

Witton Park Full Opening of Schools from September 2020 Covid-19 Risk Assessment

The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection as schools welcome all pupils back in September 2020. It should be updated in line with guidance from the UK Government:

<https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings>

Also see <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#contents>

New fire evacuation procedures should be practiced within the first week after full opening.

Adults include staff who work at the setting, visiting staff, contractors, parents, volunteers and essential maintenance workers. Visitors should be only those necessary for the safe operation of the establishment.

Title / Activity: Witton Park Academy

Date completed: Draft 1 25th August, 2020

Completed by: AB

The “system of control” which should be at the heart of how the school operates is in two parts and is as follows:

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school;
- 2) clean hands thoroughly more often than usual;
- 3) ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach;
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach;
- 5) minimise contact between individuals and maintain social distancing wherever possible by putting in place measures that suit the individual schools particular circumstances;
- 6) where necessary, wear appropriate personal protective equipment (PPE) in specific circumstances as identified below

POINTS 1 TO 4 MUST BE IN PLACE IN ALL SCHOOLS ALL OF THE TIME.

Response to any infection:

- 7) engage with the NHS Test and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the school community
- 9) contain any outbreak by following local health protection team advice

NUMBERS 7 TO 9 MUST BE FOLLOWED IN EVERY CASE WHERE THEY ARE RELEVANT.

Prevention

What is the hazard?	Who might be harmed?		What are you doing about it?	RAG	Comment	Complete?
	Pupils	Adults				
1) Contact with individuals who are unwell - ensure that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school;	x	x	<p>1.1) Child or adult with symptoms outside school</p> <p>a) Ensure that pupils, staff and other adults do not come into the school if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 10 days</p> <p>b) Staff (and other adults working in the school) notify school <i>immediately</i> if either they or someone in their home is displaying symptoms of Covid-19 infection and follow the PHE stay at home guidance which sets out that they must self-isolate for at least 10 days and should arrange to have a test to see if they have coronavirus (Covid-19).</p> <p>c) Parents/carers notify school <i>immediately</i> if either their child or someone in the child's household is displaying symptoms of Covid-19 and follow the PHE "Stay at Home" guidance as above and arrange to have a test. Ensure a letter has been sent home informing them of symptoms and a link to the guidance. This includes the children of key workers;</p> <p>1.2) Child or adult who develop symptoms in school</p> <p>a) If it is a member of staff and they can drive themselves home, they should do so immediately;</p>			

			<p>b) All areas they have been should be cleaned down using schools usual cleaning materials following PHE guidance;</p> <p>c) Decide on rooms within the setting which can be used as isolation rooms and identify with appropriate signage if in use;</p> <p>d) Where an adult needs to be collected, they should be removed to a room where they can be isolated with the door closed and a window open for ventilation.</p> <p>e) 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 and needs of the child and with appropriate adult supervision if required.</p> <p>f) PPE must 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). They must follow the donning and doffing guidance. Ideally, a window should be opened for ventilation. More information on PPE use can be found here.</p> <p>g) If it is not possible to isolate them, move them to an area that is at least 2 metres away from other people. If they need to use the toilet, a separate one to the rest of the school population should be used if possible.</p> <p>h) All PPE worn by the supervising adult should be removed as per the donning and doffing guidance. This, along with disposable cleaning cloths and tissues, should be put it in a plastic rubbish bag and tied when full. Place the plastic bag in a second bin bag and tie it. Put it in a suitable and secure place marked for storage for 72 hours, safely and securely kept away from children. Do not put the waste in communal waste areas until the waste has been stored for at least 72 hours.</p>		<p>Record with RW/AT</p>	
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			<ul style="list-style-type: none"> i) The supervising adult should wash their hands thoroughly for 20 seconds with soap and warm water. At this point, they do not need to go home. j) Record which staff have looked after/had contact with the symptomatic child; k) In an emergency, call 999 if the person is seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital. l) The isolation room, bathroom and anywhere else the symptomatic person has been should be cleaned after they have left following PHE guidance; m) Consider removing the rest of the children and staff to a different part of the school while cleaning takes place. n) The symptomatic pupil or adult should be tested for Covid-19. 			
<p>2) Transmission of virus due to insufficient hand hygiene</p>			<ul style="list-style-type: none"> a) Schools must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating; b) Ensure access to soap, warm water, paper towels and hand sanitizer and skin friendly sanitizer wipes if appropriate in all classrooms and social areas; c) Pupils (and staff) wash hands for 20 seconds following PHE guidance. See “six steps to hand-washing” poster in KS2 lesson and NHS video; d) Staff to help those with complex needs to wash their hands thoroughly; e) Have prominently displayed hand washing posters throughout the setting in order to build regular hand washing into the culture of the school; 			

