

Full Attendance from April 1st 2021 - Schools Covid-19 Risk Assessment v002.1 29/03/2021



The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection as schools welcome pupils back to school on March 8th 2021. 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>
[Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](#)

This is a generic risk assessment, which should be built upon to suit individual schools.

It is a legal requirement that schools should revisit and update their risk assessments (building on the learning to date and the practices they have already developed). It is good practice to treat risk assessments as a “living document” which is kept under review, especially having regard to changing circumstances.

All other policies, procedures or risk assessments which will be impacted by the response to Covid-19 (e.g. fire safety, mental health and wellbeing for pupils and staff, lockdown, behaviour policy etc.) should be reviewed also.

Please ensure that your Fire Evacuation arrangements are reviewed and updated to reflect the current school attendance arrangements

Adults includes 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.

This risk assessment should be used in conjunction with the PHE NW Resource booklet for schools. This document details procedures for dealing with suspected and confirmed cases of Covid-19 in schools and is updated regularly. Please check the Head Teacher’s bulletin for updates.

Title / Activity: Witton Park Academy

Date completed: 21st April, 2021

Completed by: MPO

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

Prevention

You must always

- 1) Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the school;
- 2) Ensure face coverings are used in recommended circumstances (see 3.1);
- 3) Ensure everyone is advised to clean their hands thoroughly and more often than usual
- 4) Ensure good respiratory hygiene for everyone by promoting the ‘catch it, bin it, kill it’ approach;
- 5) Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents;
- 6) Consider how to minimise contact across the site and maintain social distancing wherever possible;
- 7) Keep occupied spaces well ventilated (see sections 3.3 and 3.4);

In specific circumstances:

- 8) Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary;
- 9) Promote and engage in asymptomatic testing, where available;

Response to any infection

You must always:

- 10) Promote and engage with the NHS Test and Trace process;
- 11) Manage and report confirmed cases of coronavirus (COVID-19) amongst the school community (see section 8);
- 12) Contain any outbreak by following local health protection team advice (see section 9);

Prevention

What is the hazard?	Who might be harmed?		What are you doing about it?	RAG	Comment	Complete?
	Pupils	Adults				
1) Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the school	✓	✓	Inform and remind all members of the school community that they must stay at home if: <ul style="list-style-type: none"> • they have one or more coronavirus (COVID-19) symptoms; • a member of their household (including someone in their support bubble or childcare bubble if they have one) has coronavirus (COVID-19) symptoms; • they are required to quarantine having recently visited countries outside the Common Travel Area; • they have had a positive test in the last 10 days; 			

