



Dartmoor
MULTI ACADEMY TRUST

Establishment name:

Boasley Cross Primary School

Initial Assessment

Review

Following Incident

Date of Initial Assessment: **01/09/2020**

Assessor(s): **JHW**

Date of Review: **24/02/2021**

Assessor(s): **JHW/DP**

Activity/Task/Process/Equipment

COVID-19 2021. School full return - March 2021 Review v1.6

(NB Other risk assessment findings and policy arrangements apply where unaffected by COVID-19)

Summary of changes:

- All changes in **RED**
- Twice weekly LFD testing for staff at home
- Continuation of CEV shielding
- Face coverings in circulation spaces and common areas where social distance cannot be maintained
- Stricter PPE requirements for staff leaving 2m socially distanced zone

Summary of hierarchy of controls:

- Monitor and isolate all who have symptoms – maintain quarantine arrangements, cooperate with PHE (testing, track and trace)
- **Twice weekly asymptomatic LFD testing for staff – Monday and Thursday**
- Continue to protect the vulnerable/extremely vulnerable in line with national guidance and by local risk assessment
- Regular and repeated hand washing/sanitising: on arrival, before food, after washroom visit, on entry/exit to room.
- Good respiratory hygiene practice
- Enhanced cleaning regime
- Avoid mass congregation: **no assemblies, segregated lunches, virtual staff meetings, managed access to toilets**
- Class groups to remain segregated in 'bubbles': **pupils and staff not to mix, breaktimes and outdoor play segregated by space (not time)**
- Limit sharing of equipment and avoid across class bubbles – personal equipment where possible (PE/Art activities to be risk assessed).
- Face coverings mandatory for staff in circulation spaces and common areas
- PPE for selected staff who work in close proximity for <2m for >15 minutes or <1m for >1 minute (1:1 Work, First Aid etc)
- School discipline: policy amended to account for those who disrupt/endanger fellow pupils/staff.

Significant hazard	Who/what is at Risk?	Risk			Control measures in place
		L	S	R	
<p>Essential premises services to keep school open</p> <p>Injuries or ill-health arising from failure to maintain the building examples include: legionella contamination, CO production, failure to raise alarm in event of fire etc.</p>	Staff, pupils	>1	5	>5	<ul style="list-style-type: none"> ▪ Essential site maintenance should continue as normal and as determined by the timetable established on the Every system (Activities module) ▪ Every system used to monitor essential site maintenance: Compliance module can be scrutinised to identify gaps in maintenance provision. ▪ Annual H&S Review process will also monitor ▪ Contractors entering site will do so by appointment and will abide by hygiene controls and work to 1m plus social distancing rules. ▪

