

## **Establishment name**

**Boasley Cross Primary School** 





Initial Assessment	$\boxtimes$	Date of Initial Assessment: 01/11/2021
Review		Assessor(s):JC (to be reviewed with DCC)
Following Incident		Date of Review:
		Assessor(s):
Activity/Task/Process	/Equipment	
COVID-19 2021 N	November 2021 ent findings and policy arrangements apply	v where unaffected by COVID-19)

## **Summary of changes:**

- All changes in RED
- Twice weekly staff LFD testing until end of September (Sunday and Wednesday mornings records kept)
- No requirement for consistent bubbles
- Assemblies taking place including weekly celebration assemblies/book and biscuit celebration (fortnightly) hall is well ventilated and
- parents wearing face coverings
- All children in the hall together for lunch in mixed tables
- No requirement to undertake contact tracing
- Under-18s, irrespective of their vaccination status, and double vaccinated adults will not need to self-isolate if they are a close contact of a
- positive case. They will be strongly advised to take a PCR test and, if positive, will need to isolate.

## **Summary of hierarchy of controls:**

- Ongoing twice weekly staff asymptomatic LFD testing
- Face coverings not mandatory in circulation spaces and common areas.
- 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, 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 both classes to have their own resources

Significant hazard	Who/what is at Risk?	Ris	Risk		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> <li>No staff or students to attend if they are symptomatic. Those who display symptoms of one or more of the following:         <ul> <li>New and continuous cough</li> <li>high temp &gt;37.8</li> <li>loss/change to sense of smell/taste must return home as soon as possible and must undertake a PCR test to authorise any absence</li> </ul> </li> <li>In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.</li> <li>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</li> <li>Contact-free thermometer available if needed.</li> <li>Those displaying symptoms are to cover their mouth/nose with a tissue or paper towel until they can leave.</li> <li>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 if this is unavoidable (see First Aid section).</li> <li>The room must then be cleaned in line with previously circulated guidance.</li> </ul>				

					<ul> <li>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.</li> <li>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.</li> <li>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</li> <li>Other reasons to report direct to HPT are:         <ul> <li>Hospital admission with COVID like symptoms</li> <li>You think you may need to close due to numbers affected</li> <li>Someone in setting has been admitted to hospital</li> <li>You are getting significant media interest</li> </ul> </li> <li>If escalated to HPT at PHE SW, all instruction received from the HPT would be followed.</li> </ul>
Increase in positive numbers in school  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 complete. Cases identified in the test-on-return period should not trigger extra measures or escalation to the DfE helpline.  Whichever of these thresholds is reached first:	Staff, students	2	3	6	Contingency Plan to be developed to respond to increase in number of cases in school which must detail  roles and responsibilities  actions you would take to put it in place quickly e.g additional testing measures, reintroduction of face coverings (exl primary school), shielding or other measures, attendance restrictions in extreme cases on advice of DfE  educational continuity: how you would ensure every child receives quantity and quality of education and support to which they are normally entitles (through Class dojo site).  how you would communicate changes to all stakeholders

<ul> <li>5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period;</li> <li>10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period</li> </ul> Asymptomatic transmission Potential for contracting COVID-19 via direct or indirect contact with someone NOT displaying symptoms	Staff, pupils	1	4	4	<ul> <li>Identifying a group that is likely to have mixed closely will be different for each setting. For schools, this could include: • a friendship group mixing at breaktimes • a group in an after-school activity Refer to Annex in Contingency framework for guidance.</li> <li>Ensure you have read the DfE guidance on Contingency framework Contingency framework: education and childcare settings (publishing.service.gov.uk)</li> <li>Review and reinforce the testing, hygiene and ventilation measures they already have in place.</li> <li>Seek additional public health advice if concerned about transmission in the setting (DfE helpline (0800 046 8687, option 1)</li> <li>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</li> <li>Twice-weekly testing for all staff by undertaking LFD test on rotational basis, at 3-4 day interval.</li> <li>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.</li> <li>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.</li> </ul>
Shielding the vulnerable  Potential for contracting COVID-19	Staff, students, co- habitants of staff/students	1	4	4	All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are

via direct or indirect contact whilst attending school site with elevated consequence.					<ul> <li>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.</li> <li>Further information is available in the guidance on supporting pupils at school with medical conditions.</li> <li>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.</li> <li>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.</li> <li>This process should be led by the SENCO</li> <li>These risk assessments should be subject to ongoing review and updated if there are significant changes in individual circumstances.</li> <li>IHCP to be reviewed to ensure all students with medical needs can attend with all protective elements of plan in place.</li> </ul>
Potential for contracting COVID-19 via direct contact whilst attending school site	Staff, students	1	1	1	Not required – at present
Hygiene  Potential for contracting COVID-19 via indirect contact whilst attending school site	Staff, adult co- habitants of students	1	4	4	<ul> <li>Hand-hygiene:</li> <li>Ongoing regular hand-hygiene is the principal control for indirect transmission.</li> <li>Hand washing or hand sanitising with alcohol hand sanitiser must be undertaken at the following times:         <ul> <li>Upon arrival at beginning of the school day</li> <li>After using a washroom</li> <li>Before and after food</li> </ul> </li> </ul>

