

Assessment Title:	Coronavi	rus (COVID-19): implementing protective	e mea	sures <mark>i</mark>	introduced from	n 17 th January 2	2022	Reference Number:	
School Name:	Meadowt	field Primary School	Scho	ool Addro		on Moor A	venue, Lee	eds, LS9 0E	ΞY
Date Assessment Unde		Name of Assessor (print):	Asse	essor Sig	gnature:		Assessment Review		
17/01	/2022	RKLT / Helen Stout / Andy Topp	A	Торр			24/0	01/2022	
Name of Head Teacher	(print):	Head Teacher Signature:	Nam	e of Cha	iir of Governors (pr	rint):	Chair of Governors	Signature:	
Helen Stout		H. Stout	Jan	net Sim	nmons	-	J. Símmons	>	
Operations or Trust Estat MEDIUM – Moderate ris LOW – Trivial or tolerat	HIGH - Intolerable and Substantial risks – Urgently review/add controls & monitor, notify Director of Operations or Trust Estates Manager (if Likely or Highly Likely – stop work, seek competent advice) MEDIUM – Moderate risks – Review/Add controls (as far as reasonably practicable) & monitor LOW – Trivial or tolerable risks – Monitor control measures.				Highly unlikely	Severity/ Slightly harmful Trivial risk	Consequence Harmful Tolerable risk	Extremely harmful Moderate risk	
 The boxes highlighted in grey above must be completed with the required details. The Ref number can be allocated as per the schools own numbering system. The control measures listed below must be either complied with <u>or</u> altered to reflect the school's own control measures. Once criteria 1-3 have been satisfied, you should remove the 'Sample' watermark. DESIGN-WATERMARK and choose the option that says 'Remove Watermark' 				Likelihood	Unlikely	Tolerable risk	Moderate risk	Substantial risk	
· · · ·					Likely	Moderate risk	Substantial risk	Intolerable risk	



RISKS	 Note: this list is not exhaustive and <u>must</u> be adapted for your own needs 1. Contact Between Individuals 2. Inadequate Cleaning/Sanitising 3. Spread of Coronavirus to Staff, Pupils and Families, Visitors 4. Site User Becoming Unwell 5. Site User Developing Symptoms 6. Inadequate Hand Washing/Personal Hygiene 7. Inadequate Personal Protection & PPE 8. Visitors, Contractors & Spread of Coronavirus 9. Inadequate Ventilation 	and Contractors			
No.	CONTROL MEASURES	ADDITIONAL INFORMATION	YES	NO	N/A
	Note: you <u>must</u> amend and adapt this generic risk assessment to suit your own no amending others where necessary) and then evaluat		ided (ad	dding a	nd
1.	Contact Between Individuals				
1.1	No longer necessary to keep children in consistent groups (bubbles).	 Whilst bubbles have NOT been introduced, the following small scale measures have: a) The indoor One-way system has returned. b) Interventions have been reduced in street. c) PPA to be completed at home and early leave where you can. d) Meetings will be online or if urgent face to face outside or with LFT/face coverings (this includes SDM, SLT) e) Interviews will proceed with LFT/face coverings f) Volunteer readers have been cancelled this week This will be reviewed 24/01/2022. 			