			<ul style="list-style-type: none"> f) Ensure hand sanitizer stations are located away from light switches, lift buttons and well clear of Bunsen burners in labs; g) Ensure use of hand sanitizer is supervised where necessary to avoid risk of ingestion; h) Ensure bins emptied regularly throughout the day. 			
3) Transmission of virus due to insufficient respiratory hygiene			<p>3.1) Face coverings</p> <ul style="list-style-type: none"> a) Public Health England does not (based on current evidence) recommend the use of face coverings in schools as pupils and staff are mixing in consistent groups, and because misuse may inadvertently increase the risk of transmission. a) Face coverings must be worn by pupils (over the age of 11) and staff who come to school by public transport; b) Face coverings should be worn by pupils who come to school on school buses where they are mixing outside of their bubble; c) The process for removing a face covering on arrival at school should be communicated clearly and before the start of the Autumn Term; d) Pupils and staff arriving at school wearing a face covering must be instructed not to touch the front of their face covering during use or when removing it. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on safe working in education, childcare and children's social care provides more advice. 			

			<p>3.2) Ensuring good respiratory hygiene</p> <ul style="list-style-type: none"> a) Promote the catch it, kill it, bin it approach – display posters prominently in classrooms and around school in order to embed this into the culture of the school; b) Ensure all rooms are well ventilated; c) Some rooms have been identified to contain a maximum number of people. These are identified on the door and in the Bubble guide. d) Schools must ensure there are sufficient stocks of tissues in place for pupils and staff to use; e) Schools must ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day; f) Schools must ensure young children and those with complex needs receive support and are able to get this right; g) Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education. 			
4) Transmission of virus through insufficient cleaning of surfaces			<ul style="list-style-type: none"> a) By the end of the summer term, Public Health England will publish revised guidance for cleaning non-healthcare settings to advise on general cleaning required in addition to the current advice on COVID-19: cleaning of non-healthcare settings guidance. b) Follow the Covid-19: cleaning in non-healthcare settings guidance; c) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE. 			

