



Establishment name

Boasley Cross Primary School



Initial Assessment

Review

Following Incident

Date of Initial Assessment: 1.9.21

Assessor(s):JC (to be reviewed with DCC)

Date of Review: 16.12.2021 (JC/PW)

Assessor(s):

Activity/Task/Process/Equipment

COVID-19 2021 December 2021

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

Summary of changes:

- All changes in **RED**
- From Tuesday 14 December, people who are fully vaccinated and identified as a contact of someone with COVID-19 – whether
- Omicron or not – should take an NHS rapid lateral flow test every day for 7 days to help slow the spread of COVID-19.
- Daily staff LFD testing.
- Children will continue to use separate entrances to enter and exit the building each day.
- Bubbles have now been reintroduced for both classes, this will involve separate parts of the playground during break and
- lunchtimes, separate toileting and seating in classes for lunchtimes
- There will be no parents on site until further notice – book and biscuit and celebration assemblies involving parents have been
- cancelled.
- Children will remain in class bubbles whilst eating their lunch in the hall.
- Parents will be contacted if their child/ren develop symptoms and asked to carry out PCR before their child returns to school.
- No requirement to undertake contact tracing, unless official positive case of Omicron identified
- Latest Covid guidance DfE (click link to visit website)
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- Summary of hierarchy of controls:

- **Ongoing daily staff asymptomatic LFD testing**
- **Face coverings are mandatory in circulation spaces (when around children and other staff) and common areas for all staff and authorised visitors**
- **Face visors can be worn in addition to face mask but not as a replacement**
- **Monitor and isolate all who have symptoms – maintain quarantine arrangements, cooperate with PHE (testing, track and trace)**
- **Continue to protect the vulnerable/highly vulnerable in line with national guidance and by local risk assessment**
- **Regular and repeated hand washing/sanitizing: on arrival, before food, after washroom visit, on entry/exit to room**
- **Good respiratory hygiene practice**
- **Twice daily cleaning regime with focus on frequently touched surfaces (reference to cleaning document)**
- **Limit sharing of equipment – personal equipment where possible, risk assessment for curriculum areas where equipment has to be shared to identify compensating hygiene controls. Continue to practice good hygiene and cleaning regimes for equipment – School to Risk Assess.**
- **PPE for selected staff who work in close proximity identified in individual risk assessment for staff member or pupil**
- **School discipline: policy amended to account for those who disrupt/endorse fellow students/staff.**

Summary of hierarchy of controls:

- **Ongoing twice weekly staff asymptomatic LFD testing**
- **Face coverings mandatory for all staff in circulation spaces and common areas (when working with children and other members of staff).**
- **Face visors can be worn in addition to face mask but not as a replacement**
- **Monitor and isolate all who have symptoms – maintain quarantine arrangements, cooperate with PHE (testing, track and trace)**
- **Continue to protect the vulnerable/highly vulnerable in line with national guidance and by local risk assessment**
- **Regular and repeated hand washing/sanitising: on arrival at school, before food, after toilet visit, on entry/exit to room**
- **Good respiratory hygiene practice**
- **Twice daily cleaning regime with focus on frequently touched surfaces (*reference to cleaning document*)**
- **Limit sharing of equipment – both classes to have and use their own set of resources, not to cross over use others equipment**

Significant hazard	Who/what is at Risk?	Risk			Control measures in place
		L	S	R	
Essential premises services Potential for contracting COVID-19 via direct or indirect contact with someone displaying symptoms	Staff, students	>1	5	>5	Essential site maintenance should continue as normal Contractors entering site will do so by appointment and will abide by hygiene controls
Staff or students with symptoms Potential for contracting COVID-19 via direct or indirect contact with someone displaying symptoms	Staff, students				<ul style="list-style-type: none"> ▪ No staff or students to attend if they are symptomatic. 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 style="margin-left: 20px; color: red;">must return home as soon as possible and must undertake a PCR test to authorise any absence</p> <ul style="list-style-type: none"> • Daily staff LFD testing • In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others. ▪ If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Following guidance from Public Health England ▪ From Tuesday 14 December, people who are fully vaccinated and identified as a contact of someone with COVID-19 – whether Omicron or not – should take an NHS rapid lateral flow test every day for 7 days to help slow the spread of COVID-19. ▪ Contact-free thermometer available if needed.