<ul> <li>Upon entering and leaving any teaching space</li> </ul>
<ul> <li>After break and lunch times</li> </ul>
<ul> <li>At the end of a school day</li> </ul>
<ul> <li>After removing PPE or a face covering</li> </ul>
Therefore, hand- sanitiser must be available at the entrance/s
to each teaching space and entrance/exit points.
<ul> <li>Staff to undertake hand-hygiene after handling pupils' learning.</li> </ul>
<ul> <li>Hand hygiene should also be undertaken after use of any</li> </ul>
shared resource.
<ul> <li>Staff should supervise hand-sanitising in teaching spaces.</li> </ul>
All visitors must wash/sanitise their hands upon arrival and
departure.
Respiratory hygiene:
<ul> <li>Good respiratory hygiene – 'Catch it, Bin it, Kill it' to be</li> </ul>
followed and modelled as much as possible.
<ul> <li>Tissues and covered bins to be provided in each room.</li> </ul>
Behaviours to be taught and modelled at all ages.
Regular checks of washrooms must be undertaken to ensure
that stocks of soap etc are available.
<ul> <li>Pupil access to washrooms to be controlled to limit numbers</li> </ul>
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.
<ul> <li>Message to be reinforced by posters displayed around the site.</li> </ul>
Cleaning:
All rooms utilised in the timetable should be cleaned at least
daily.
Clear desk policy: staff to clear hard surfaces to allow for
cleaning.
<ul> <li>A cleaner-disinfectant conforming to BSEN1276 is used.</li> </ul>
<ul> <li>Launder cloths daily or use disposable paper rolls.</li> </ul>
Cleaning protocol circulated.
- Joseph Stote Control

					<ul> <li>Regularly touched hard-surfaces to be sanitised: tables, desk tops, light switches, keyboards/mouse, phones, taps, and flush handles.</li> <li>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.</li> <li>Cleansing wipes to be located by photocopiers to allow users to wipe buttons/touchscreen after each use.</li> <li>Refer to Cleaning Guidance for full details of cleaning methodology plus COSHH risk assessment details.</li> </ul>
First Aid  Potential for contracting COVID-19 from direct and indirect contact with child due to administration of First Aid	First Aid staff	1	4	4	<ul> <li>No Covid specific measures for non Covid related First Aid other than normally practiced.</li> <li>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.</li> <li>A contactless thermometer is available to take a temperature. PPE will nevertheless be worn as described above.</li> <li>Have a room set aside for this eventuality and have a supply of tissues/paper towels on hand.</li> <li>PPE – please note:</li> <li>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.</li> <li>If disposable gloves are worn, change them frequently by removing them from the wrist and continue to wash your hands.</li> </ul>

					<ul> <li>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.</li> <li>Always wash your hands after removing PPE</li> <li>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.</li> <li>Briefing document for safe use of PPE circulated.</li> </ul>
Lack of ventilation  Potential for contracting COVID-19 via direct contact due to poor ventilation	Staff, adult co- habitants of students	1	4	4	<ul> <li>Ensure rooms are well ventilated by opening windows and that a comfortable teaching environment is maintained.</li> <li>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)</li> <li>Source of fresh air to be maintained in winter months when weather is colder whilst maintaining statutory minimum temperatures by:         <ul> <li>Open all windows by a small amount</li> <li>Opening doors to aid cross-ventilation (subject to controls for fire doors above)</li> <li>'Flush' rooms at break times by opening all windows to fullest extent for 2 minutes.</li> <li>Allow pupils to wear jumpers/hoodies/coats.</li> </ul> </li> </ul>
Cleaning tasks  Potential for indirect contracting of	Cleaning staff	1	4	4	<ul> <li>See separate cleaning guidance and associated risk assessments.</li> </ul>

COVID-19 whilst undertaking cleaning					<ul> <li>Cleaners' PPE to be disposable gloves and disposable or laundered aprons.</li> <li>FFP2/FFP3/N95 respirators are for direct contact (within 2m for &gt;15minutes) with an individual who is displaying symptoms so should NOT normally be required for these tasks – refer to cleaning guidance. See exception below.</li> <li>If not disposable, laundered aprons should be washed on the hottest wash possible for the clothing concerned</li> <li>Removed PPE to be double bagged for disposal.</li> <li>A disinfectant/cleaner (either combined or separate) to be used. Ensure that this has a confirmed viricidal action.</li> <li>Usual COSHH risk assessment findings to be followed in respect of chemical safety and use.</li> <li>Please refer to Cleaning Guidance for full details of cleaning methodology plus a suggested example cleaner/disinfectant.</li> <li>Launder cloths daily or use disposable paper rolls.</li> <li>All staff to follow a 'clear-desk' policy to enable regular cleaning of all hard surfaces.</li> <li>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.</li> </ul>
Transport  Potential for direct and/or indirect contracting of COVID-19 whilst undertaking cleaning	Students	2	3	6	<ul> <li>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.</li> <li>DCC Transport Coordination Service risk control measures to apply.</li> <li>In line with government guidance for public transport and dedicated school transport, students will be required to wear a face-covering (secondary school)</li> </ul>

				<ul> <li>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.</li> <li>Transport provider to clean regularly touched hard surfaces between uses.</li> <li>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.</li> <li>*PPE protects the individual from the virus. 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. See separate guidance on use of face-coverings.</li> </ul>
School Trips: risk of cancellation	1	3	3	<ul> <li>Ensure that any new bookings have adequate financial protection in place.</li> <li>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).</li> </ul>