possible * Anyone in school that develops these symptoms however mild, will be sent home and must follow public health advice, avoiding public transport wherever possible and be collected by a member of their family or household (re: pupil with symptoms) * A designated room to locate suspected cv19 individual with protocol in place, good ventilation, good space separation, whilst still being looked after, if close contact required we use face mask, full visor, and disposable gloves * Staff must book a test on the day on which the symptoms are reported * Designated staff have been trained in the control and management of those with identified cv19 symptoms and have a supply of PPE * The school refuse pupil entry to school if we believe they present an infection control risk such as having symptoms but their parents still insisting to send into school * We will support remote work and education for those isolating and able to complete work/studies  1. **When to self-isolate**  * Self-isolate straight away and get a [PCR test (a test that is sent to the lab) on GOV.UK](https://www.gov.uk/get-coronavirus-test) as soon as possible if you have any of these 3 symptoms of COVID-19, even if they are mild: * a high temperature * a new, continuous cough * a loss or change to your sense of smell or taste   **You should also self-isolate straight away if:**   * you've tested positive for COVID-19 – this means you have the virus * someone you live with has symptoms or tested positive (unless you are not required to self-isolate – check below if this applies to you) * you've been told to self-isolate following contact with someone who tested positive – [find out what to do if you're told to self-isolate by NHS Test and Trace or the NHS COVID-19 app](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/if-youre-told-to-self-isolate-by-nhs-test-and-trace-or-the-covid-19-app/)   Information:  You may need to quarantine when you arrive in England from abroad. [Check the quarantine rules when entering England on GOV.UK](https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england)   1. **When you do not need to self- isolate**  * If someone you live with has symptoms of COVID-19, or has tested positive for COVID-19, you will **not need** to self-isolate **if any** of the following apply: * you're fully vaccinated – this means 14 days have passed since your final dose of a COVID-19 vaccine given by the NHS * you're under 18 years, 6 months old * you're taking part or have taken part in a COVID-19 vaccine trial * you're not able to get vaccinated for medical reasons   **Even if you do not have symptoms, you should still:**   * get a [PCR test on GOV.UK](https://www.gov.uk/get-coronavirus-test) to check if you have COVID-19 * follow advice on [how to avoid catching and spreading COVID-19](https://www.nhs.uk/conditions/coronavirus-covid-19/how-to-avoid-catching-and-spreading-coronavirus-covid-19/) * consider limiting contact with [people who are at higher risk from COVID-19](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/)  1. **Asymptomatic testing**  * Secondary school pupils will receive 2 on-site lateral flow tests 3 to 5 days apart on their return to autumn term. We will review and plan testing from 3 working days before the start of term, and review staggering pupil return. Pupils should continue to test twice weekly at home until the end of September 2021 when this is then being reviewed by the government * Staff should continue to complete twice weekly testing until informed otherwise  1. **Confirmatory PCR tests**  * Staff and pupils with a positive LFD test should self-isolate in line with the stay at home guidance, link [stay-at-home-guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) and should get a free PCR test. Link to test <https://www.gov.uk/get-coronavirus-test> * Whilst awaiting PCR test, you must continue to self-isolate * If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school as long as the individual doesn’t have any cv19 symptoms * Additional info on PCR test kits, link [covid-19-home-test-kits-for-schools](https://www.gov.uk/government/publications/coronavirus-covid-19-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers) | L | * Relevant staff aware of process for isolation/ return to school. | N.Ahmed – liaising with PHE/LA as necessary  A.Somad – Staff isolation advice  L.Yeasmin/M.Vella/S.Anderson – Student isolation advice | On going |
| ***CV19 infection***  ***5. CEV children*** | **Employees, agency, Pupils, visitors**  Individual medical conditions may be at higher risk of infection causing severe infection/disease, sickness, and death | * All pupils including CEV should attend school, with the only exceptions of those who are specifically instructed not to by their clinician or specialist * We continue to follow the guidance on supporting pupils with medical needs and work with healthcare advisors to put processes in place. | L | Meeting with healthcare advisors where necessary to put together Risk Assessments/Processes | * M.Vella/S.Anderson – medical * A.Bell – SENDCo | On going |
| ***CV19 infection***  ***6.Contractors*** | **Employees, agency, Pupils, visitors**  Poor contractor infection control standards causing severe infection/disease, sickness, and death | * Contractors are approved and managed by the school * We request their risk assessments as part of our normal contractor health and safety management, and review their cv19 control measures * We try and isolate and separate their work away from staff and pupils * We manage and monitor all contractors on site * Unsafe work including CV19 infection control will be stopped immediately and reviewed with senior management | L | Where possible, contractors will be isolated from students or any work carried out will be outside of school hours | * Premises * N.Ahmed – SBM | On going |