					<ul style="list-style-type: none"> ▪ 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 on 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, and respirator to be worn for cleaning. Contaminated area to be pre-treated with Titan sanitiser. ▪ Flow chart (v.15.0) from PHE SW to be followed in respect of any person who has tested positive. DfE phone number to be used as initial point of contact. ▪ Actions on flow chart followed depending on test result. If negative, staff or student can return to school Positive test result would be communicated to DfE and Public Health England ▪ Other reasons to report direct to HPT are: <ul style="list-style-type: none"> ○ Hospital admission with COVID like symptoms ○ You think you may need to close due to numbers affected ○ Someone in setting has been admitted to hospital ○ You are getting significant media interest • If escalated to HPT at PHE SW, all instruction received from the HPT would be followed.
<p>Increase in positive numbers in school</p> <p>For settings testing pupils, pupils and staff in asymptomatic test sites after the summer holidays, this section only applies after the initial two tests are</p>	Staff, students	2	3	6	<ul style="list-style-type: none"> • Contingency Plan to be developed to respond to increase in number of cases in school which must detail <ul style="list-style-type: none"> ○ roles and responsibilities ○ actions you would take to put it in place quickly e.g. additional testing measures, reintroduction of face coverings (excl primary school), shielding or other

<p><u>complete. Cases identified in the test-on-return period should not trigger extra measures or escalation to the DfE helpline.</u></p> <p>Whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> • 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; • 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period 					<p>measures, attendance restrictions in extreme cases on advice of DfE</p> <ul style="list-style-type: none"> ○ educational continuity: how you would ensure every child receives quantity and quality of education and support to which they are normally entitled (through Class dojo site). ○ how you would communicate changes to all stakeholders <ul style="list-style-type: none"> • Identifying a group that is likely to have mixed closely will be different for each setting. For schools, this could include: <ul style="list-style-type: none"> • a friendship group mixing at breaktimes • a group in an after-school activity Refer to Annex in Contingency framework for guidance. • Ensure you have read the DfE guidance on Contingency framework Contingency framework: education and childcare settings (publishing.service.gov.uk) • Review and reinforce the testing, hygiene and ventilation measures they already have in place. • Seek additional public health advice if concerned about transmission in the setting (DfE helpline (0800 046 8687, option 1) • Employers should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are made aware that any of their workers have tested positive
<p>Asymptomatic transmission</p> <p>Potential for contracting COVID-19 via direct or indirect contact with someone NOT displaying symptoms</p>	<p>Staff, pupils</p>	<p>1</p>	<p>4</p>	<p>4</p>	<ul style="list-style-type: none"> ▪ Twice-weekly testing for all staff by undertaking LFD test on rotational basis, at 3-4 day interval. ▪ Separate risk assessment describes controls, consent process and training requirements for test operatives (various roles) for test venues. Risk assessment record follows format determined by NHS Track and Trace. ▪ Those testing positive will have to return home to isolate as soon as the notification has been received. They must arrange a full PCR test to confirm to ensure their absence is authorised. 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 individual can return to school, as long as they do not have COVID-19 symptoms.
<p>Shielding the vulnerable</p> <p>Potential for contracting COVID-19 via direct or indirect contact whilst attending school site with elevated consequence.</p>	Staff, students, co-habitants of staff/students	1	4	4	<ul style="list-style-type: none"> • All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend. • Further information is available in the guidance on supporting pupils at school with medical conditions. • Risk assessments if in place for CEV/CV staff should be subject to ongoing review and updated if there are significant changes in individual circumstances or work patterns. <ul style="list-style-type: none"> ▪ Risk assessments should be in place 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 were determined necessary by the SENDCo. A format has been circulated for this purpose. ▪ This process should be led by the SENCO ▪ These risk assessments should be subject to ongoing review and updated if there are significant changes in individual circumstances. ▪ IHCP to be reviewed to ensure all students with medical needs can attend 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, students	1	1	1	<ul style="list-style-type: none"> ▪ Not required – at present

<p>Hygiene</p> <p>Potential for contracting COVID-19 via indirect contact whilst attending school site</p>	<p>Staff, adult co-habitants of students</p>	<p>1</p>	<p>4</p>	<p>4</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 beginning of the school day ○ After using a washroom ○ Before and after food ○ <u>Upon entering and leaving any teaching space</u> ○ After break and lunch times ○ At the end of a school day ○ After removing PPE or a face covering ▪ <i>Therefore, hand- sanitiser must be available at the entrance/s to each teaching space and entrance/exit points.</i> ▪ Staff to undertake hand-hygiene after handling pupils' learning. ▪ Hand hygiene should also be undertaken after use of any shared resource. ▪ Staff should supervise hand-sanitising in teaching spaces. ▪ All visitors must wash/sanitise their hands upon arrival and departure. <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. ▪ Pupil access to washrooms to be controlled to limit numbers as well as to control behaviour. Toilets will be checked and cleaned throughout the day and students expected to hand sanitise before and after using the toilet. ▪ Message to be reinforced by posters displayed around the site. <p><u>Cleaning:</u></p>
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					<ul style="list-style-type: none"> ▪ All rooms utilised in the timetable should be cleaned at least daily. ▪ Clear desk policy: staff to clear hard surfaces to allow for cleaning. ▪ A cleaner-disinfectant conforming to BSEN1276 is used. ▪ Launder cloths daily or use disposable paper rolls. ▪ Cleaning protocol circulated. ▪ Regularly touched hard-surfaces to be sanitised: tables, desk tops, light switches, keyboards/mouse, phones, taps, and flush handles. ▪ Cleaner-disinfectant and paper towel to be located in teaching spaces for staff to take ownership of cleaning in their own teaching space as the need arises i.e. to clean if a child coughs/sneezes on a desk top etc. ▪ Cleansing wipes to be located by photocopiers to allow users to wipe buttons/touchscreen after each use. ▪ Refer to Cleaning Guidance for full details of cleaning methodology plus COSHH risk assessment details.
<p>First Aid</p> <p>Potential for contracting COVID-19 from direct and indirect contact with child due to administration of First Aid</p>	First Aid staff	1	4	4	<ul style="list-style-type: none"> ▪ No Covid specific measures for non-Covid related First Aid other than normally practiced. ▪ 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