<p>Reference to PPE means:</p> <ul style="list-style-type: none"> • fluid-resistant surgical face masks (also known as Type IIR); • disposable gloves; • disposable plastic aprons; • eye protection (for example a face visor or goggles). <p>The PPE that should be used when caring for someone with symptoms of coronavirus (COVID-19) is:</p> <ul style="list-style-type: none"> • a face mask if a distance of 2 metres cannot be maintained; • if contact is necessary, then gloves, an apron and a face mask should be worn; • eye protection if a risk assessment determines that there is a risk of fluids entering the eye e.g. from coughing, spitting or vomiting. 			<ul style="list-style-type: none"> • They have been told to self-isolate by NHS Test and Trace or their public health protection team. <p>They must immediately cease to attend and not attend for at least 10 days from the day after:</p> <ul style="list-style-type: none"> • the start of their symptoms • the test date if they did not have any symptoms but have had a positive test (whether this was a Lateral Flow Device (LFD) or Polymerase Chain Reaction (PCR) test) <p>You must follow this process and ensure everyone onsite or visiting is aware of it.</p> <p>1.1) Child or adult with symptoms outside school</p> <p>In BwD, the Director for Public Health is advising that anyone with a wider range of symptoms which include: diarrhoea, a persistent headache, fever and chills, shortness of breath or difficulty breathing, fatigue, muscle or body aches, sore throat, congestion or runny nose, and nausea or vomiting should book a PCR test. They can still attend school/work while awaiting the result <i>unless</i> they also have one of the three main symptoms.</p> <ol style="list-style-type: none"> a) Staff (and other adults working in the school) notify school <i>immediately</i> if either they or someone in their home, support bubble or childcare bubble 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). b) Parents/carers notify school <i>immediately</i> if either their child or someone in the child’s household, support bubble or childcare bubble is displaying symptoms of 			
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<p>N.B. A cloth face covering is NOT regarded as PPE.</p>			<p>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> <ul style="list-style-type: none"> c) Where a family or member of staff is having difficulty accessing a test, schools may support by providing them with a test from the test kits issued directly to schools from central government – guidance is available here. d) Other members of the household (including any siblings, support and/or childcare bubble members) should self-isolate from the day the individual took the test and at least 10 full days after, and not attend school. <p>1.2) Child or adult who develop symptoms in school</p> <ul style="list-style-type: none"> a) If it is a member of staff and they can drive themselves home, they should do so immediately; b) All areas they have been should be cleaned down using schools usual cleaning materials following PHE guidance; c) Decide on rooms within the setting which can be used as isolation rooms and identify with appropriate signage if in use; 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. 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. f) PPE (see left) 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 			
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			<p>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 go to the bathroom, a separate one to the rest of the school population should be used if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.</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 in a plastic rubbish bag and tied it 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>i) Any member of staff who has provided close contact care to someone with symptoms, even while wearing PPE, and all other members of staff or pupils who have been in close contact with that person with symptoms, even if wearing a face covering, need to wash their hands thoroughly for 20 seconds but do not need to go home to self-isolate unless:</p> <ul style="list-style-type: none"> ● the symptomatic person subsequently tests positive; ● they develop symptoms themselves (in which case, they should arrange to have a test); ● they are requested to do so by NHS Test and Trace or the PHE advice service (or the Education Response Team/PHE local health protection team if escalated). <p>j) Record which staff have looked after/had contact with the symptomatic child;</p>			
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			<p>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.</p> <p>l) Once the pupil has left the premises, thoroughly disinfect/clean all surfaces and contact points they came into contact with (including the bathroom if used. See PHE guidance for more details.</p> <p>m) Consider removing the rest of the children and staff to a different part of the school while cleaning takes place.</p> <p>n) The symptomatic pupil or adult should be tested for Covid-19.</p> <p>In exceptional circumstances</p> <p>o) Where the parent/carer is unable to collect the child, and the school needs to take responsibility for transporting the child home, they should use:</p> <ul style="list-style-type: none"> ● A vehicle with a bulkhead; ● The driver and passenger should be 2m apart; ● The driver should wear PPE and the passenger should wear a fluid resistant surgical facemask if old enough to do so. <p>Contact the LA for assistance in sourcing a vehicle and driver if necessary;</p> <p>p) Avoid the use of public transport;</p> <p>q) Consider allowing the child to walk, cycle or scoot home if age appropriate, safe to do so and with the consent of the parents/carers.</p>			
2) Transmission of virus due to insufficient hand hygiene	✓	✓	<p>a) Schools must ensure that pupils and staff clean their hands (can be a combination of washing and/or sanitising) with frequency and rigour, including when they arrive at school, when they go for and return from breaks, when they</p>			

			<p>change rooms, before and after removing face coverings and before and after eating;</p> <ul style="list-style-type: none"> b) Where there are only a limited number of wash basins on site, schools may wish to consider installing more; c) Ensure access to soap, warm water, paper towels and hand sanitizer and skin friendly sanitizer wipes if appropriate in all classrooms and social areas; d) Pupils (and staff) wash hands for 20 seconds following PHE guidance. See “six steps to hand-washing” poster in KS2 lesson and NHS video; e) Staff to help small children and those with complex needs to wash their hands thoroughly; f) Have prominently displayed hand washing posters throughout the setting in order to build regular hand washing into the culture of the school; g) Ensure hand sanitizer stations are located away from light switches, lift buttons and well clear of Bunsen burners in labs; h) Ensure use of hand sanitizer is supervised where necessary to avoid risk of ingestion 			
3) Transmission of virus due to insufficient respiratory hygiene	✓	✓	<p>3.1) Face coverings</p> <ul style="list-style-type: none"> a) Face coverings must be worn by pupils (over the age of 11) and staff who come to school by public transport (unless they are exempt); b) Face coverings should be worn by pupils (over the age of 11) who come to school on dedicated school transport (unless they are exempt); c) Face visors or shields should not be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission when used without an 			