1.2	School should make sure their contingency plans cover the possibility that it may be necessary to reintroduce "bubbles" for a temporary period, to reduce mixing between groups.	Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.	⊠	
1.3	Assemblies can resume	As a temporary measure assemblies will be held over Zoom and reviewed 24/01/2022.		
1.4	Pupils can mix outside at breaks and lunchtimes.	As a temporary measure staff have been asked to use 2 staff rooms to facilitate distancing KS1– Room of Requirement KS 2 & Early Years – Staff Room This will be reviewed 24/01/2022.	Ø	
1.5	Given the likely gap in COVID-19 cancellation related insurance, schools considering booking a new educational visit, whether domestic or international, are advised to ensure that any new bookings have adequate financial protection in place	You should speak to either your visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available		
1.6	Schools can undertake educational day visits	Consideration given to NYCC Guidance for Activities in Schools - Autumn/Winter 2021	⊠	
1.7	Schools can undertake domestic residential education visits	Consideration given to NYCC Guidance for Activities in Schools - Autumn/Winter 2021	⊠	
1.8	It is recommended that schools consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to test on arrival back into the UK.			Ø
1.9	Schools should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.			
1.10	Out-of-school settings and wraparound childcare providers can offer provision to all children, without restriction on the reasons for which they may attend.	More information on planning extra-curricular provision can be found in the guidance for: <u>COVID-19: Actions for out-of-school settings -</u> <u>GOV.UK (www.gov.uk)</u> Lettings have commenced from 07/09/2021 Thursdays – Art Room 16:30 to 18:30 – Leeds Space Daily – MUGA/Field 17:30 – 19:30 – LUFC Kicks (on Hold) Breakfast Club is held in the Large Hall		



2	Inadequate Cleaning/Sanitising			
2.1	A cleaning schedule that includes regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces is in place	Cleaning of non-healthcare settings outside the home There is a continued requirement to maintain a clear surface policy to assist with cleaning. Staff should continue to wipe down classroom surfaces between AM and PM sessions.	Ø	
2.2	Electronic entry systems and keypads are regularly sanitised particularly first thing in the morning and where possible after each use	Site and Cleaning staff will maintain contact points		
2.3	Bins for tissues and other rubbish are emptied throughout the day	Continued use of lidded swing bins for general waste, emptied daily.		
2.4	Stocks of cleaning chemicals, liquid soap, paper towels, tissues, toilet roll, bin bags etc. regularly checked and additional supplies requested as necessary	Re introduction of orders placed with LCC PPE Department for school – PPE readily available around school		
3	Spread of Coronavirus to Staff, Pupils and Families, Visitors and Co	ontractors		
3.1	In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.	If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.	X	
3.2	Close contacts in schools are now identified by NHS Test and Trace and education settings are not expected to undertake contact tracing.			
3.3	NHS Test and Trace will work with the positive case and/or their parent to identify close contacts.	Schools may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.	×	
3.4	Adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are	Daily testing of close contacts applies to all contacts who are:		



	Risk Assessment for Red Kite Lea	Irning Trust		
	strongly advised to take an LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. This test should be taken before the close contract leaves their home for the first time each day.	 fully vaccinated adults – people who have had 2 doses of an approved vaccine all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status people who are not able to get vaccinated for medical reasons people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine 		
3.5	If someone over the age of 18 chooses not to get vaccinated, they will need to self- isolate for 10 days if identified as a close contact.			
3.6	Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.	Children under 5 are however advised to take a PCR test if someone in their household has tested positive.		
3.7	Pupils with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing, including where appropriate additional support to assist swabbing.		⊠	
3.8	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, should continue to attend school as normal.			
3.9	18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.			
3.10	Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.		⊠	
3.11	Extra actions may be implemented in schools if the number of cases substantially increases. This will be based on a set threshold, should this be reached school will distribution a warn and inform letter to inform to group identified (e.g., class, year group, common activities group). The thresholds where additional actions may be required are set out below, and will be triggered with whichever of these thresholds is reached first: • 5 children, pupils, students, or staff, who are likely to have mixed closely, test	Settings may wish to seek additional public health advice if they are concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements.		