<p>Staff or pupils with symptoms</p> <p>Potential for contracting COVID-19 via direct or indirect contact with someone displaying symptoms</p>	<p>Staff, pupils</p>	<p>1</p>	<p>4</p>	<p>4</p>	<ul style="list-style-type: none"> ▪ No staff or pupils to attend if they are symptomatic. ▪ Contact-free thermometers to be provided at each site to monitor pupils if they feel unwell. ▪ Those who display symptoms of one or more of the following: <ul style="list-style-type: none"> ○ New and continuous cough ○ high temp >37.8 ○ loss/change to sense of smell/taste <p>must return home as soon as possible to start period of isolation for 10 days from onset of symptoms. <u>This individual must get a test.</u></p> ▪ Household members of this individual to isolate for 14 days, or until: <ul style="list-style-type: none"> ○ They develop symptoms themselves whereupon they should be tested and isolate for 10 days from onset of symptoms ○ Until receipt of negative test result by person who is symptomatic. ▪ Test kits available for those who cannot, or will struggle to, access a test. Schools can re-order as needed. ▪ Isolation/quarantine room provided for those with symptoms to wait until collected. ▪ Those displaying symptoms are to cover their mouth/nose with a tissue or paper towel until they can leave. ▪ Stocks of tissue, hand-sanitiser and cleaner-sanitiser to be located in this room. PPE also to be to hand for use by staff assisting this person <i>if this is unavoidable</i> (see First Aid section). ▪ The room must then be cleaned in line with previously circulated guidance. ▪ If visual contamination is evident in the room e.g. saliva on table surfaces etc then PPE in the form of gloves, apron, respirator to be worn for clean. Contaminated area to be pre-treated with Titan sanitiser. ▪ Flow chart (v7.0) from PHE SW to be followed in respect of any
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					<p>person who has tested positive. DfE phone number to be used as initial point of contact.</p> <ul style="list-style-type: none"> ▪ Actions on flow chart followed depending on test result. If negative, child can return to school after end of symptoms. ▪ Positive test result would be communicated to DfE helpline. All instruction received from the HPT at PHE SW would be followed. ▪ Close proximity contacts to be sent home to isolate for 14 days. ▪ Class charts to be maintained so school can quickly identify proximity contact. ▪ However, if required by HPT risk assessment, whole class bubble will be sent home to isolate for 14 days.
<p>Asymptomatic transmission</p> <p>Potential for contracting COVID-19 via direct or indirect contact with someone NOT displaying symptoms</p>	Staff, students	1	4	4	<ul style="list-style-type: none"> ▪ Twice weekly lateral flow device (LFD) testing of staff to be undertaken on an ongoing rotational basis. ▪ Tests to be undertaken 3-4 days apart. ▪ Separate risk assessment describes controls, consent process and training requirements for LFD testing. Risk assessment record follows format determined by NHS Track and Trace. ▪ Any staff member testing positive will not come into work but will isolate as soon as the notification has been received for 10 days. They will take the full PCR test to confirm. ▪ Pupils will not be tested. Potential for asymptomatic transmission from pupils to be managed via maintaining social distance and the wearing of PPE as described in the section entitled 'social distancing' described below.
<p>Boasley Cross:</p> <ul style="list-style-type: none"> • Isolation/quarantine room to be the Sourton room as the library will be needed for access to reading material and before lunch/ class cleaning • Flowchart to be consulted in ALL suspected cases/ confirmed cases and all actions eg. correspondence with Public Health to be recorded on Cpoms under 'Medical' • Staff lateral flow testing Monday and Thursday mornings – communicated with administrator and recorded on gov.uk 					

<p>Shielding the vulnerable - CEV</p> <p>Potential for contracting COVID-19 via direct or indirect contact whilst attending school site with elevated consequence</p>	<p>Staff, pupils, co-habitants of staff/pupils</p>	<p><1</p>	<p>5</p>	<p>5</p>	<p>Staff</p> <ul style="list-style-type: none"> ▪ Clinically Extremely Vulnerable (CEV) who were shielding up until 02.12.2020 after receipt of letter from GP or NHS should <u>continue shielding and work from home</u>. Original risk assessment for these staff members (for September return) should be reviewed. ▪ Clinically Vulnerable (CV) staff (expectant mothers, over-70s, BAME staff, those with medical conditions whereby they are advised to have an annual flu-jab) must have been risk assessed ahead of the September return by their line manager. ▪ Controls measures could be: strict social distancing of 2m at all times, work away from higher risk pupils, avoid close contact 1:1 work, avoid direct face to face contact, PPE, other work tasks which avoid direct close contact. The school will try as far as practically possible to accommodate additional measures where appropriate. ▪ A separate risk assessment record must be completed to record the findings of the assessment. A format has been circulated for this purpose. ▪ Risk assessments for CEV/CV staff should be subject to ongoing review
<p>Shielding the vulnerable – CV</p> <p>Potential for contracting COVID-19 via direct or indirect contact whilst attending school site with elevated consequence</p>	<p>Staff, pupils, co-habitants of staff/pupils</p>	<p>1</p>	<p>4</p>	<p>4</p>	<p>Pupils:</p> <ul style="list-style-type: none"> ▪ Pupils who continue to be identified as being in the CEV category (as identified by letter) by their clinician should continue to learn via remote learning at home. ▪ Pupils in this category will be offered access to remote education and engagement with this activity will be monitored. ▪ Risk assessments should be completed for pupils with EHCP to identify additional control measures necessary to control the risks to the individual, their peers and the staff who work with them. A format has been circulated for this purpose. ▪ This process should be led by the SENCO ▪ The risk assessment should continue to consider the balance of