			<p>additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately;</p> <p>d) The expectations regarding the wearing, and the process for removing a face covering should be communicated clearly to all pupils, staff and visitors. Adjustments should be made for pupils with SEND. Follow the link for instructions to staff, children and young people on how to put on, remove, store and dispose of face coverings. Consider having a stock of plastic bags available for any pupil who does not have a one with them for their face covering. National guidance for Face Coverings in Education is here;</p> <p>e) Where pupils in year 7 (which would be children who were aged 11 on 31 August 2020) and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained unless exempt;</p> <p>f) In addition, face coverings should also be worn by adults and pupils in Year 7 and above (unless exempt) in classrooms or during activities unless social distancing can be maintained.</p> <p>g) Pupils in Year 7 and above do not need to wear a face covering outside or where it would impact on their ability to take part in exercise or strenuous activity, for example in PE lessons.</p> <p>h) BwDBC acknowledges that some staff working in schools may wish to consider cloth face coverings as a wellbeing consideration as part of their risk assessment. Therefore, if teaching can take place with this individual measure in place and the colleague provides their own face coverings then this would seem reasonable. Colleagues would need to ensure they have completed training of donning and doffing</p>			
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			<p>of face coverings. Disposal of any cloth face coverings would also need to be done in the appropriate way. It would also be advised that we remind the individual that this would not replace the regularity required for hand hygiene measures and routines;</p> <ul style="list-style-type: none"> i) Staff and adult visitors in both primary and secondary schools should wear cloth face coverings (unless exempt) where 2m social distancing from other adults cannot be maintained, for example, in corridors and communal areas. The same process for removal should be followed as in the link in 3.1f); j) Transparent face coverings can be worn to assist communication with someone who relies on lip reading, clear sound or facial expression to communicate; k) Where a face covering becomes damp, it should be replaced carefully. Once removed, reusable face coverings should be stored in a sealable plastic bag. Single use face coverings should be disposed of in a residual waste bin. They must not be put in a recycling bin. l) Have a small contingency supply of face coverings in school for people who are unable to access them for any reason, have forgotten to bring one to school or where a face covering has become damp, soiled or unsafe. <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) Schools must ensure there are sufficient stocks of tissues in place for pupils and staff to use; 			
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			<p>d) Schools must ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day;</p> <p>e) Schools must ensure young children and those with complex needs receive support and are able to get this right;</p> <p>3.3) Ventilation – ensuring a supply of fresh air</p> <p>a) Adjust mechanical ventilation systems to increase the ventilation rate wherever possible and maintain in accordance with the manufacturers recommendations;</p> <p>b) Check to confirm that their normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply);</p> <p>c) Where schools use a centralised ventilation system that removes and circulates air to different rooms it is recommended that the recirculation function is turned off and a fresh air supply is used;</p> <p>d) Air conditioning systems that mix some of the extracted air with fresh air and return it to the room do not need to be adjusted as this increases the fresh air ventilation rate;</p> <p>e) Systems in individual rooms or portable units do not need to be adjusted as these operate on 100% recirculation. You should still however maintain a good supply of fresh air ventilation in the room.</p> <p>f) In cooler weather, open windows enough to provide constant background ventilation at all times when classrooms are in use;</p> <p>g) Open windows more fully during all breaks to purge the air in the space;</p>			
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			<p>h) Wedge internal doors open (with the exception of fire doors) to create a throughput of air, but ensure they can't slam shut and cause injury to staff or children;</p> <p>i) External opening doors may also be used (as long as they are not fire doors and where safe to do so);</p> <p>j) Ensure internal office spaces are well ventilated at all times. Keep doors open to allow air flow. Do not use fan heaters when the office is occupied.</p> <p>3.4 Ventilation – temperature control</p> <p>a) Open high level windows to low level reduce draughts where possible;</p> <p>b) Increase ventilation when rooms are unoccupied;</p> <p>c) Providing flexibility to allow additional, suitable indoor clothing. For more information see School uniform;</p> <p>d) Rearrange furniture where possible to avoid direct drafts;</p> <p>e) Use heating as necessary to ensure comfort levels are maintained particularly in occupied spaces;</p> <p>f) Use fan heaters only when rooms are unoccupied, switch off when children and staff are in.</p>			
4) Transmission of virus through insufficient cleaning of surfaces	✓	✓	<p>a) Follow the Covid-19: cleaning in non-healthcare settings guidance;</p> <p>b) Maintain and document an enhanced schedule for the cleaning of all surfaces using standard cleaning products and disposable cloths or paper towels;</p> <p>c) If it is felt appropriate to return difficult to clean items such as soft toys and furnishings to use, clean more frequently and according to manufacturer's instructions;</p> <p>d) Clean all shared rooms and shared areas between different groups;</p> <p>e) Clean toilets regularly throughout the day - different groups can be allocated their own toilet blocks where possible;</p>			