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	 positive for COVID-19 within a 10-day period; or 10% of children, pupils, students, or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period 			
3.12	A director of public health or an HPT may give settings advice reflecting the local situation. In areas where rates are high, this may include advice that local circumstances mean that the thresholds for extra action can be higher than set out above. If they judge that additional action should be taken, they might advise the setting to take some or all of the other measures described in this document, for example extra testing.		X	
3.13	Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher risk are not being advised to shield again.			
3.14	From 13 December office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education, should continue to go to their place of work.	School leaders are best placed to determine the workforce required to meet the needs of their pupils. School leaders will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education	Ø	
3.15	Children and young people who were previously identified as being clinically extremely vulnerable or extremely vulnerable, are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread.	Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.	X	
3.16	School must complete the New and Expectant Mothers risk assessment as well as the Covid Individual risk assessment for any pregnant members of staff. Both Risk Assessments will need to be subject to regular review. More guidance is provided below and contact the School's HR Advisor on <u>hr@rklt.co.uk</u> for further support. <u>RCOG Q&A covid19 virus infection and pregnancy</u>	Further advice is available on the HSE website link and contact the School's HR Advisor on <u>hr@rklt.co.uk</u> for further support <u>Protecting new and expectant mothers at work -</u> <u>HSE</u>		
4	Site User Becomes Unwell			
4.1	If anyone in school develops COVID-19 symptoms, they are sent home and told they should follow public health advice	Symptoms of coronavirus (COVID-19)		



	Risk Assessment for Red Kite Lea	arning Trust		 TAINING
4.2	If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible	As a temporary measure the PPA room will be used as the waiting are for pupil collection, collection will be from the PPA external door. The room will be evacuated prior to occupation by the pupil awaiting collection and the room will be cleaned before it can be reused.	Ø	
4.3	If the pupil needs to go to the toilet while waiting to be collected, they should use a separate toilet if possible. The toilet should be cleaned and disinfected using standard cleaning products before being used by anyone else	First Aid Room	X	
4.4	PPE should be worn by staff caring for the pupil while they await collection if close contact is necessary	There will be a PPE stand in the PPA Room	\boxtimes	
4.5	The room used by the pupil awaiting collection should be cleaned after they have left	Member of Site Team Disinfect (PPE Worn)	Χ	
4.6	Everyone displaying coronavirus (COVID-19) symptoms should avoid using public transport and, wherever possible, be collected by a member of their family or household		\boxtimes	
4.7	In exceptional circumstances, if parents or carers cannot arrange to have their child collected, if age-appropriate and safe to do so the child should walk, cycle or scoot home		\boxtimes	
4.8	In an emergency, call 999 if the pupil is seriously ill or injured or their life is at risk.	Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital	\boxtimes	
5	Site User Developing Symptoms			
5.1	Children, staff, and other adults should follow public health advice on when to self- isolate and what to do: When to self-isolate and what to do - Coronavirus (COVID-19) - NHS (3www.nhs.uk)	They 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).	Ø	
5.2	If a member of staff or a pupil is notified by NHS Test and Trace of a positive test result they must complete a period of self-isolation. The isolation period starts immediately from when their symptoms started, or, if you do not have any symptoms, from when their positive LFD or PCR test was taken, whichever test was taken first. The isolation period includes the day their symptoms started (or the day their test was taken if you do not have symptoms), and the next 10 full days.	Individuals who are self-isolating with COVID-19 will have the option to reduce their isolation period to 6 days if they test negative with a lateral flow device (LFD) test on both day 5 and day 6 and they do not have a temperature. It is crucial that people isolating with COVID-19 wait until they have received 2 negative rapid	X	



	Risk Assessment for Red Kite Lea	arning i rust		
	They can return to your normal routine and stop self-isolating after 10 full days if their symptoms have gone, or if the only symptoms they have are a cough or anosmia, which can last for several weeks. If they still have a high temperature after 10 days or are otherwise unwell, they should stay at home and seek medical advice.	lateral flow tests on 2 consecutive days to reduce the chance of still being infectious. The first test must be taken no earlier than day 5 of the self-isolation period, and the second must be taken the following day. All test results should be reported to NHS Test and Trace.		
		If the result of either of their tests is positive, they should continue to self-isolate until they get negative results from two LFD tests on consecutive days or until they have completed 10 full days of self-isolation, whichever is earliest. Anyone who is unable to take LFD tests or anyone who continues to have a temperature will need to complete the full 10-day period of self-isolation. Pupils and staff should return to school as soon as isolation rules allow.		
5.3	If a member of staff or a pupil is isolating because of a positive test but did not have any symptoms, and then subsequently develop COVID-19 symptoms within their isolation period, they are required to start a new isolation period from the day the symptoms start.		⊠	
5.4	Where pupils who are self-isolating are within the governments definition of vulnerable it is very important that schools put systems in place to keep in contact with them, particularly if they have a social worker.	 When a vulnerable pupil is asked to self-isolate, you should: notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head agree with the social worker the best way to maintain contact and offer support You should have procedures in place to: check if a vulnerable pupil is able to access remote education support 	Ø	