			<p>d) All staff should complete the MeLearning course ‘Infection Prevention Control for Frontline Workers’.</p> <p>e) Appropriately trained and designated staff clean frequently touched surfaces before the start of each school day using the school’s standard cleaning products. These surfaces include- door handles, hand rails, chairs, desks, IT equipment, toys, play equipment, mobile phones, toilet doors, flush handles, taps, bin lids, dining tables, etc.</p> <p>f) Bins used to dispose of cleaning materials such as sanitizing wipes and paper towels should be lidded. The rubbish should be double bagged before disposal with each bag being sealed separately.</p> <p>g) Cleaning materials ordered by HT and issued by Site Supervisor, staff inform when they need more but before they run out;</p> <p>h) Supervising staff mirror this cleaning regime (including personal mobile phones and tablets) throughout the day during transition times e.g. break, lunch, while pupils are outside, changing from one type of activity to another;</p> <p>i) Evidence cleaning routine – use tick sheet signed and dated by the person carrying out the cleaning for each area.</p> <p>j) Allocate hand-sanitizing stations around school including in classrooms and communal areas where appropriate. Teach pupils the correct way to use hand sanitizer. See poster here.</p> <p>k) Uniforms do not need to be cleaned any more often than usual, nor do they need to be cleaned using methods which are different from normal. Schools may wish to consider what support they are able to offer to families who struggle to clean uniform regularly;</p> <p>l) Pupil non-compliance has been considered. Covid behaviour expectations make clear how non-compliance is to be managed, taking a mindful and considerate approach in</p>			
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			relation to parents who may be experiencing financial pressures.			
<p>5) Transmission of virus through contact between individuals</p> <ul style="list-style-type: none"> Schools must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum. Schools should strike a balance between both reducing the number of contacts between children and staff through keeping groups separate (in 'bubbles'), and through maintaining distance between individuals. It is likely that for younger children the emphasis will be on separating groups, and for 			<p>5.1 Groupings in secondary schools</p> <ol style="list-style-type: none"> Staff can operate across classes to deliver the timetable, but they should stay at the front of the class and maintain a distance of 2m from pupils and colleagues where possible; Where volunteers are used to support the work of the school, Mixing of them across groups should be kept to a minimum, and they should remain 2 metres from pupils and staff where possible. All volunteers should read risk assessment before working with children; Year group bubbles are in place to facilitate the full range of specialist teaching at KS4; Population bubbles are in place in year 7 with year group bubbles in years 8 and 9; Keep pupils in one bubble separate from pupils in another where possible; Ask pupils to keep their distance from each other where possible; The sharing of rooms and social spaces has been reduced where possible; Clean subject specific rooms between bubbles; Ensure good ventilation at all times; Reinforce hand and respiratory hygiene at all times. <p>5.2 In Classrooms</p> <ol style="list-style-type: none"> Ensure good ventilation at all times; Staff should avoid close face to face contact and minimise time spent within 1 metre of anyone; 			