			<p>f) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE. Refresh regularly and document;</p> <p>g) All staff should complete the Me Learning course 'Infection Prevention Control for Frontline Workers'. Refresh regularly and document;</p> <p>h) 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>i) Bins used to dispose of cleaning materials such as sanitizing wipes and paper towels should be lidded. Dispose of routine waste as normal, placing any used cloths or wipes in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away;</p> <p>j) Cleaning materials ordered by HT and issued by Site Supervisor, staff inform when they need more but before they run out;</p> <p>k) 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>l) Evidence cleaning routine – use tick sheet signed and dated by the person carrying out the cleaning for each area.</p> <p>m) 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>n) 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</p>			
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			<p>what support they are able to offer to families who struggle to clean uniform regularly;</p> <p>o) Schools should consider how pupil non-compliance is managed, taking a mindful and considerate approach in relation to parents who may be experiencing financial pressures.</p> <p>p) Keep surfaces clutter free to facilitate regular cleaning.</p> <p>q) Consider identifying the most frequently touched surfaces such as door release buttons, door plates, handles etc. with coloured stickers as a visual reminder for frequent cleaning.</p>			
<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 	✓	✓	<p>Groupings from March 8th 2021</p> <p>a) Implement 'bubbles' of an appropriate size to achieve the greatest reduction in contact and mixing, making sure this will not affect the quality and breadth of teaching or access for support and specialist staff and therapists;</p> <p>b) Keep bubbles apart from one another where possible;</p> <p>c) Limit interaction, sharing of rooms and social spaces between groups as much as possible;</p> <p>d) Allow mixing for specialist teaching, transport and wraparound care;</p> <p>e) All teachers and other staff can operate across different classes and year groups to facilitate the delivery of the timetable and specialist provision;</p> <p>f) Where staff move between groups, they should try and keep 2m distance from pupils and other staff as much as they can;</p> <p>g) Try to minimise the number of interactions or changes wherever possible;</p> <p>h) Children who are old enough, able to self-regulate their behaviours without distress and with less complex SEND needs should be supported to maintain distance and not touch staff where possible;</p>			