	Risk Assessment for Red Kite Lea			
		 support them to access it (as far as possible) regularly check if they are accessing remote education keep in contact with them to check their wellbeing and refer onto other services if additional support is needed. The main symptoms of coronavirus (COVID-19) 		
5.5	If anyone in your school develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.	 A high temperature – this means they feel hot to touch on their chest or back (they do not need to measure their temperature) A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if they usually have a cough, it may be worse than usual) A loss or change to your sense of smell or taste. 	×	
5.6	All secondary school pupils should receive 1 on-site lateral flow device test on their return in January.			
5.7	Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart.	Collection of LFT's continues to be from the office		
5.8	Secondary schools should retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home			
5.9	Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.		\boxtimes	
5.10	There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore advised to take lateral flow tests every day for 7 days.		⊠	
5.11	Staff and pupils with a positive LFD test result should self-isolate in line with the stay- at-home guidance for households with possible or confirmed coronavirus (COVID-19) infection below: <u>Stay at home: guidance for households with possible or confirmed coronavirus</u> (COVID-19) infection - GOV.UK (www.gov.uk)	From 11 January in England, people who receive positive lateral flow device (LFD) test results for coronavirus (COVID-19) will be required to self- isolate immediately and won't be required to take a confirmatory PCR test.	Ø	

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		This is a temporary measure while COVID-19 rates remain high across the UK. Whilst levels of COVID-19 are high, the vast majority of people with positive LFD results can be confident that they have COVID-19. They must self-isolate if they get a positive test result, even if they have had a recent negative lateral flow test – these rules have not changed.		
5.12	Lateral flow tests are taken by people who do not have COVID-19 symptoms. Anyone who develops 1 of the 3 main COVID-19 symptoms should stay at home and self-isolate and take a PCR test. They must self-isolate if they get a positive test result, even if they have had a recent negative lateral flow test – these rules have not changed.	If someone with symptoms has already taken an LFD test for any reason and the result is positive, they do not need to take a follow-up PCR test.	X	
5.13	Where appropriate, schools should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so.		\boxtimes	
6	Inadequate Hand Washing/Personal Hygiene			
6.1	Staff/pupils/cleaners/contractors etc. will be reminded to clean their hands regularly, including: when they arrive at the school when they return from breaks when they change rooms before and after eating 	Ensure that staff have sufficient time to wash their hands regularly, as frequently as pupils. Monitor stocks of Soap and Sanitiser – Request resupply when running low	Ø	
6.2	Consideration given to how often pupils and staff will need to wash their hands and incorporated time for this is in timetables or lesson plans		X	
6.3	Staff working with pupils who spit uncontrollably may want more opportunities to wash their hands than other staff	Face visors and Screens available for one on one teaching, to enhance the PPE worn	X	
6.4	Pupils who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may also need more opportunities to wash their hands and this has been considered		\boxtimes	
6.5	Help given to pupils with complex needs to clean their hands properly		\boxtimes	
6.6	Risk assessments for pupils with complex needs that may struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or		X	