					<p>risks between attending school and remaining at home.</p> <ul style="list-style-type: none"> IHCP to be reviewed to ensure all students with medical needs can attend College with all protective elements of plan in place.
<p>Social distancing</p> <p>Potential for contracting COVID-19 via direct contact whilst attending school site</p>	Staff, pupils	2	3	6	<p>Pupils:</p> <ul style="list-style-type: none"> Population density will mean that pupils will not be able to maintain social distancing upon a full return. Principal control measure there shifts to maintaining class 'bubble' and avoidance of mass congregation. Class bubbles not to mix: no assemblies and food provision organised to minimise congregation (see food provision below). No PE activities across classes. Staggered break/lunch times or breaks segregated by space where segregation by time is not possible. Classrooms laid out to avoid face to face positioning with tables in rows, facing forwards. Pupils should be self-sufficient in terms of equipment: all equipment used every day i.e. pens, rulers etc to be brought from home and to be for that pupil's personal use only. Curriculum to be limited to reduce PE or other practical activities involving shared equipment across class bubbles. Where the sharing of equipment across class bubbles cannot be avoided, specific risk assessment to be undertaken to identify compensating hygiene controls. This could be sanitising items or quarantining them for 48 hours (72 hours for hard surface items like plastic). Extra-curricular activities (that is, before and after school clubs) will only continue where it is possible to provide this within the limitations of this risk assessment i.e. to maintain integrity of class group bubbles. <p>Staff:</p> <ul style="list-style-type: none"> Staff should maintain a social distance between one another, and between themselves and pupils, of 2m wherever they can

				<p>unless subject to a separate risk assessment.</p> <ul style="list-style-type: none"> ▪ Staff briefings to be virtual. Where physical meetings cannot be avoided, meetings to maintain 2m distance. ▪ There should be <u>no contact of less than 2m for more than 15 minutes.</u> ▪ Where the demands of classroom teaching require movement within the 2m limit, there should be <u>no contact of less than 1m for more than 1 minute.</u> Face shields to be worn in these instances. ▪ There should be <u>no direct face to face contact within 1m for anytime.</u> Assist students by looking over their shoulder or remain side by side. ▪ When moving out from the segregated 2m zone to assist pupils, teaching staff should wear a Type IIR disposable medical mask. ▪ Regardless of wearing this mask, the following distancing measures should still be maintained: ▪ Staff should avoid close and direct face to face contact with pupils. Assist pupils by looking over their shoulder or remain side to side. ▪ Individual risk assessments should be completed for pupils who require 1:1 support where close proximity (see above definition) contact cannot be avoided. The assessment must consider the specific needs of the child as well as the staff member supporting them. PPE needs for staff should be identified here. ▪ 1:1 support staff to limit direct face to face contact as far as is practicable by positioning side to side. ▪ This specific risk assessment should identify additional PPE (face shield, disposable medical mask) taking into account the needs of the child and the member of staff. ▪ Additional hygiene controls are described below for Nursery/ KS1 in recognition of the reduced ability of staff in these areas to maintain social distance. <p><u>Visitors:</u></p> <ul style="list-style-type: none"> ▪ Only visits that are absolutely necessary are permitted. Only
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				<p>visits with a prior appointment will be made. Parents and ad-hoc visitors must not be granted access and reception should remain closed. Signs should be displayed with a telephone number or e-mail for essential appointments to be made.</p> <ul style="list-style-type: none"> ▪ Where reception remains unprotected, a reception screen is installed to protect reception staff. ▪ Contractors who must attend for essential maintenance must follow hygiene practices and must maintain social distance, as with staff. Wherever practicable (and as is consistent with safeguarding protocols), they must be left alone in the room where their work can be undertaken (e.g. plant room etc). <p><u>Food provision:</u></p> <ul style="list-style-type: none"> ▪ Pupils partaking in school meals pre-order from a limited menu option. ▪ Food pre-paid on School Gateway – no payments upon collection to speed up collection ▪ HACCP reviewed by kitchen managers to control any additional COVID-19 risk areas in food production. ▪ Pupils to remain segregated by space when eating food, either in the dining hall or remaining within their classrooms. ▪ Limited menu choices to speed up delivery/collection ▪ Food either delivered to class or collected in class-rotas to limit queueing and maintain class bubble ▪ Cutlery handed out to prevent cross contamination at the point of collection ▪ Hand-hygiene before and after consumption of food.
<p>Boasley Cross:</p> <ul style="list-style-type: none"> • Separate arrival areas for each key stage to ensure KS1/2 bubbles are separate during handover • Classroom arrangement as space allows – tables front facing, as much space as possible between pupils • Pupils remain in their own classroom wherever possible • Staff and pupil toileting arrangements take account of social distancing; prevent movement within the limited space • Walkie talkie available in each room in case of lockdown/ fire drill/ necessary communication 				

