

Risk Assessment Procedures

Reopening of Appleshaw St Peter's Church of England Primary School

1. Who is at risk?
 - a. Pupils, Parents, Staff, Visitors, Contractors
2. What are the specific hazards, what is the risk that these hazards will cause harm, and how can effective control measures be implemented to reduce the risk?
 - a. After speaking with Ray West on 12/5/20 he advised against trying to rate the risks because nobody really knows what they are. Instead he suggested a 'Can Control', Difficult to Control', Impossible to Control' approach. It is on that basis this risk assessment has been put together.

Government guidance states for schools states:

"The safety of children and staff is our utmost priority."

"The advice seeks to support staff working in schools, colleges and childcare settings, to deliver this approach in the safest way possible, focussing on measures they can put in place to help limit the risk of the virus spreading within education and childcare settings."

"In education, childcare and social care settings, preventing the spread of the coronavirus involves dealing with direct transmissions (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces.) A range of approaches and actions should be employed to do this."

Government guidance for parents concerning re-opening of schools states:

"We have provided guidance and support to schools, colleges and child care settings on implementing protective measures in education and childcare settings to help them reduce the risk of transmission as more children and young people return."

"Whilst such changes are likely to look different in each setting, as they will depend upon individual circumstances, they are all designed to minimise risks to children, staff and their families."

"Schools and colleges continue to be best placed to make decisions about how to support and educate their pupils during this period. This will include: Consideration of the pupils' mental health and well being."

The risk assessments below were put together from a comprehensive template provided by Ray West¹.

¹ Chartered Health & Safety Consultant/Trainer, CMIOASH FIIRSM RSP MIAI DipAI MIFPO CertEd QTLS OSHCR, <http://www.rwsafety solutions.co.uk/>

No	Hazard	Control Measures
1	Lack of Social Distancing of pupils in the classroom	<ol style="list-style-type: none"> 1. Reduce the number of children in the classroom to enable social distancing (no more than 15) school estimate 8 children in the first instance 2. Remove excess furniture to increase space if space to do so 3. Children keep to their desks when in the room 4. Social distancing charter created for and with the children – (Include instructions how to line up, use of toilet, moving around the classroom etc) 5. Charter re-visited and modelled many times a day and linked to the school behaviour system – lots of praise for adherence. 6. Lessons planned for individual work (not pairings or group work) 7. Feedback – using interactive whiteboard, photographs of work etc, not close interaction 8. Mark out an area for the teacher – 2m distancing at front of room 9. Teacher and LSA are assigned to these children and stay with these children throughout the day (and on subsequent days) 10. Children stay in the classroom for majority of the day and not mix with other groups 11. Bags, coats and lunchboxes kept under children's tables 12. Each child to have their own stationery set
2	Lack of social distancing using toilets and poor hygiene resulting in direct and indirect transmission of the virus	<ol style="list-style-type: none"> 1. Only one boy and one girl allowed to go to toilet at a time – middle sinks closed for handwashing, where possible 2. Allocated toilets for different groups of children 3. Hand gel used after toilet use as well as washing hands 4. Extra Signs in toilet re washing hands 5. Wedges for the toilet external toilet doors if not fire doors. 6. Extra soap ordered to ensure we do not run out
3	Lack of social distancing at drop off time in morning resulting in direct transmission of the virus	<ol style="list-style-type: none"> 1. 2m line marking painted on paths to encourage groups to keep apart. 2. Only one family member to drop children off in the morning - Year 6 children could be dropped off without parents coming soon to site. 3. Instructions shared re social distancing between families in the morning with parents and children 4. Signage for parents and children displayed in prominent locations where needed 5. Member of staff to be on duty to supervise 6. Staggered drop off and pick up times for different year groups
4	Lack of social distancing during playtimes and lunchtimes resulting in direct transmission	<ol style="list-style-type: none"> 1. Staggered playtimes and allocated play area in the first instance 2. Reduced playtime equipment – hard surfaces and can equipment that can be easily cleaned 3. Games discussed which encourage social distancing – football passing, catch etc