	Risk Assessment for Red Kite Lea	irning Trust		
	use saliva as a sensory stimulant, have been updated in order to support these pupils and the staff working with them			
6.7	Hands are washed with liquid soap & water for a minimum of 20 seconds		⊠	
6.8	The school has considered whether they have enough hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly	PPE and Hand Sanitiser and Wipes are located around site, and in areas that are common contact point (Phones, Inventory, Photocopier) – It is good practice to use these.	⊠	
6.9	Alcohol based hand cleansers/gels can only be used if soap and water are not available but is not a substitute for hand washing. Such gels MUST ONLY BE USED UNDER CLOSE SUPERVISION. In normal circumstances pupils should not be using alcohol-based hand cleansers because of the risk of ingestion	Skin friendly cleaning wipes can be used as an alternative Alcohol based sanitiser must be stored safely and away from pupils	⊠	
6.10	School has embedded hand washing routines into school culture, supported by behaviour expectations to help ensure younger pupils and those with complex needs understand the need to follow them			
6.11	The 'catch it, bin it, kill it' approach is very important and is promoted	CATCH IT Bruss pread easily, Always carry cuptor sneeze.Image: Construction of the carly point construction of the carly point o		
6.12	Disposable tissues are available in each room for both staff and pupil use	Stocks are kept at the top of the street		
6.13	Bins (ideally lidded pedal bins) for tissues are available in each room	Emptied Daily		
6.14	School has embedded the 'catch it, bin it, kill it' approach to ensure younger pupils and those with complex needs get this right, and that all pupils understand that this is now part of how the school operates	The <u>e-bug</u> website contains free resources for schools, including materials to encourage good hand and respiratory hygiene		
7	Inadequate Personal Protection & PPE			



	Risk Assessment for Red Kite Lea	ining trust		
7.1	Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, we ask that face coverings should be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas.			Ø
7.2	Pupils in the above schools must also wear a face covering when travelling on public transport and should wear it on dedicated transport to and from school.			\boxtimes
7.3	From 4 th January 2022, it is recommended that in those schools where pupils in year 7 and above are educated, face coverings should be worn in classrooms. This is a temporary measure and will be renewed in due course.	This does not apply in situations where a face covering would impact on the ability to take part in exercise or strenuous activity, for example PE lessons.		\boxtimes
7.4	We would not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class.	Settings however should be sensitive to the needs of individual teachers. Other adults in secondary school classrooms DO wear face coverings unless they are exempt.	⊠	
7.5	In primary schools, we ask that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas.	Health advice continues to be that children in primary schools should not be asked to wear face coverings.	×	
7.6	Schools as employers have a duty to comply with the Equality Act 2020 which includes making reasonable adjustments for disabled staff and pupils.	No pupil should be denied education on the grounds they are not wearing a face covering.		
7.7	Transparent face coverings can be worn to, which may assist communication with someone who relies on: • lip reading, • clear sound or • facial expression	Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited.	⊠	
7.8	The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.	Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.	⊠	
7.9	Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission.	They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the	⊠	



	Risk Assessment for Red Kite Learning Trust				
		specific situation and should always be cleaned appropriately.			
7.10	There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.	In relation to education and childcare settings, this includes (but is not limited to): • people who cannot put on, wear, or remove a face covering because of a physical or mental illness or impairment, or disability • people for whom putting on, wearing, or removing a face covering will cause severe distress • people speaking to or aiding someone who relies on lip reading, clear sound or facial expressions to communicate • to avoid the risk of harm or injury to yourself or others • you are also permitted to remove a face covering in order to take medication.	×		
7.11	Schools should have a small contingency supply available for people who: • are struggling to access a face covering • are unable to use their face covering as it has become damp, soiled, or unsafe • have forgotten their face covering	PPE Stocks levels are managed and are kept in the site stable store room			
7.12	 When wearing a face covering, staff, visitors and children should: wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination 		Ø		
7.13	 When removing a face covering, staff, visitors and children should: wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing only handle the straps, ties, or clips not give it to someone else to use if single use, dispose of it carefully in a household waste bin and do not recycle 				