| ***CV19 infection***  ***7.School workforce*** | **Employees, agency, Pupils, visitors**  Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death | 1. **CEV staff**  * CEV staff are advised to follow as a minimum the same advice and guidance as everyone else. Link * We continue to ensure good adequate ventilation, good hygiene and cleaning, are applied strictly. * We continue to support individuals/groups by ensuring:   1. Stressing the importance of individual and wider workforce engagement, buy-in and cooperation to ensure controls are applied stringently   2. Individual discussions with their managers around their particular concerns   3. Discuss the risk management measures we have put in place to minimise transmission to keep them, and others, safe   4. We explain the controls you will put/already have in place to protect them and other workers  1. **Pregnant Staff**  * We complete risk assessments for new or expectant mothers * We recognise that some pregnant workers will be at greater risk of severe illness from coronavirus and this forms part of our individual risk assessment  1. **Vaccination**  * We encourage vaccine up take as a recognised major control measure, and any staff that are unsure or need further information should speak to the senior leadership staff | L | Meetings with staff as necessary | * S.Bashar/D.Atoyebi/ N.Ahmed – HR | On going |
| ***CV19 infection***  ***8.Pupil wellbeing concerns*** | **Employees, agency, Pupils, visitors**  Lack of pupil support leading to anxiety and stress, ill health | * We monitor our pupils through the network of teaching and support staff * We raise up concerns in a timely manner * We have close links to the parents/carers * 2 school counsellors on-site for students * Safeguarding team in place * PSHE/tutor time sessions to support | L | * Students aware of channels to approach if further support needed * Staff aware of who to approach to report any concerns for students | * Safeguarding Team * PSHE Team * HoYs * All Staff | On going |
| **CV19 infection**  **9.School meals, catering** | **Employees, agency, Pupils, visitors** | * We continue to provide free school meals to those eligible * Thorough cleaning undertaken in dining halls and kithcens * We recognise that face coverings and face visors are no longer required under law | L | * Kitchen team maintain cleaning and hygiene arrangements | * D.Adu-Boahne/ N.Akoo/ N.Ahmed – to liaise with kitchen team | On going |
| ***CV19 infection***  ***10. Educational visits*** | **Employees, agency, Pupils, visitors**  Poor off site infection control standards causing severe infection/disease, sickness, and death | * International visits are still under review for the start of the autumn term * The school continue to use the local parks and local visits with the knowledge that outside visits and activities are safer then indoor occupied busy areas * Hand and respiratory control are in place * Ventilation is reviewed at all times to ensure there is appropriate air movement and taking action where necessary to move or increase ventilation by opening windows and doors | L | * Educational Visits Risk Assessment to be completed by trip leads | N.Ahmed/ N.Akoo/ Admin Support/ P.Woods/ SLT Line Managers/ Trip Leads | On going |
| ***CV19 infection***  ***11. Wrap around care after school clubs, breakfast club*** | **Employees, agency, Pupils, visitors**  Poor infection control standards causing severe infection/disease, sickness, and death | * Our standard CV19 control covers this area * Cleaning and ventilation of areas continues to be well managed * Outbreak management risk assessment will be followed | L | * Ensuring general cleaning and ventilation at all times | Premises/cleaning team | On going |
| **CV19 infection**  ***12. Water fountains causing easy transmission of cv19*** | **Employees, agency, Pupils, visitors**  Causing severe infection/disease | * Students using own bottle to fill up water – should not drink directly from fountains | L | * Re-iteration from staff and signage | Form tutors  Premises  N.Akoo | On-going |
| ***CV19 infection***  ***13. Poor communication*** | **Employees, agency, Pupils, visitors**  Poor communication causing severe infection/disease, sickness, and death | * We continue to communicate with staff, contractors, pupils, visitors, public health, and parents * Designated staff are responsible for updating cv19 information * Staff emails, website, newsletters continue to be used to update and share relevant information | L | * Headteacher letters and communications with parents as necessary. * Communication with students * Risk Assessment available on school website | P.Woods/ N.Jones/N.Akoo  All staff | On going |
| ***CV19 infection***  ***14. Not being prepared for changes, not having a contingency plan or outbreak risk assessment/plan*** | **Employees, agency, Pupils, visitors**  Lack of planning causing severe infection/disease, sickness, and death | * We are prepared to step up and down when infection rates and outbreak change the risk levels and actions and have completed an outbreak management/ contingency plan | L | * Contingency plan in place and consultation with H&S advisory as necessary and when to seek PHE advice | N.Ahmed | On going |
| ***CV19 infection***  ***15. No assessment of potential occupational disease/transmission caused by work*** | **Employees, agency, Pupils, visitors**  Causing severe infection/disease, sickness, and death | * An assessment of exposure to be completed for each confirmed case, the local PH team to be advised * Enter details within the accident recording reporting forms such as Evolve or Accident medical tracker or paper based accident form, or LA online accident system, following your employer accident reporting procedures * Inform Juniper with full details of confirmed covid-19 case without delay |  |  |  |  |
| ***CV19 infection***  ***16. Increased chemical risk to pupils and others*** | **Employees, agency, Pupils, visitors**  Use of sanitisers and cleaning products being located around the school, classrooms – pupils accidently ingesting the chemical or having a reaction to the substance | * The location of cleaning products to be in a secure area away from pupils * Safety data sheets and coshh risk assessments in place * Staff trained in the safe use and storage of substances * All containers **must** have their labels installed * The coshh risk assessment must take consideration of volume of storage and location, to ensure there is no increased fire risk. This means no storage next to heat or ignition sources | L | Cleaning products stored appropriately | * Premises Team | On going |