<p>distance between individuals.</p> <ul style="list-style-type: none"> It is likely that for younger children the emphasis will be on separating groups, and for 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. 			<ul style="list-style-type: none"> i) Arrange classrooms with forward facing desks with pupils seated side by side and facing forwards, rather than face to face or side on. This might include moving unnecessary furniture out of classrooms to make more space; j) Depending on the age of the children, and their needs, staff should maintain 2 meters distance as much as possible; k) Staff maintain 2 metres distance from each other as much as possible (also see 3.1j); l) Schools with the capability to do it should take steps to limit interaction and the sharing of rooms and social spaces between groups as much as possible; <p>5.1 Secondary schools</p> <ul style="list-style-type: none"> a) Staff can operate across classes to deliver the timetable, and stay at the front of the class maintaining a distance of 2m from pupils and colleagues. Face coverings should be worn where this is not possible (see 3f); b) 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. They should wear face coverings where this is not possible; c) Consider year group bubbles to facilitate the full range of specialist teaching at KS4 and 5; d) If it is possible to be able to deliver the full range of curriculum subjects, consider smaller bubbles; e) Consider class bubbles at KS3 if the full range of curriculum subjects can be delivered. Where this is not possible, consider year group bubbles; f) Keep pupils in one bubble separate from pupils in another where possible; 			
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			<ul style="list-style-type: none"> g) Ask pupils to keep their distance from each other where possible; h) Reduce the sharing of rooms and social spaces where possible; i) Clean subject specific rooms between bubbles; j) Ensure good ventilation at all times; k) Reinforce hand and respiratory hygiene at all times. <p>5.3 In Classrooms</p> <ul style="list-style-type: none"> a) Ensure good ventilation at all times; b) Staff should avoid close face to face contact and minimise time spent within 1 metre of anyone; 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) Issue children and staff with their own set of frequently used resources such as pens, pencils and other stationary; f) Classroom based resources, such as books, IT and games, can be used and shared within the bubble. These should be cleaned regularly, along with all frequently touched surfaces; g) Resources that are shared between classes or bubbles, such as sports, arts, and science equipment should be cleaned frequently and always between bubbles; h) Where resources are shared between bubbles but are difficult to clean, allow them to be left unused for a period of 48 hours (72 hours for plastics); i) Assess the ability to clean equipment used in the delivery of therapies, for example, physiotherapy equipment or sensory 			
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			<p>equipment. Determine whether this equipment can withstand cleaning and disinfecting between each use before it is put back into general use. Where cleaning or disinfecting is not possible or practical, resources will have to be either restricted to one user or left unused for a period of 48 hours (72 hours for plastics) between use by different individuals;</p> <ul style="list-style-type: none"> j) Avoid using any resources/toys with small parts which are difficult to clean; k) Outdoor playground equipment should be more frequently cleaned than normal. This also applies to resources used inside and outside by wraparound care and out of school settings providers; l) Children can bring bags to school, but limit what they bring to essential items such as hats/coats/gloves etc., lunch boxes, books, stationary and mobile phones; m) Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided. Rules on hand cleaning, cleaning of the resources and rotation should apply to these resources. <p>5.4 Music, Dance and Drama Lessons Guidance has been updated and schools should risk assess on an individual basis depending on the lessons they offer. In general:</p> <ul style="list-style-type: none"> a) Keep groups separate and in their usual bubbles and maintain social distance between individuals as much as possible while offering a broad and balanced curriculum; b) Where staff move between bubbles, they should try to keep 2m distance between themselves and children/other adults; c) The social distancing requirement for these lessons may limit the activity/numbers in each group – risk assess on an individual basis to prevent physical correction by teachers and contact between pupils in dance and drama; 			
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			<p>d) Keep any background or accompanying music to levels which do not encourage teachers or other performers to raise their voices unduly;</p> <p>e) If possible, use microphones to reduce the need for shouting or prolonged periods of loud speaking or singing;</p> <p>f) If possible, do not share microphones. If they are shared, follow the guidance on handling equipment and instructions below;</p> <p>g) Schools should not host any performances with an audience. Consider live streaming or recording as an alternative.</p> <p>5.5 Physical activity in schools</p> <p>a) Pupils should be kept in their consistent groups (bubbles);</p> <p>b) Sports equipment should be thoroughly cleaned between each use by different bubbles;</p> <p>c) Only consider those sports whose national governing bodies have developed guidance under the principles of the government’s guidance on team sport and been approved by the government i.e. sports on the list available at grassroots sports guidance for safe provision including team sport, contact combat sport and organised sport events; Also see:</p> <ul style="list-style-type: none"> ● guidance on grassroots sports for public and sport providers, safe provision and facilities, and guidance from Sport England; ● advice from organisations such as the Association for Physical Education and the Youth Sport Trust; ● guidance from Swim England on school swimming and water safety lessons available at returning to pools guidance documents; ● Using changing rooms safely. 			