	Risk Assessment for Red Kite Lea	arning Trust		
	 once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them. if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed 			
7.14	Staff and children should consider bringing a spare face covering to wear if their face covering becomes damp during the day.		Ø	
8	Visitors, Contractors & Spread of Coronavirus			
8.1	Key contractors are made aware of the school's control measures and ways of working	Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school. Unless considered an emergency the process for contractor visits is to schedule them during low footfall periods	×	
8.2	School ensures site guidance on is explained to visitors and contractors on or before arrival	Explanation given, RA available in website and Posters Up	\boxtimes	
8.3	Contractors to provide updated risk assessment prior to visit which includes their own controls round infection spread prevention		X	
8.4	As normal, school engages with their local immunisation providers to provide immunisation programmes on site, ensuring these are delivered in keeping with the school's control measures	These programmes are essential for children's health and wellbeing	\boxtimes	
8.5	Schools are not required to use the NHS COVID Pass, unless they are holding a specific event (such as a reception, concert, or party) that meets the attendance thresholds. Where applicable, schools should follow guidance on mandatory certification for events	Under 18s are exempt from showing their COVID Status but should be counted towards attendance thresholds. You should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training.	X	
9	Inadequate Ventilation			
9.1	When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.	You should identify any poorly ventilated spaces as part of your risk assessment and take steps to	\boxtimes	

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Risk Assessment for Red Kite Learning Trust improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays. If possible, systems should be adjusted to full Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from fresh air or, if this is not possible, then systems a room. These should be adjusted to increase the ventilation rate wherever possible 9.2 should be operated as normal as long as they are \boxtimes and checked to confirm that normal operation meets current guidance and that only within a single room and supplemented by an fresh outside air is circulated. outdoor air supply. Opening external windows can improve natural ventilation, and in addition, opening You should balance the need for increased internal doors can also assist with creating a throughput of air. If necessary, external ventilation while maintaining a comfortable 9.3 \boxtimes opening doors may also be used (if they are not fire doors and where safe to do so). temperature. Co2 monitors used and monitored to detect areas of poor ventilation. Where Co2 monitor readings are consistently high for at least 1 week (1500ppm or higher) the school has either bid for air cleaning units (HEPA 9.4 filtration) or purchased units to improve ventilation. \boxtimes RP175.01 How to apply for a DfE funded air leaning unit.pdf - Google Drive No Have you consulted with the people/representatives undertaking the activity as part of the preparation of this risk assessment? Yes 🖂 High Med Low What is the level of risk for this situation **BEFORE** control measures implemented? No Is the risk adequately controlled with the existing control measures in school prior to this situation? Yes 🗆 \mathbf{X} No Have you identified any further control measures needed to control the risk and recorded them in the action plan? Yes 🛛 **ACTION PLAN** (insert additional rows if required) To be actioned by Further or altered control measures to reduce risks so far as is

Name

All

Date

reasonably practicable

Children's Medication should be individually bagged and will be

stored securely in the First Aid Room wall mounted locker (Office



	have the code). Medication that need to be refrigerated will be stored in the designated fridge located in the office kitchenette (this	
	also needs to be individually bagged)	
	Inhalers will be stored separately in a bag with their record of use,	
	these will be kept in their classroom cupboard.	
	If intimate care is needed, adults who are providing this will wear	All
ii	PPE, gloves, aprons and will wash hands after completing this care.	
	This will be given in the hygiene suite and this will be wiped down	
	with disinfectant following the care.	
	Schools to put in place a weekly feedback protocol with staff to pick	All
	up any lessons learnt, covid case numbers and any issues found	
	which need to be reviewed further.	
	Children services have resumed with access to the office and	All
	Community Room. Their Risk Assessment will be shared with	
iv	some of and chedia monade them even control areand managing	
	access, visitors, registers, distancing, infection spread and	
	prevention.	
V	PPE is available to personnel administering first aid and assisting	All
	pupils with their medication.	

State overall risk level assigned to the task AFTER implementation of control and action plan measures taken as a result of this risk assessment.	High□	Med	Low ⊠
Is such a risk level deemed to be as low as reasonably practical?		No 🗆	
Is activity still acceptable with this level of risk?	Yes 🛛	No 🗆	
If no, has this been escalated to senior leadership team?	Yes 🛛	No 🗆	



Distribution:	
Risk rating	Action
HIGH Intolerable or Substantial Risks	Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice).
MED Moderate Risks	Review/add controls (as far as reasonably practicable) & monitor.
LOW Tolerable or Trivial	Monitor control measures.