	of the virus	<ol style="list-style-type: none"> Staff supervision throughout – actively encouraging and insisting on social distancing Children practice talking 2 meters apart – modelled by staff
5	Lack of social distancing when eating lunch resulting in direct transmission of the virus	<ol style="list-style-type: none"> Children eat in their classrooms Children asked to bring packed lunch in first instance – packed lunches kept under children's tables with bags Meals brought to their classroom – when we have meals cooked on site
6	Lack of social distancing in the corridors resulting in direct transmission of the virus	<ol style="list-style-type: none"> Children staying in their classroom and accessing outside from classroom door One child going to toilet at one time Messages to office via walkie-talkies Staff use empty classrooms and alcoves to maximise the distance between each other Consider one way system around the school using walkway and outside – safety concerns Agree instructions with children concerning going and returning to toilet When moving class around the school – 2 metres between children – one adult at back insisting the distance is maintained – regular practice this in the first few days Library area cleared and used for passing
7	Contact of shared resources resulting in indirect transmission of the virus	<ol style="list-style-type: none"> Children to have packs of stationary provided labelled with their name on. Tubs of resources for provided for individuals if needed – maths cubes etc Resources washed in Milton each night and left to dry if not same person using them the next day Tables, door handles and other surfaces cleaned with disinfectant (e.g. Milton) every night Lessons planned so resources are individual and not shared – or on whiteboard Resources on tables ready for lesson and not distributed within the lesson Plastic packets (zippy) bags used for individual resources Children encouraged to wash hands / use hand gel before lessons and after each lesson Outdoor playground equipment allocated to the group of children and cleaned each day at the end of the day
8	Emotional distress of the children	<ol style="list-style-type: none"> Children to have class teacher and LSA (if possible under vulnerable staff guidance) in the first instance Small numbers of children to support their emotional need Reduced time in school to ensure transition is successful from home to school 2 metre social distancing ELSA provision available for children who are distressed
9	Emotional distress of the staff – including anxiety	<ol style="list-style-type: none"> Inclusion in risk assessment process – input into hazard identification and control measures Online coaching for any staff who requests it Staff meeting – virtually – to discuss concerns and shared control measures Sharing of support helplines – ESL, Ray West, HCC, PCC, SCC and others etc At least one SLT member of staff on site every day for staff to share concerns with Risk assessments reviewed daily for first 3 days, after week one, weekly and then fortnightly after that – this is flexible Separate risk assessment for the office area Minimise numbers of staff in the staff room at any one time (limit to three).

		9. Planned time for planning and preparation within the week especially for those with children in school
10	Risk of spreading virus due to close contact with children – 1:1 and restraint resulting in direct transmission of the virus	<ol style="list-style-type: none"> 1. Seek expert guidance from special schools re support for children with behaviour difficulties – that might need restraint and display spitting, biting etc. Leading to individual risk assessments 2. Masks to be purchased, issued, used as required by close contact staff – preferably FFP2/N95 and utilise instructions from PHE re cleaning – issued to affected staff in specific Yr groups 3. Extra disposable aprons ordered 4. Extra gloves ordered 5. Some visors also ordered if needed 6. Reduced timetable / exclusion / inclusion considered if necessary if children are acting in a way staff are put at risk Pls note the Government guidance states “Wearing face coverings or face masks is not recommended”
11	Risk of spreading virus due to poor hygiene resulting in indirect transmission of the virus	<ol style="list-style-type: none"> 1. Hand gel dispenser outside of all classrooms 2. Hand gel order in large quantities 3. Extra soap dispensers and re-fills in each classroom 4. Extra hand washing bowls in each classroom - is this necessary? 5. Children handwash or hand gel on entry to school, before break, after break, before lunch, after lunch, leaving school, using the toilet and any time they cough or sneeze 6. Washing hands posters replaced in all washing areas 7. Reminders how to wash hands properly – videos and posters 8. Procedure agreed for children to wash hands so thorough hand washing
12	Risk of infection due to lack of cleaning resulting in indirect transmission of the virus	<ol style="list-style-type: none"> 1. All surfaces, handles, toilets and shared equipment will be cleaned each day using diluted bleach, disinfectant or Milton solutions 2. PPE will be worn by all cleaning staff 3. Some resources will be rotated and left to decontaminate for 3 or 4 days after cleaning to reduce the risk of indirect transmission 4. Soft furnishings and soft / cloth toys will be removed from use in classrooms 5. Deep cleaning of classrooms as used by the key worker children before re-opening
13	Risk of illness of vulnerable staff and family members through direct and indirect transmission of the virus	<ol style="list-style-type: none"> 1. Those who are <i>clinically extremely vulnerable</i> (those who have received a letter from Government or clinician) are to work from home 2. Those who are <i>clinically vulnerable</i> or those living with someone who is <i>clinically extremely vulnerable</i> – these staff are strongly advised to social distance in the original guidance and are to work at home if possible, or work in school adhering to very strict 2 metre social distancing from colleagues & children where not possible. Highly effective control measures to be implemented or to work from home if not possible to ensure precautions adhered to 3. Those living with those that are <i>clinically vulnerable</i> can attend school and work with children or adults adhering to this and other reopening risk assessments. 4. Agree if staff are allowed to wear PPE when in school if they wish

		5. Issuing of all relevant risk assessments to staff concerning returning to work – and allow them to comment and contribute 6. Separate risk assessments may be needed for for staff in paras 1 and 2 above
14	Risk of illness of vulnerable children and family members through direct and indirect transmission of the virus	1. Children who are clinically extremely vulnerable – those being shielded should not attend school 2. Children living with someone who is clinically extremely vulnerable should not attend school 3. Children who are clinically vulnerable – parents should seek medical advice concerning the children returning to school – suggest do not come to school 4. Children living with someone who is clinically vulnerable can attend school – parents will be given the choice

What happens if someone becomes unwell at an educational or childcare setting?

