Berkswich CE COVID-19 Risk Assessment Record Form (adapted from the Staffordshire County Council model)

Section/Service/Team: Berkswich CE Primary School **Assessor(s):** S. Jackson, K Harper, S Cope

Risk Assessment for the full opening of school September 2021—minimising the risk of transmission of COVID-19

Please also refer to Berkswich CE Primary Safeguarding Policy Addendum and Remote Learning Polices and information on the school website (Coronavirus Page)

What are the hazards?	**Who might be harmed and how?**	**What are you already doing?** List the control measures already in place ***Example controls could include:***	**What is the risk rating – H, M, L?** See section 5	**What further action, if any, is necessary, if so what action is to be taken by whom and by when?** ***Examples could include:***	**Action Completed** State the date completed and sign.	**What is the risk rating now - H, M, L?** See section 5
Exposure to COVID-19 through contact with an infected person The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).	Everyone on site. General transmission may occur: Through close contact between colleagues, pupils and visitors and touching contaminated surfaces.	Anyone with COVID-19 symptoms, has a positive test result or is required to isolate or quarantine does not attend school. Anyone developing COVID-19 symptoms during the school day will be sent home to reduce transmissions risks. Pupils will be isolated in TN office and member of staff to wear PPE, room to be well-ventilated with child / staff 2 metres socially distanced. In the event of needing the bathroom, the disabled toilet to be used. Waste such as tissues will be double bagged and stored in a secure area for 72 hours prior to disposal. Children will be sent home. TN Room and bathroom to be disinfected after use – no one else to use rooms until this has been completed. PPE to be safety removed and disposed of. Asymptomatic testing available for staff using LFDs in line with government guidance, handbooks and resources. Staff test twice a week and results are logged and monitored. To be reviewed by DfE end of September. Staff encouraged to have COVID-19 vaccination. Parents / carers and adult household members encouraged to access asymptomatic testing twice weekly Rapid lateral flow testing for households and bubbles of school pupils and staff - GOV.UK (www.gov.uk) Active engagement with NHS Test and Trace service. School has outbreak management plan referenced to the DFE Contingency Framework. Staffs outbreak team and PHE / DFE will be used for advice. Staff are aware of LA Local Outbreak Control Plans. Attendance in school in line with national/local restrictions.	M	Stock of face masks available for all staff members to use if required in enclosed busy spaces. Rapid testing (LFDs) encouraged and promoted.. Staff Consent and Risk assessment in place for use of LFDs. Maintain stock of LFD's and home testing kits in school. Contingency/Outbreak Management Plan developed outlining extra actions to be taken if there is an outbreak in school or local area, if advised to take extra measures or to respond to a Variant of Concern. Follow advice given by local outbreak/health protection teams. Records of visitors are kept for 21 days using sign-in screen. Visitors use hand sanitiser before and after use. Mask wearing at the discretion of the visitor and dependent on the purpose of the visit. Record of staff and pupils in groups. Encourage staff and parents to engage with Test and Trace process and inform school immediately of the results of a test. Individuals should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine). In the latest guidance, individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply: They are fully vaccinated. They are below the age of 18 years and 6 months. They have taken part in or are currently part of an approved COVID-19 vaccine trial. They are not able to get vaccinated for medical reasons. Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, are expected to continue to attend school as normal	Ongoing KH SLT and all teachers SJ/ RJ/ KH/ SC OK/ KH ongoing All teachers and office Ongoing	L