<p>older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch staff where possible.</p>			<ul style="list-style-type: none"> c) This will not be possible when working pupils who have complex needs or who need close contact care. These pupils' educational and care support should be provided as normal; d) Where pupils are old enough, they should be supported to maintain distance and not touch staff and their peers where possible through reminders from staff and appropriate signage; e) Adapt classrooms to facilitate more distancing by removing unnecessary furniture; f) Optimise respiratory hygiene by having pupils facing forwards rather than face to face or side on. <p>5.3 Physical activity in schools</p> <ul style="list-style-type: none"> a) Pupils should be kept in their consistent groups (bubbles); b) Sports equipment should be thoroughly cleaned between each use by different bubbles or enough equipment purchased to enable single year group use; c) Contact sports should be avoided; d) Prioritise outdoor sports; e) Use large indoor spaces where using outdoor space is not possible; f) Pay scrupulous attention to cleaning and hygiene due to the way people breathe during exercise; g) Do not use the indoor gym in school; h) Schools can work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that this is safe to do so following the protective measures in place in school; i) Schools should refer to guidance on the phased return of sport and recreation and guidance from Sport England for grass root sport; 			
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		<p>j) Also refer to advice from organisations such as the Association for Physical Education and the Youth Sport Trust.</p> <p>5.4 Measures elsewhere</p> <p>a) Keep groups of pupils apart by avoiding large gatherings such as assemblies or collective worship;</p> <p>b) Minimise movement around school where possible – have staff rather than pupils move if feasible;</p> <p>c) Stagger movement times and avoid bottlenecks at entrances/exits;</p> <p>d) Continue to operate one way systems with appropriate signage in place;</p> <p>e) Continue to stagger breaks and lunch where possible to allow cleaning of surfaces in dining halls between groups;</p> <p>f) School kitchens should be fully open for the Autumn Term and must comply with the guidance for food businesses on coronavirus (COVID-19).</p> <p>g) Decide on arrangements for pupils who bring packed lunches to school. Schools may decide to follow protocols devised for extended opening if feasible with larger numbers;</p> <p>h) Set up staff workrooms to facilitate 2m social distancing;</p> <p>i) Minimise use of staff room and ensure access to cleaning products for staff to wipe surfaces etc. before and after use.</p> <p>5.7 Arriving and leaving school</p> <p>Given the pressures on public transport services it may also be necessary to work with local authorities so that they can identify where it might be necessary to provide additional dedicated school transport services, including in places where these services do not currently operate. The government is currently evaluating this position and will set out next steps shortly.</p> <p>a) Please refer to Section 2 of the full opening guidance for details regarding the use of dedicated school transport.</p>			
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			<p>Schools may wish to consider this as a separate risk assessment. Parents/carers and pupils should be encouraged to avoid using public transport and walk to school where possible.</p> <ul style="list-style-type: none"> a) Families using public transport should refer to the safer travel guidance for passengers. a) See Section 3.1 above on face coverings. b) Consider staggered start and finish times where possible to keep groups apart as they arrive and leave school, but do not reduce the amount of teaching time; c) Keep parents/carers informed of new routines and remind them not to gather in groups or enter the school grounds without an appointment; d) Maintain/adjust drop-off/pick-up protocols as necessary and inform parents/carers; e) All staff and pupils must wash their hands on arrival at school; <p>5.8 Other considerations</p> <ul style="list-style-type: none"> a) Where there is no alternative but to arrange face to face meetings with a parent/carer, only one person plus an interpreter should attend. Ensure the room is well ventilated and large enough to allow for social distancing; <p>Prepare pupils with SEND (EHCP or on SEN support) individually to the changes in routine using social stories if appropriate;. See Annex B of the full opening guidance for more information regarding pupils with EHCPs;</p> <ul style="list-style-type: none"> a) Update individual SEND risk assessments as necessary; b) As Supply teachers, peripatetic teachers and/or other temporary staff can move between schools, ensure they understand that they must minimise contact and maintain as much distance as possible from other staff. This includes 		
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			<p>Specialists, therapists, clinicians and other support staff for pupils with SEND who should provide interventions as usual, following Covid-19 hygiene procedures established in school;</p> <p>c) Maintain and share established Covid-19 distancing and hygiene procedures for contractors, visitors, catering staff and deliveries, as well as cleaning staff on site who may be working throughout the school and across different groups, arranging for them to come out of school hours where possible and ensuring a record is kept of who has been on site;</p> <p>d) Where a child routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream school and an alternative provision setting or special school, schools should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the child;</p> <p>e) Ensure that staff and pupils understand they must have their own set of frequently used resources such as pens, pencils, maths equipment etc.</p> <p>f) Classroom based resources, such as books and games, can now be used and shared within the bubble; these should be cleaned regularly, along with all frequently touched surfaces using standard cleaning products.</p> <p>g) Resources shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and meticulously and always between bubbles, or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles. Again, keep a track of and evidence this as above;</p>			
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			<ul style="list-style-type: none"> h) Continue to limit the amount of equipment pupils bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery, chromebooks and mobile phones, all of which can be brought in in a bag; i) Pupils and teachers can take books and other shared resources home but only where necessary. Staff and pupils should clean hand before and after using these resources, and they should be cleaned quarantined as in g) above on return to school; j) Engage with local immunisation providers to provide immunisation programmes on site, ensuring these will be delivered in keeping with the school's control measures. 			
<p>6) Transmission of virus due ineffective use of PPE</p>			<ul style="list-style-type: none"> a) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE. b) All staff should complete the MeLearning course 'Infection Prevention Control for Frontline Workers'. c) Staff should wear PPE where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained as in Section 1.2 f above; d) Staff should wear PPE where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used; e) Staff should wear PPE as per BwD guidance for First Aiders in Appendix A. f) For more specific guidance on safe working in education, click here. 			

Response to infection

<p>7) Test and Trace</p> <p>By the autumn term, all schools will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.</p>			<p>a) Schools must ensure they understand the procedures they must follow in the PHE NW Test and Trace document below:</p> <p align="center">  Updated PHE NE TTI Procedures for School </p> <p>b) Schools must communicate with staff and parents/carers so that they understand they must be ready to book a test if they or a child is displaying symptoms, give details of anyone they have been in close contact with if they test positive or are asked by a contact tracer and self-isolate if they have been in close contact with someone who develops coronavirus (Covid-19) symptoms or someone who tests positive for coronavirus (Covid-19);</p> <p>c) Schools must ask staff and parents/carers to contact them immediately if the result is negative.</p> <p>d) If the result is positive, they must follow the stay at home guidance for households with possible or confirmed Coronavirus (Covid-19) and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste.</p>			
<p>8) Manage confirmed cases of coronavirus (COVID-19) amongst the school community</p>			<p>a) If school becomes aware that someone who has attended the setting has tested positive, they must contact the local health protection team on 0344 225 0562.</p>			