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| **Overall Residual Risk for Activity (L / M / H):** | |  | |
| **Level of Risk** | **Suggested Action** | |
| **LOW** | Control measures are adequate but continue to monitor and review; ensure that they remain satisfactory and appropriate | |
| **MEDIUM** | Control measures need to be introduced within a specified time period; continue to monitor and review | |
| **HIGH** | Unless control measures can be immediately introduced to reduce the risk so far as is reasonably practicable, the task or activity should be suspended | |

**How COVID is transmitted**



**Summary of key infection control measures**

**1. Regular testing – and isolation**

**Asymptomatic testing will help to identify anyone who does not have symptoms but does have the virus so they can take appropriate action and isolate to prevent passing the virus onto others. Staff and pupils with a positive lateral flow test (LFD) will need to get a PCR test and self-isolate.**

**Anyone who has symptoms of cv19 should obtain a PCR test and follow the stay at home guidance.**

**2. Maximising fresh air**

**Adequate ventilation reduces how much virus is in the air by helping to reduce the risk from aerosol transmission – when someone breathes in small particles/aerosols that can be in the air after a person with the virus has been in the same area. Therefore, everyone should:**

* **Work in well ventilated rooms/areas – making sure the indoor spaces have a good supply of fresh air**
* **Work outside if possible**

**3. Universal hygiene measures**

**These measures both increase personal protection and also protects others;**

* **Thoroughly wash hands with soap and water often following the** [**NHS guidance**](https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/)**. Use alcohol based hand sanitiser if soap and water not available. In particular wash hands when entering building, after using toilet, before eating or drinking, after sneezing/coughing, after using shared items or equipment, after moving around the premises if having touched surfaces such as hand rails, door panels, and before you leave for the day**
* **Keeping your hands below shoulder level as much as possible trying to keep them away from touching your face at all times**
* **Catch it , bin it, kill it – covering the mouth and nose with a tissue or sleeve when sneezing and put the tissue in the bin straight away, always washing your hands afterwards**
* **Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so**

**4. Cleaning the space and things around you**

**Enhanced cleaning and disinfection arrangements should continue. Where possible staff should support these measures by disinfecting touch points such as their own classrooms and shared equipment, even if cleaning isn’t part of their normal role.**

**5. Respectful space**

**Whilst school bubbles and social distancing has been removed, any measures that minimise the number, the proximity, and duration of person to person contact reduces the risk of transmission. In addition, it is important to consider that increased mixing will lead to increased cases and therefore staff absence. You should follow the current guidance of not using bubbles, but it is advisable to consider within your risk assessments the following:**

* **Staff areas, staff rooms, keeping staff apart where possible**
* **Meeting outdoors, or in larger well ventilated rooms**
* **Continue to virtual meetings as this just eliminates the potential of cv19 transmission**
* **How to create better space in offices, rooms, by moving furniture or rearranging work stations, and creating a large space separation of staff**

**6. PPE**

**Having the correct PPE for the correct situation, with staff training in place, this may include close contact/confirmed cv10 symptoms**