					<p>caution as cross contamination of the virus can occur with PPE.</p> <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 style="text-align: center;">○</p>
<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 students</p>	<p>1</p>	<p>4</p>	<p>4</p>	<ul style="list-style-type: none"> ▪ Ensure rooms are well ventilated by opening windows and that a comfortable teaching environment is maintained. ▪ Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so) ▪ 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"> ○ Opening 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.

<p>Cleaning tasks</p> <p>Potential for indirect contracting of COVID-19 whilst undertaking cleaning</p>	<p>Cleaning staff</p>	<p>1</p>	<p>4</p>	<p>4</p>	<ul style="list-style-type: none"> ▪ See separate cleaning guidance and associated risk assessments. ▪ 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 disinfectant/cleaner (either combined or separate) to be used. Ensure that this has a confirmed viricidal action. ▪ 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 rolls. ▪ All staff to follow a 'clear-desk' policy to enable regular cleaning of all hard surfaces. ▪ 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, and respirator to be worn for clean. Contaminated area to be pre-treated with Titan sanitiser.
<p>Transport</p> <p>Potential for direct and/or indirect contracting of COVID-19 whilst undertaking cleaning</p>	<p>Students</p>	<p>2</p>	<p>3</p>	<p>6</p>	<ul style="list-style-type: none"> ▪ The Trust is not the principal duty holder in respect of transport, organised by others. The strategy will therefore be to cooperate with and communicate the risk assessment findings of other partner organisations as well as reinforcing and communicating government guidance for the safe use of general public transport. ▪ DCC Transport Coordination Service risk control measures to apply.

					<ul style="list-style-type: none"> ▪ In line with government guidance for public transport and dedicated school transport, students will be required to wear a face-covering (secondary school) ▪ Any child, young person or other learner who starts displaying coronavirus symptoms while at their setting should wherever possible be collected by a member of their family or household. ▪ Transport provider to clean regularly touched hard surfaces between uses. ▪ All passengers alighting from a bus should sanitise hands as soon as possible. Similarly, transport users should sanitise hands before leaving the building to board the bus. <p><i>*PPE protects the individual from the virus. A face-covering offers little protection to the individual but it will protect others <u>from</u> the individual by limiting the travel of their breath or cough/sneezes. See separate guidance on use of face-coverings.</i></p>
School Trips: risk of cancellation		1	3	3	<ul style="list-style-type: none"> ▪ Ensure that any new bookings have adequate financial protection in place. ▪ Undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).

UKHSA SW: Guidance for Childcare and Educational Settings in the Management of COVID-19