			<p>b) This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.</p> <p>c) The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the time when they were infectious and ensure they self isolate. For details on the definition of “close contact” and for further details of the action school may be asked to take, see here (scroll through Section 1 to point 8);</p> <p>d) A template letter will be provided to schools, on the advice of the health protection team, to send to parents and staff if needed.</p> <p>e) Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others. Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.</p> <p>f) If a test delivers a negative result, the person must remain in isolation for the remainder of the 14-day isolation period.</p> <p>g) If a test result is positive, the person should inform the setting immediately, and must isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following ‘stay at home: guidance for</p>			
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			households with possible or confirmed coronavirus (COVID-19) infection'			
9) Contain any outbreak by following local health protection team advice			a) If schools have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and must continue to work with their local health protection team who will be able to advise if additional action is required.			
Risks involving school operations						
10) Transmission of virus on transport			<p>10.1) Dedicated school transport (services that are used only to carry pupils to school. This includes statutory home to school transport, but may also include some existing or new commercial travel routes, where they carry school pupils only).</p> <p>DFE will publish separate guidance shortly, however..</p> <ul style="list-style-type: none"> a) Consider the feasibility of being able to have groupings on school transport reflecting the bubbles pupils are in within school; b) Consider providing hand sanitizer on school transport; c) Consider extra cleaning of transport between groups of pupils; d) Organisation of queueing and boarding; e) Distancing within vehicles if possible; f) The use of face coverings for children over the age of 11, where appropriate, for example, if they are likely to come into very close contact with people outside of their group or who they do not normally meet. g) Communicate protocols and expectations to parents and pupils before the start of the Autumn Term. h) For more detail, click here. 			

			<p>10.2) Public transport</p> <ul style="list-style-type: none"> a) If feasible, work with partners to stagger start and finish times to minimise the numbers of pupils traveling on public transport during rush hours; b) Encourage parents/carers, staff and pupils to walk or cycle to school; c) Consider the feasibility of establishing “walking buses”; d) Investigate working with the LA to secure funding to support walking or cycling to school. e) Remind parents/carers and pupils that wearing face coverings is mandatory for children over the age of 11 on public transport; f) Ensure families who use public transport are aware of the safer travel guidance for passengers. 			
<p>11) Risks to vulnerable groups within the school population</p>			<ul style="list-style-type: none"> a) School should be aware of any pupil, staff or family member with a serious underlying health condition; b) Any school roles which can be done from home should be if feasible and appropriate (e.g. administrative roles); <p>11.1) Shielding/self-isolating pupils</p> <ul style="list-style-type: none"> a) From August 1st, shielding advice may be paused. Any children on the shielding patient list will be able to return to school as will those with shielding relatives. Current shielding guidance is here; b) Schools must work with the LA to be aware of any increase in local infection rates which could lead to vulnerable children (or family members) being asked to shield again; c) Parents/carers with children under the care of a specialist my need to take advice from them before returning to school; 			