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			<p>d) Prioritise outdoor sports;</p> <p>e) Use large indoor spaces where using outdoor space is not possible and ensure good ventilation at all times;</p> <p>f) Pay scrupulous attention to cleaning and hygiene due to the way people breathe during exercise;</p> <p>g) Only consider the use of the indoor gym in school when indoor gyms are opened as part of the wider easing of restrictions (not before April 12th 2021). All equipment must be cleaned between bubbles;</p> <p>h) Schools can work with external coaches, clubs and organisations for the delivery of PE sessions. Schools must ensure that the provider follows the protective measures in place in school. There should be no sharing of resources during sessions and all equipment must be cleaned between groups. External coaches, instructors etc. should maintain 2m social distance at all times where possible;</p> <p>i) Outdoor competition between schools can take place within the system of controls and following National Governing Body guidance(host and visiting schools should risk assess travel and changing and either build into this RA or embed within their PE RA)</p> <p>j) Indoor competition between different schools should not take place until wider indoor grassroots sport for under 18s is permitted - no earlier than 12th April 2021, DfE to confirm.</p> <p>5.6 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>			
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			<ul style="list-style-type: none"> c) Stagger movement times and avoid bottlenecks at entrances/exits; d) Continue to operate one way systems with appropriate signage in place; e) Continue to stagger breaks and lunch where possible to allow cleaning of surfaces in dining halls between groups; f) School kitchens should be fully open and must comply with the guidance for food businesses on coronavirus (COVID-19). g) Decide on arrangements for pupils who bring packed lunches to school avoiding mixing of class bubbles; h) Set up staff workrooms to facilitate 2m social distancing; i) Minimise use of staff room and ensure access to cleaning products for staff to wipe surfaces etc. before and after use; j) Additional cleaning of touched surfaces should be considered before and after adults use the bathroom. <p>5.7 Arriving and leaving school 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.</p> <ul style="list-style-type: none"> a) Please refer to guidance on Transport to School . Schools who commission or provide their own transport to school should use this guidance to inform their Travel to School RA. All schools should use the guidance to share information with parents/carers and pupils who will use public or dedicated school transport from the start of the Autumn Term 2020. b) Parents/carers and pupils can use public transport but encouraged to walk, cycle or scoot to school where safe to do so; 			
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			<ul style="list-style-type: none"> c) Families using public transport should refer to the safer travel guidance for passengers. d) See Section 3.1 above on face coverings. e) Consider staggered start and finish times where possible (and allowing for working families travel to school patterns) to keep groups apart as they arrive and leave school, but do not reduce the amount of teaching time; f) Keep parents/carers informed of new routines and remind them not to gather in groups or enter the school grounds without an appointment; g) Request that only 1 parent/carer collects children from school to reduce the number of adults waiting to collect children; <p>5.8 Other considerations</p> <ul style="list-style-type: none"> a) In the first instance, conduct meetings with parents remotely if appropriate IT equipment is available. 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 with attendees wearing face coverings unless exempt; b) Consider the use of screens at such meetings and at the main school reception. If screens are used, school staff and parents should wear face coverings. Visors can be used with but not instead of face coverings; c) 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; d) Update individual SEND risk assessments as necessary; 			
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			<ul style="list-style-type: none"> e) 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 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; f) 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; g) 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; h) Engage with local immunisation providers to provide immunisation programmes on site, ensuring these will be delivered in keeping with the school's control measures. i) Consider alternative options to face to face interviews where possible. See the DfE teaching blog for conducting remote interviews and there is also advice that can be sent to candidates on how to prepare for remote interviews. j) Where face to face meetings are necessary for recruitment purposes, share the school's control measures in advance and make it clear to candidates that they must follow the system of controls that you have in place. This includes any 			
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			<p>requirements for wearing face coverings where social distancing cannot be managed safely.</p> <p>k) Ensure ITT trainees on placement are offered coronavirus (COVID-19) testing in the same way other school staff are (see Section 7);</p> <p>l) Ensure ITT trainees are informed of and follow all control measures put in place by school.</p> <p>5.9 Supervised Tooth brushing Programmes These programmes can resume from the start of the autumn term. New guidance was issued on August 13th 2020. Please follow this link to the guidance from which a separate risk assessment should be developed.</p>			
<p>6) Transmission of virus due ineffective use of PPE</p> <p>Face coverings are not classified as PPE (personal protective equipment). PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type which covers your nose and mouth.</p>	✓	✓	<p>a) All staff should know how to safely put on and take off PPE (refresh regularly and document), please see PHE links to donning and doffing of PPE.</p> <p>b) All staff should complete the Me Learning course 'Infection Prevention Control for Frontline Workers'. Refresh regularly and document;</p> <p>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;</p> <p>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;</p> <p>e) Staff should wear PPE as per BwD guidance for First Aiders in Appendix A.</p> <p>f) For more specific guidance on safe working in education, click here.</p> <p>g) When working with children and young people who cough, spit or vomit but do not have coronavirus (COVID-19)</p>			