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Exposure to COVID-19 The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).	Everyone on site. General transmission may occur: Through close contact between colleagues, pupils and visitors and touching contaminated surfaces	Frequent handwashing promoted and signage visible. Hand wash for at least 20 seconds. Hand sanitiser available in classrooms, shared spaces, entrance and exit points. Good respiratory hygiene encouraged by promotion of 'catch it, bin it, kill it' approach. Disposable tissues available in classrooms. Enhanced cleaning of frequently touched surfaces. Spray stations located in every room - communal areas and entrance / exit Ventilation in the building maximised by opening windows, doors or using ventilation units. External doors can be closed during cold spells, windows remain open at all times. External and internal doors are opened during playtimes / lunchbreak. Government Co2 monitors identify where ventilation is effective or needs to be improved. Actions taken to improve ventilation as necessary. Control measures in place for staff and pupils who are clinically vulnerable or at higher risk. Wellbeing support in place for staff and pupils. This is provided remotely for some pupils in the event of a bubble self-isolating. There is a mental health lead in school (TN). Staff, pupils, parents and visitors informed of the measures in place to reduce transmission. Remote learning will be implemented in the event of bubble self-isolating. Risk assessment reviewed following changes in guidance and national/local restrictions.	M	Daily checklist promotes hand sanitising and frequent cleaning of equipment and resources. COSHH risk assessment completed for hand sanitiser and cleaning materials. (see risk assessment). Signage used to promote hygiene Cleaning schedule includes more frequent cleaning – cleaner employed in the middle of the day to disinfect toilets, shared areas / touch points. Cleaner to support with end of morning session cleaning of rooms/shared areas used by different groups. Good stock of soap, hand sanitiser, tissues regularly reviewed. Swing lid bins in classrooms emptied regularly– children to wash hands immediately after disposing of waste. Waste will be disposed of daily, where there is a confirmed positive case, waste will be double bagged and kept in a secure area for 72 hours before disposed. Poorly ventilated areas identified, and steps taken to improve fresh air flow in these areas. Ensure increased ventilation measures do not compromise pupil or staff safety. Review how good ventilation is achieved whilst maintaining a comfortable environment. Individual risk assessments carried out for staff and pupils who are clinically extremely vulnerable or at higher risk. Review team stress risk assessment	All staff KH ongoing Ongoing OK Additional Lunchtime Cleaner KH TB/JH Teachers / SJ / KH TN SJ/RJ LA SJ	L

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		When performing CPR: Call an ambulance Use chest compressions or defibrillator Use a cloth or towel to cover the casualty's mouth and nose while still permitting breathing Use PPE – gloves, apron, fluid repellent surgical mask, eye protection. If a decision is made to perform mouth-to-mouth ventilation, use a resuscitation face shield where available Medicine such as asthma inhalers to be kept in the teachers cupboard in the classroom / social bubble space not in medical room	M	Resuscitation Council UK advice: https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19		L
	Resuscitation Council UK Statement: It is likely that a child having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child. 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.					

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	Staff and pupil. Transmission may occur when staff administer medicines or supervise pupils who self-administer.	Supervising staff to maintain 2m social distance.	M	Review medication plans to assess PPE requirements (if any) for staff administering medication.	PJ/SJ/KH	L

4. Tick (**√**) if any of the identified hazards relate to any of the following specific themes:

Hazardous Substance	Manual Handling	Display Screen Equip	Fire	Work Equip / Machinery	Stress	Individual Person such as Young Person New/ Expectant Mother or Service User
✓			✓		✓	✓

If any are ticked, a specific risk assessment form must be completed separately. For example a COSHH form must be completed if a hazardous substance is used.

5. **Risk Rating**

The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

Risk Rating	Description	Action Priority
High	Where harm is certain or near certain to occur and/or major injury or ill-health could result	Urgent action
Medium	Where harm is possible to occur and/or serious injury could result e.g. off work for over 3 days	Medium priority
Low	Where harm is unlikely or seldom to occur and/or minor injury could result e.g. cuts, bruises, strain	No action or low priority action

6. **Assessment**

Signature of Assessor(s): S. Jackson **Signature of Line Manager:** S. Cope

Print Name: **Samantha Jackson** **Print Name: Steve Cope**

Date Assessed: **01/09/21** **Review Date: 22/10/21**

7. **Communication and Review**

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent incident.