			<p>d) Have remote education in place for any pupils unable to attend due to clinical/public health advice;</p> <p>e) Communicate Covid-19 control measures in place in school to provide reassurance to families where pupils/relatives have been shielding or where there are increased risk factors such as BAME, obesity or diabetes;</p> <p>f) Risk assess all vulnerable pupils individually.</p> <p>11.2) Staff who are clinically vulnerable or extremely clinically vulnerable</p> <p>Most staff (including those who are pregnant) should be able to return to work where the full control measures are in place though those in the most at risk categories should be stringent in practising hand and respiratory hygiene and social distancing. See advice for clinically vulnerable including pregnant women;</p> <p>Staff who were shielding can return to work from August 1st as long as social distancing can be maintained. See guidance on shielding and protecting the extremely vulnerable. Discuss deployment to enable remote working or social distancing as appropriate;</p> <p>People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p> <p>Risk assess all vulnerable staff (including BAME) individually;</p> <p>Where staff have characteristics that put them more at risk (see Covid-19: review of disparities in risks and outcomes report) and are concerned about returning to work, discuss concerns and risk assess individually;</p> <p>Staff who live with people in e) above can come to work.</p>			
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			<p>11.2) Staff who are clinically vulnerable or extremely clinically vulnerable</p> <p>Risk assess <u>all</u> clinically vulnerable staff (including BAME and all pregnant women) <u>individually</u>, the risk assessment will inform the Managers/Head Teachers if it is appropriate for the staff member to return to the workplace and if so what control measure are required. Schools People Risk assessment.</p> <p>a) Based on the People Risk assessment outcome and where appropriate control measures can be implemented the Staff member may be able to return to work.</p> <p>b) From the 1st August those Staff in the most at risk categories and were shielding may be able to return to the work place. It is important that all staff are properly risk assessed before returning to work. It is also strongly advise that were possible deployment options are discussed with this group of staff to enable remote working.</p> <p>c) If based on the people risk assessment and all appropriate control measures are in place, (these must include stringent hand and respiratory hygiene practices and <u>strict social distancing</u>.) The individual may be able to return to the work place as long as all these can be observed at all time. Advice for guidance on shielding and protecting the extremely vulnerable.</p> <p>d) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p>			
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			<p>e) Where staff have characteristics that put them more at risk (see Covid-19: review of disparities in risks and outcomes report) and are concerned about returning to work, discuss concerns and risk assess individually;</p> <p>f) Staff who live with people in e) above can come to work</p> <p>For other staffing considerations, including staff support, deployment, recruitment, temporary and peripatetic, ITT trainees, staff leave etc. see Actions for Schools – guidance for full opening Section 2 and scroll down to the appropriate section.</p>			
12) Estates considerations			<p>a) As all staff and pupils will need to wash their hands more frequently. Each bubble has dedicated bathroom areas.</p> <p>b) Where schools have electric hand driers, these can be used, but pupils (and staff) must wash their hands thoroughly for 20 seconds following PHE guidance. See “six steps to hand-washing” poster in KS2 lesson and NHS video. They must then follow the hand drier manufacturer’s instructions for drying hands (usually to hold hands under the air stream for 30 – 40 seconds without rubbing hands together until dry).</p> <p>c) Ensure all statutory safety checks are carried out;</p> <p>d) Ensure all classroom windows that can be opened are able to be opened safely. Safety devices may need to be fitted in some instances;</p> <p>e) Where the school has an air conditioning system, follow advice in the Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak.</p>			

			f) Refer to guidance on managing school premises during the Coronavirus (Covid-19) outbreak .			
13) Educational Visits			<p>a) Day visits can now resume with an appropriate risk assessment and in line with the protective measures in place in school and the Covid secure control measures at the destination;</p> <p>b) Schools should conduct pre-visits;</p> <p>c) Schools should be aware of wider advice on visiting indoor and outdoor venues. Contact julie.hemingway@blackburn.gov.uk for support in planning visit during the Covid-19 outbreak;</p> <p>d) Pupils and staff should stay within the same consistent groupings they are in in school;</p> <p>e) All levels of visits should be submitted for approval to the appropriate person within the timescale set out in Requirements for Off-Site Visits and Adventurous Activities (see guidance section on Evolve);</p> <p>f) All visits must have a contingency for dealing with a child or member of staff who starts to display symptoms of Covid-19 on a visit;</p> <p>g) There is no start date for when residential visits in the UK or abroad can resume.</p>		Currently educational visits are not covered by Risk Protection Insurance. Therefore they will not go ahead until further notice.	
14) Extra-curricular Provision			<p>a) Where schools are resuming breakfast and after school provision, they should carefully consider how they can make such provision work alongside their wider protective measures, including keeping children within their year groups or bubbles where possible;</p> <p>b) If it is not possible to maintain bubbles being used during the school day then schools should use small, consistent groups;</p>			