<p>Hygiene</p> <p>Potential for contracting COVID-19 via direct and indirect contact whilst attending school site</p>	<p>Staff, adult co-habitants of pupils</p>	<p>2</p>	<p>3</p>	<p>6</p>	<p><u>Hand-hygiene:</u></p> <ul style="list-style-type: none"> ▪ Ongoing regular hand-hygiene is the principal control for indirect transmission. ▪ Hand washing or hand sanitising with alcohol hand sanitiser must be undertaken at the following times: <ul style="list-style-type: none"> ○ Upon arrival at class base at day's start ○ After using a washroom ○ Before and after food ○ <u>Upon entering and leaving any class bubble</u> ○ After coming in from outside recreation ○ Upon final departure ○ After removing PPE ▪ <i>Therefore, hand- sanitiser must be available at the entrance/s to each teaching space and class bubble.</i>
<p>First Aid</p> <p>Potential for contracting COVID-19 from direct and indirect contact with child due to administration of First Aid</p>	<p>First Aid staff</p>	<p>2</p>	<p>3</p>	<p>6</p>	<ul style="list-style-type: none"> ▪ Staff to undertake hand-hygiene after handling pupils' work. ▪ Hand hygiene should also be undertaken after use of any shared resources within the class bubble. ▪ Staff should supervise hand sanitising in teaching spaces. ▪ All visitors must wash/sanitise their hands upon arrival and departure
<p>Nursery/Early years</p> <p>Potential for contracting COVID-19 via direct and indirect contact whilst attending school site</p>	<p>EYFS Staff, adult co-habitants of pupils</p>	<p>2</p>	<p>3</p>	<p>6</p>	<p><u>Respiratory hygiene:</u></p> <ul style="list-style-type: none"> ▪ Good respiratory hygiene – 'Catch it, Bin it, Kill it' to be followed and modelled as much as possible. ▪ Tissues and covered bins to be provided in each room ▪ <i>Behaviours to be taught and modelled at all ages.</i> ▪ Regular checks of washrooms must be undertaken to ensure that stocks of soap etc are available. ▪ Where possible, toilets dedicated to specific class bubbles. ▪ Pupil access to washrooms to be controlled to limit numbers as well as to control behaviour. ▪ Message to be reinforced by posters displayed around the site ▪ Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers. This should be
<p>Lack of ventilation</p> <p>Potential for contracting COVID-19 via direct contact due to poor ventilation</p>	<p>Staff, adult co-habitants of pupils</p>	<p>2</p>	<p>3</p>	<p>6</p>	