			<p>symptoms, only any PPE that would be routinely worn, should be worn;</p> <p>h) Additional PPE is needed if aerosol generating procedures (AGPs) are carried out in school.</p>			
7) Asymptomatic testing	✓	✓	<p>a) Promote and engage in voluntary asymptomatic testing where available following setting specific guidance as below;</p> <p>b) Secondary schools participating in the rapid asymptomatic testing programme should follow the Mass asymptomatic testing: schools and colleges guidance for handling any positive tests as a result of that programme.</p>			
Response to infection						
<p>8) Test and Trace</p> <p>Testing kits for schools can be ordered by following this link</p>	✓	✓	<p>a) Schools must ensure they understand the procedures they must follow in the PHE NW Resource Pack for Schools. Please monitor the HT bulletin/Services for Schools website for the most up to date version.</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. Also see Section 1.1 regarding BwD advice on the wider symptoms of COVID-19;</p> <p>c) School must communicate with staff and parents/carers so that the understand self-isolate in the circumstances at the start of section 1 above and provide details of anyone they have been in close contact with, if they test</p>			

			<p>positive for coronavirus (COVID-19) or if asked by NHS Test and Trace;</p> <p>d) Schools must ask staff and parents/carers to contact them immediately if the result is negative;</p> <p>e) 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>f) Schools should be familiar with and implement the NHS COVID-19 app in schools and further education colleges guidance.</p> <p>g) The PCR test kits sent to schools can be given directly to staff or parents and carers collecting a child who has developed symptoms at school. Further information is provided in the guidance Coronavirus (COVID-19): test kits for schools and FE providers;</p> <p>h) Some school staff, parents and carers may be eligible for a one-off Test and Trace Support Payment. Follow this link for more details and share as appropriate.</p>			
9) Manage confirmed cases of coronavirus (COVID-19) amongst the school community	✓	✓	<p>a) Follow the procedures outlined in the PHE NW Resource Pack for Schools. This is updated regularly – updates are posted on the HT bulletin or contact edresponseteam@blackburn.gov.uk</p> <p>b) Confirmed cases must be reported to the LA in a timely manner (i.e. on the day the result is received) via edresponseteam@blackburn.gov.uk</p>			

10) Contain any outbreak	✓	✓	<ul style="list-style-type: none"> a) Follow procedures set out in the PHE NW Resource Booklet; b) Contact edresponseteam@blackburn.gov.uk 			
Risks involving school operations						
11) Transmission of virus on transport	✓	✓	<p>11.1) 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). See Section 5.7a) DFE has published Transport to School guidance which schools should use if they provide or commission their own transport; or use when working with the LA and transport providers when ensuring the transport needs of the pupils are met.</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) Children should clean hands before boarding and again on disembarking; c) Consider extra cleaning of transport between groups of pupils; d) Organisation of queueing and boarding; e) Distancing within vehicles if possible; f) Children over the age of 11 should wear face coverings unless exempt; g) Communicate protocols and expectations to parents and pupils; h) For more detail, click here. <p>11.2) 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; 			

			<ul style="list-style-type: none"> b) Encourage parents/carers, staff and pupils to walk or cycle to school; c) Investigate working with the LA to secure funding to support walking or cycling to school. d) Remind parents/carers and pupils that wearing face coverings is mandatory for children over the age of 11 on public transport unless exempt; e) Ensure families who use public transport are aware of the safer travel guidance for passengers. 			
12) Risks to vulnerable groups within the school population	✓	✓	<p>Shielding advice is being paused nationally from 31 March. From 1st April, CEV individuals are no longer advised to shield but must continue to follow the rules in place for everyone under the current national restrictions.</p> <p>Blackburn with Darwen Borough Council in line with Government guidance are advising those who have received a letter from the NHS advising them they are clinically extremely vulnerable to follow the advice set out in the letter.</p> <p>Employees and pupils who are clinically extremely vulnerable are required to share the letter they have received with the Head Teacher, so appropriate action can be taken.</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>12.1) Pupils who are clinically vulnerable or clinically extremely vulnerable</p> <ul style="list-style-type: none"> a) All pupils and students should continue to attend education settings from 1st April 2021 unless they are under paediatric or other NHS care and have been advised by their GP or clinician not to attend an education setting. 			