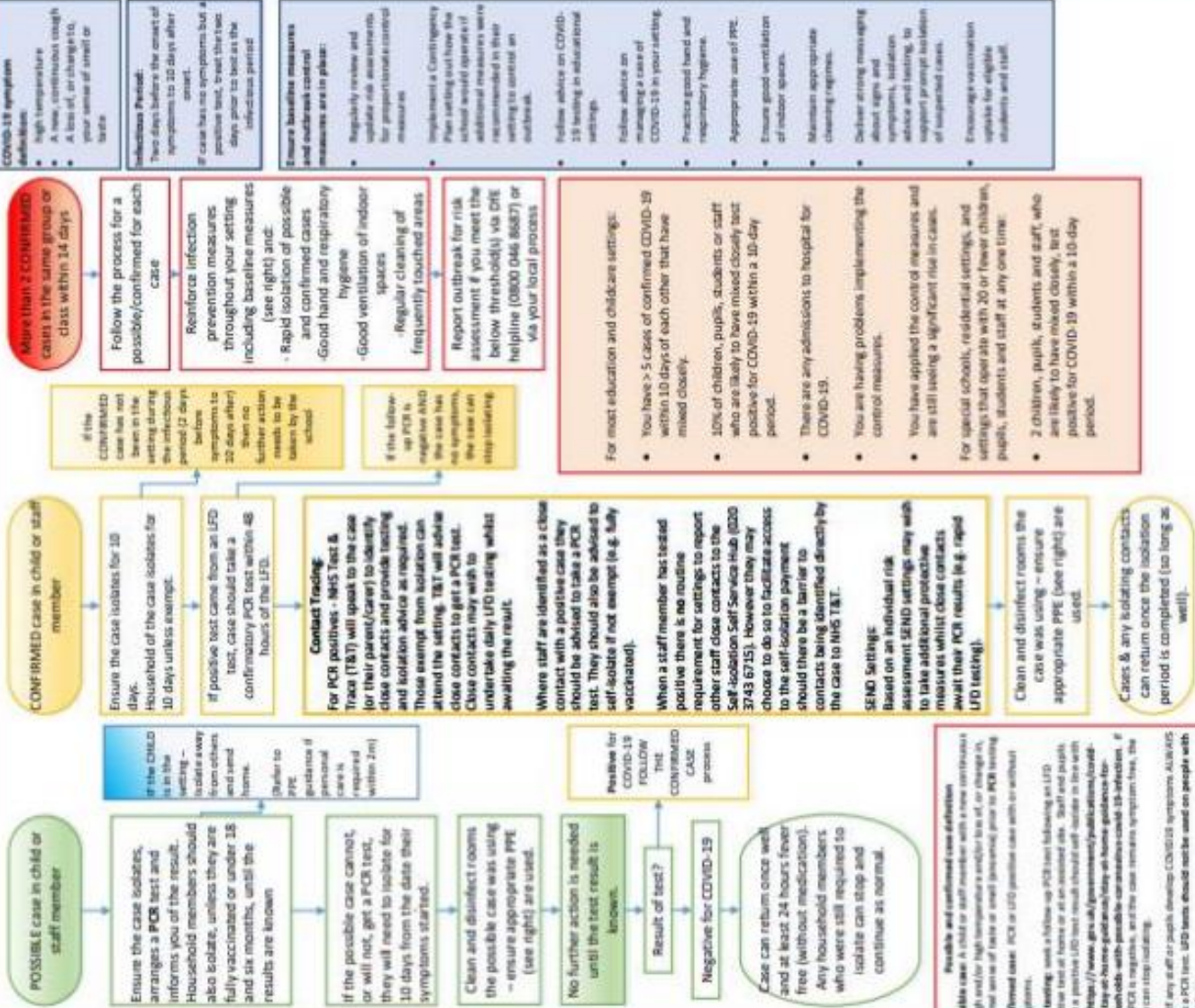
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Prevent the spread of all infections by maintaining high standards of hygiene, including hand washing and regular cleaning and disinfection of surfaces. If you have any infection control concerns or questions please call the Department for Education (DfE) advice line on 0800 046 9587. Your local process or DfE will escalate to the South West Health Protection Team (HPT) as necessary for further risk assessment. Please only call the HPT if they advise you to do so.

GUIDANCE: Visit <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak> schools covid-19-operational-guidance#testing

FOR TESTING: Visit <https://www.gov.uk/get-coronavirus-test> or call 119.

Always check the NUKHPT - please check the address of a local app (download only - see side of portrait of HPT)



COVID-19 symptom identification

- High temperature
- A new, continuous cough
- A loss of, or change to, your sense of smell or taste

Isolation Period:
Two days before the onset of symptoms to 10 days after onset.
If case has no symptoms but a positive test, test the two days prior to test as the infectious period.

Ensure baseline measures (and outbreak control measures) are in place:

- Regularly review and update risk assessments for proportionate control measures
- Implement a Contingency Plan setting out how the school would operate if additional measures were recommended in their setting to control an outbreak.

Follow advice on COVID-19 testing in educational settings

- Follow advice on managing a case of COVID-19 in your setting.
- Practice good hand and respiratory hygiene.
- Appropriate use of PPE.
- Ensure good ventilation of indoor spaces.
- Maintain appropriate cleaning regimes.
- Declare strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases.
- Encourage vaccination uptake for eligible students and staff.

Rapid and confirmed case definition
Possible case: A child or staff member with a new continuous cough and/or high temperature and/or loss of, or change to, your sense of smell or taste as well as being tested prior to PCR testing.
Confirmed case: PCR or LFD positive case with or without symptoms.
LFD testing: with a follow up PCR test following an LFD positive test of home or at an outdoor site. Staff and pupils with a positive LFD test result should self-isolate in the unit. <https://www.gov.uk/government/publications/covid-19-day-at-home-arrangements> could advise guidance for household with possible coronavirus could advise isolation. If the PCR is negative, and the case remains symptom free, the case can stop isolating.
NB: If any staff or pupils develop COVID-19 symptoms ALWAYS seek a PCR test. LFD tests should not be used on people with symptoms.