					<p>considered in pupil specific risk assessments in order to support these pupils and the staff working with them.</p> <ul style="list-style-type: none"> ▪ Face coverings: <ul style="list-style-type: none"> ○ A face-covering offers little protection to the individual but it will protect others from the individual by limiting the travel of their breath or cough/sneezes. By this means the build, up of contaminated aerosols will be limited. ○ Separate guidance on use of face-coverings. ○ <u>Face coverings mandatory by staff in circulation spaces and common areas</u> unless there is a specific exemption provided. ○ See also PPE guidance for staff within teaching spaces above. <p><u>Cleaning:</u></p> <ul style="list-style-type: none"> ▪ Demands of whole school opening in combination of reduced national risk means all rooms utilised in the timetable should be cleaned daily with an additional interim clean of regularly touched surfaces during the day. Nursery and KS1 should be cleaned in response to need as identified by staff. ▪ Reduction in displays around rooms to limit clutter and potential for trapped dirt to gather. ▪ Clear desk policy: staff to clear hard surfaces to allow for cleaning. ▪ A combined cleaner-disinfectant to be used which is BSEN1276 compliant. ▪ Launder cloths daily or use disposable paper towels/rolls. ▪ Cleaning protocol circulated. Regularly touched hard-surfaces to be sanitised: tables, desk tops, light switches, keyboards/mouse, phones, taps, flush handles. ▪ Roving cleaning staff throughout day to clean regularly touched corridor surfaces (door handles, taps, bannisters etc) ▪ Cleaner-disinfectant and paper towels to be located in teaching spaces for staff to clean if they see the need i.e. if a child sneezes on a desk top etc.
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				<ul style="list-style-type: none"> ▪ Cleansing wipes to be located by photocopiers to allow users to wipe buttons/touchscreen after each use. ▪ Please refer to Cleaning Guidance for full details of cleaning methodology plus a <i>suggested</i> example cleaner/disinfectant. <p><u>Nursery/Early Years:</u></p> <ul style="list-style-type: none"> ▪ Evidence shows that the risk of direct transmission is lower with young children. Nevertheless, due to the reduced capacity of younger children to follow hygiene norms and social distancing rules, indirect transmission risk may be slightly higher. Therefore: ▪ The following additional precautions over and above what is listed above should be employed: <ul style="list-style-type: none"> ○ Nursery/KS1 classes to be cleaned in response to need but at least twice daily ○ More frequent hand washing should be undertaken by both staff and children – a suggested frequency is hourly. ○ Model and supervise correct hand-washing. ○ Staff should wear a disposable apron. ○ Avoid/limit direct face to face contact at the level of the child. ○ If experience shows continued close contact with a child cannot be avoided, and there is a risk of coughs/sneezes being directed in the face, then PPE in the form of a face shield should be worn. ○ An additional risk assessment should be undertaken for any staff vulnerable staff working in this area – as described above. ▪ Intimate care of very young children must continue using established protocols. Robust hygiene controls must already be established in this area. Please refer to existing risk assessment and planning documents. ▪ A cleaner-disinfectant and a stock of paper towels should be available in the area for staff supervising young children so that
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					<p>obviously contaminated surfaces can be cleaned <i>as required</i> throughout the session as needed. This must be stored securely out of reach of the children concerned.</p> <ul style="list-style-type: none"> ▪ Limit the number of toys available so that their hygiene can be better maintained. Choose toys that are easy to clean. ▪ Avoid unnecessary sharing of equipment within class bubble and share no equipment across class bubbles. <p><u>First Aid:</u></p> <ul style="list-style-type: none"> ▪ Delivering First Aid will often necessarily mean that staff have to remain for several minutes in close proximity (<1m) to a pupil often face to face. A higher level of control is therefore needed. ▪ PPE is required in these instances and should be provided in the form of a medical face mask and face shield ▪ The medical face mask to be replaced with a FFP2/N95 respirator <i>if the person displays symptoms and approaching them is unavoidable</i>. The first control measure is not to approach the person with symptoms if at all possible. ▪ Disposable gloves should be worn ▪ If people report to First Aid with COVID-19 symptoms, beyond testing temperature if needed, they should NOT be treated by First Aid but should be shown to a separate isolation room where they can be isolated until they return home. They should be required to cover their mouths with a tissue/paper towel until this happens. ▪ A contactless thermometer is available to take a temperature. PPE will nevertheless be worn as described above. ▪ Have a room set aside for this eventuality and have a supply of tissues/paper towels on hand. <p><u>PPE – please note:</u></p> <ul style="list-style-type: none"> ▪ PPE for the purposes of infection control in the form of gloves, face masks/respirators and face shields must be used with caution as cross contamination of the virus can occur with PPE if it is not used correctly