			<p>b) Communicate Covid-19 control measures in place in school to provide reassurance to families where key worker/vulnerable pupils relatives are shielding or where there are increased risk factors such as BAME, obesity or diabetes;</p> <p>c) Risk assess all clinically vulnerable/clinically extremely vulnerable pupils able to access provision individually.</p> <p>12.2) Staff who are clinically vulnerable or clinically extremely vulnerable</p> <p>a) Staff who are Clinically Extremely Vulnerable (CEV) are advised where possible to work from home, if they cannot work from home a robust risk assessment (using the LAs People (Education) Risk Assessment) must be carried out and stringent Covid measures put in place;</p> <p>b) Clinically Vulnerable (CV) staff can remain in the workplace subject to completion of a robust risk assessment using the LAs People (Education) Risk Assessment. A full definition of CV staff is included in the LA People RA, but does include BAME, all staff aged 60+, and all pregnant women. For any further information contact: health.safety@blackburn.gov.uk for the latest version;</p> <p>c) 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.</p> <p>d) 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>			
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			<p>e) It is important that all staff are properly risk assessed before attending work. It is also strongly advised that where possible, deployment options are discussed with this group of staff to enable remote working for at least part of the working week in order to reduce their level of risk.</p> <p>f) 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 workplace as long as all these can be observed at all times. Advice for guidance on shielding and protecting the extremely vulnerable.</p> <p>g) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p> <p>h) 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>i) Where there are concerns about the mental wellbeing of those staff who are being advised to stay at home and we would recommend that you share the EAP support that is available to them through your school.</p> <p>11.3 Pregnant staff (classed as clinically vulnerable)</p> <p>a) Women over 28 weeks pregnant should not attend the workplace and work from home;</p> <p>b) It is strongly recommended that women under 28 weeks carry out roles which enable them to work flexibly within their job/role in a position that allows them to</p>			
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			<p>maintain strict social distancing at all times. If this is not possible (e.g. because the worker is a teacher or a TA with a classroom role where strict social distancing is not possible, including small group work), it is advised that alternate roles/jobs should be sought or it is recommended that work should be sought that can be undertaken from home.</p> <p>c) Government advice on pregnancy can be found here.</p>			
13) Estates considerations	✓	✓	<p>a) As all staff and pupils will need to wash their hands more frequently, some schools may wish to consider installing extra wash basins.</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) Where buildings have been closed or have had reduced occupancy, follow the guidance on Legionella risks during the coronavirus outbreak;</p> <p>e) 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>f) 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>			

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14) Educational Visits	✓	✓	<p>Please refer to the Schools Operational Guidance for information regarding credit notes and indemnity.</p> <p>14.1) Educational Day Visits</p> <ul style="list-style-type: none"> a) In line with the roadmap, should step 2 commence as planned, schools can resume educational day visits no earlier than 12 April; b) Educational day visits must be conducted in line with relevant coronavirus (COVID-19) secure guidelines and regulations in place at that time; c) Visits should be conducted using Covid secure measures which mirror the ones in place in this risk assessment; d) Before the visit takes place, the Visit Leader should request copies of Covid secure measures in operation at the venue to be visited, and these should be shared with the rest of the visit team and the pupils on the visit; <p>14.2) Domestic Residential Visits</p> <p>Schools can begin to plan for new domestic residential visits, but are advised not to enter into any new financial or contractual commitments until step 3 of the roadmap has been confirmed. Deferred visits can take place as planned once step 3 is confirmed.</p> <ul style="list-style-type: none"> a) In line with the roadmap, should step 3 commence as planned, domestic residential educational visits can resume no earlier than 17 May. The roadmap is driven by data not dates. The approach to domestic residential visits is dependent on the roadmap and is subject to change. b) Existing or rearranged domestic residential educational visits must be conducted in line with relevant coronavirus (COVID-19) secure guidance and regulations in place at the time they take place; 			
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			<p>c) Any new domestic residential educational visits must be conducted in line with relevant coronavirus (COVID-19) secure guidance and regulations in place at that time;</p> <p>d) The DfE is working with Public Health England and the School Travel Sector Steakholder Group (STSSG) on what coronavirus (COVID-19) secure residential visits will look like at step 3. This is likely to take the form of a Covid safe charter. Further advice will be provided through updated guidance via EVOLVE and the HT bulletin.</p> <p>14.3) International Visits Schools are advised not to enter into new financial or contractual commitments at this time.</p>			
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15) Wraparound provision and extra-curricular activity	✓	✓	<ul style="list-style-type: none"> a) Activities taking place outdoors can happen in groups of any number maintaining day bubble integrity as much as possible; b) Schools should advise parents to limit their use of multiple out-of-school settings providers, and to only use one out-of-school setting in addition to school as far as possible and refer them to the guidance for parents and carers; c) Where sports are offered, see Section 5.5 above; d) For further operational detail, see Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak and risk assess separately according to activities offered. 			
16) 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. 			
17) Monitoring	✓	✓	<ul style="list-style-type: none"> a) The HT should have mechanisms in place to ensure regular monitoring of the implementation of control measures in this risk assessment. b) Where schools have purchased the Health and Safety SLA from the LA, please contact health.safety@blackburn.gov.uk for any support required. If not, please contact your Health and Safety provider. 			

Head Teacher Signature:

Date:

Date of Review:

Chair of Governors/Trust CEO:

Date:

Date of Review:

Local Authority/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.