			<ul style="list-style-type: none"> c) Schools should advise parents to limit the number of different wraparound providers they access, as far as possible; d) Contact sports should not take place; e) For further detail, please see the guidance produced for summer holiday childcare, available at Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak. The LA has produced a risk assessment from this document. Please contact julie.hemingway@blackburn.gov.uk for a copy. 			
15) Behaviour Expectations			<ul style="list-style-type: none"> a) Update the behaviour policy in line with new school rules/procedures; b) Set out clearly at the earliest opportunity the consequences for deliberately breaking the rules to reduce the transmission of Covid-19; c) Work with staff, pupils and parents to ensure that behaviour expectations are clearly understood, and consistently supported, taking account of individual needs; 			
16) Contingency plans for future outbreaks			<ul style="list-style-type: none"> a) For individuals or groups of self-isolating pupils, remote education plans should be in place. For further details, see here; b) Have a contingency plan in place should PHE Health protection Team or the LA advise school to close to all but vulnerable children and the children of key workers to reduce transmission rates; c) Remote education support must be ready to be put in place immediately in the event of a local lockdown (see link in a) above) 			

Head Teacher Signature: Andy Burton

Date: 12th July 2020

Date of Review:

1st September 2020

Chair of Governors/Trust CEO:

Date:

Date of Review:

Appendix A

Advice for First Aiders in Schools/Early Years Settings during Covid-19

We recognise that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. We have put together the below advice for first aiders so that you can continue to support others where required and keep yourself safe.

Government guidance on first aid response during Covid-19 can be found [here](#).

Keep yourself safe

During the Covid-19 pandemic, it is recommended that you wear gloves and a facemask for all first aid incidents. Eye protection and an apron may also be required, where there is a risk of coming into contact with bodily fluids. PPE can be found with/in first aid kits.

Please see Public Health guidance on how to safely put on ([don](#)) and take off ([doff](#)) PPE, advice posters should be located with first aid kits. It is recommended that employees who are first aiders familiarise themselves with safe use of PPE as soon as possible, so they are able to keep themselves and the casualty safe, when they respond to a first aid incident.

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Avoid touching your mouth, eyes and/or nose.

Ensure that you do not cough or sneeze over a casualty when you are treating them, if you need to cough, do this into your elbow.

- Do not lose sight of other cross contamination that could occur that is not related to COVID-19.
- Wear gloves at all times
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely – double bag and place in a bin
- Do not touch a wound with your bare hand

- Do not touch any part of a dressing that will come in contact with a wound

Cardiopulmonary resuscitation (CPR) – Adults

Full statement from the Resuscitation Council can be found [here](#)

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment” at the time) and adopt appropriate precautions for infection control.

Do not go down close to the casualty to check breathing just look at the chest and abdomen. Ring 999, ensure you are wearing a mask and start compressions.

For adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; **perform chest compressions only**. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on isolation.

Cardiopulmonary resuscitation (CPR) – Paediatric Advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child’s chances of survival. However, for those not trained in paediatric resuscitation, **the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation, call 999 immediately.**

The importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Paediatric First Aid Ratios and Validity

Current guidance states that if children aged 2-5 are within a setting, providers must use their 'best endeavours' to ensure one person with a full PFA certificate is on-site. If after using best endeavours they are still unable to secure a member of staff with full PFA to be on site then they must carry out a risk assessment and ensure that someone with a current First Aid at Work or Emergency PFA Certification is on site at all times children are on premises.

'Best endeavours' means to identify and take all the steps possible within your power, which could, if successful, ensure there is a Paediatric First Aider on site when a setting is open, as per the usual EYFS requirement on PFA.

New entrants (levels 2 and 3) will not need to hold a Paediatric First Aid (PFA) certificate within their first 3 months in order to be counted in staff:child ratios, during the COVID-19 outbreak.

Additionally, if PFA certificate requalification training is prevented for reasons associated directly with COVID-19, or by complying with related government advice, the validity of current certificates can be extended by up to 3 months. This applies to certificates expiring on or after 16 March 2020.

Providers remain responsible for ensuring all children in their care are kept safe at all times.