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				<ul style="list-style-type: none"> ▪ If disposable gloves are worn, change them frequently by removing them from the wrist and continue to wash your hands. ▪ PPE face masks/respirators must be removed by the ear pieces/ties. Face shields by the back of the securing band. In all cases avoid touching the front of the mask/shield which could be contaminated. ▪ Always wash your hands after removing PPE ▪ <i>PPE can be a flawed control measure if used incorrectly. It relies on good fit and correct usage. It can itself become contaminated. Do not let wearing PPE lull you into a false sense of security and avoid prolonged close, face to face contact as the control measure of first choice.</i> ▪ Briefing document for safe use of PPE circulated. <p><u>Ventilation:</u></p> <ul style="list-style-type: none"> ▪ Occupied teaching spaces to be ventilated by opening windows. ▪ Doors into room can be propped open when the room is occupied <u>but teaching staff must close these when the room is unoccupied.</u> ▪ Air handling units and other mechanical ventilation systems should be used if the school has these. It should be ensured that these systems are <u>not</u> set to air re-circulation only. ▪ Re-circulating only air-conditioning systems not to be used in place of open windows and fresh air ventilation but can be used so long as source of fresh air available ▪ Source of fresh air to be maintained in winter months when weather is colder whilst maintaining statutory minimum temperatures by: <ul style="list-style-type: none"> ○ Open all windows by a small amount ○ Opening doors to aid cross-ventilation (subject to controls for fire doors above) ○ ‘Flush’ rooms at break times by opening all windows to fullest extent for 2 minutes. ○ Allow pupils to wear jumpers/hoodies/coats
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<p>Boasley Cross:</p> <ul style="list-style-type: none"> • Individual equipment where possible for pupils inc. chrome books • Public Health poster to be displayed in each room • Reminder checklist for staff in each classroom • Room and toilet area checks regularly undertaken by HoS • Doors to be wedged open for ventilation and to ensure a reduced need to touch surfaces 					
<p>Cleaning tasks</p> <p>Potential for indirect contracting of COVID-19 whilst undertaking cleaning</p>	Cleaning staff	2	3	6	<ul style="list-style-type: none"> ▪ See separate cleaning guidance and associated risk assessments – circulated to all staff ▪ Cleaners’ PPE to be disposable gloves and disposable or laundered aprons. ▪ FFP2/FFP3/N95 respirators are for direct contact (within 2m for >15minutes) with an individual who is displaying symptoms so should NOT normally be required for these tasks – refer to cleaning guidance. See exception below. ▪ If not disposable, laundered aprons should be washed on the hottest wash possible for the clothing concerned ▪ Removed PPE to be double-bagged for disposal ▪ A cleaner-disinfectant/cleaner compliant with BSEN1276 to be used. ▪ Usual COSHH risk assessment findings to be followed in respect of chemical safety and use. ▪ Please refer to Cleaning Guidance for full details of cleaning methodology plus a <i>suggested</i> example cleaner-disinfectant. ▪ Launder cloths daily or use disposable paper towels/rolls. ▪ All staff to follow a ‘clear-desk’ policy to enable regular cleaning of all hard surfaces. ▪ Unnecessary paperwork and displays to be removed to allow surfaces to be sanitised. ▪ Cleaning of isolation room: if visual contamination is evident in the room e.g. saliva on table surfaces etc then PPE in the form of gloves, apron, respirator to be worn for clean. Contaminated area to be pre-treated with Titan sanitiser as described in

					Cleaning Guidance document.
Pupil needs Safeguarding needs, failure to administer medication, misadministration, injuries exacerbated by absence of first aid facilities	Pupils	1	3	3	<ul style="list-style-type: none"> ▪ Each open school must have a Designated Safeguarding Lead available on site ▪ Usual safeguarding procedures for recording and reporting followed including consultation if unsure ▪ IHCP and EHCP should be reviewed to ensure that arrangements for pupil safety and wellbeing are still in place given reduced staffing levels. ▪ Information from IHCP and EHCP must be made available to supervising staff to ensure essential needs are met. ▪ This must include communication of any medicinal needs. ▪ Parents remain responsible for providing medication along with any consent in line with existing policy and procedure. ▪ First Aid risk assessment to be reviewed for partial return to ensure sufficient cover. Facilities must be maintained with at least 1 Emergency First Aid at Work trained member of staff and 1 Paediatric First Aid trained member of staff where children under 5 are present.

Appendix – Site map of school