If anyone in an education or childcare setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the COVID-19: guidance for households with possible coronavirus infection guidance.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see ‘What happens if there is a confirmed case of coronavirus in a setting?’ below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.

What happens if there is a confirmed case of coronavirus in a setting?

When a child, young person or staff member develops symptoms compatible with coronavirus, they should be sent home and advised to self-isolate for 7 days. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario.

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England’s local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

How can staff access tests for coronavirus?

The government guidance on testing for essential workers states: The government has announced that all essential workers, and members of their households who are showing symptoms of coronavirus (COVID-19), can now be tested. This list of essential workers includes education and childcare staff, support and teaching staff, social workers and specialist education professionals in addition to social care staff.

Booking is done through a new online system. Employers can register and refer self-isolating staff, and employees are able to book a test directly for themselves or members of their household who are exhibiting symptoms.

Employees can choose to visit one of the drive-through testing sites across the country, or to receive a home testing kit.

To obtain a login to the employer referral portal, employers of essential workers should contact portalservicedesk@dhsc.gov.uk.

For further information, read guidance on coronavirus (Covid-19) getting tested: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

[COVID-19: cleaning in non-healthcare settings - GOV.UK](#)

[Coronavirus \(COVID-19\): guidance for educational settings - GOV.UK](#)

OVERALL level of risk	Consider level of risk following use of control measures HIGHLIGHT the appropriate assessment of risk		
NOT REDUCED THE OVERALL RISK	REDUCED THE OVERALL RISK TO SOME DEGREE	CONSIDERABLY REDUCED THE RISK	
Assessor's comments	Insert comments relevant to findings as appropriate		

Name of assessor	Signature of assessor	Date

Headteacher's comments	Insert comments relevant to assessment as appropriate

Name of headteacher	Signature of headteacher	Date
Ian Hickman		

Risk assessment review 1	
Date	After day one
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	
Who was involved in the Review	
Signature of those involved in the Review	

Risk assessment review 2	
Date	After day 2
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	

Who was involved in the Review
Signature of those involved in the Review

Risk assessment review 3	
Date	After day 3
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	
Who was involved in the Review	
Signature of those involved in the Review	

Risk assessment review 4	
Date	After first week
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	
Who was involved in the Review	
Signature of those involved in the Review	

Risk assessment review 5

Date	After second week
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	
Who was involved in the Review	
Signature of those involved in the Review	

Risk assessment review 6	
Date	After third week (and weekly thereafter for next four weeks)
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	
Who was involved in the Review	
Signature of those involved in the Review	

Risk assessment review 7	
Date	Fortnightly
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	

Who was involved in the Review
Signature of those involved in the Review

Risk assessment review 8	
Date	Fortnightly
CHANGES TO CONTROLS MEASURES AND OR HAZARDS	
Who was involved in the Review	
Signature of those involved in the Review	

Notes from Ray's phone call:

cleaning - bleach wash downs

remove items that are difficult to clean

limit what children can touch- *stationary wise could we suggest bringing own pencil case that stays on specific desk and is only used by that child? Then remove other stationary?*

I wanted to do own basket of things for each child and allocate own workspace. With regard to toys in classroom, I was going to look at resources that could be cleaned with miltion or something over night ie Lego. No role play or books.

design own cleaning routines (end of day + a quick wash down at lunch?)

hand cleaning - anyone who walks into school - hand sanitiser (with whatever you've got, but use best available)

restrict children in same classroom
everytime in and out/ squirt in/out - breaks and lunch
limit doorways in use
bottles/dispensers in every classroom (what we can get)
young children - make parents provide children with own hand sanitiser if they have

social distancing

all should be at 2m distance
inside classroom can be managed
outside more difficult
one way systems, signage, sentinel staffing to help direct children, routes
outside doors best - straight outside
walkie talkies

what about when social distancing can't be maintained? Masks?

playgrounds - cones marked out
rewards for not going near each other

stagger lunch and break time-*re lunches and the discussions had at meeting, I feel that lunch in the hall would be more manageable as classroom can be cleaned during this time, and tables can be spaced out more. Also, chdn are likely to be eating and talking thus risking the spread of 'particles'- the hall tables are longer! Also, should we think about chdn being seated and staff taking their lunch to them to ensure social distancing/not touching food etc?. No help yourself salad and puddings also?*

Also- KS1 Fruit for snack- bring their own?Staff to hand out?JH

stagger start times

Key worker chn from other age groups - which classroom and toilets for their use? Could they use Kestrels class and the staff toilets? And staff use the visitor toilet?

Return to school

schools must make decisions to make it safe

small steps

how many parents are likely to send pupils in?

$\frac{1}{3}$ - practise on day 1 - does it work? Trial and improve with small groups at a time

Trial run?

Communication to parents