

Risk Assessment Form Version:



For further info on risk assessment see: BHCC Risk Assessment Guidance


To calculate Risk Rating (R): assess the likelihood (L) of an accident occurring against the **most likely impact (I)** the accident might have,


Task / Activity Covered by the assessment	LIVING WITH COVID: Reducing the risk of catching and spreading COVID-19			Likelihood (L)	X	Impact (I)	
Workplace	Patcham High School			Almost Impossible	1	Insignificant (minor injury, no time off)	
Date of Assessment	1 st April 2022	Date Assessment to be reviewed	Review required in accordance with National Coronavirus alert level	Unlikely	2	Minor (non-permanent injury, up to 7 days off)	
Person Completing	John McKee	Manager/ Head teacher	John McKee	Possible	3	Moderate ((injury causing more than 7 days off)	
Staff involved in assessment	John McKee, Di Bonner, Rachael Strong & School Governor (Health & Safety)			Likely	4	Major ((death or serious injury)	
				Almost Certain	5	Catastrophic (multiple deaths)	
				Low = 1 - 3	Moderate = 4-7	Significant = 8-14	High = 15-25


How to use this Risk Assessment:


- This RA is used to mitigate the risk from COVID-19 and should be used alongside any other risk assessment for the task being undertaken.
- To calculate Risk Rating (R): assess the likelihood (L) of a member of staff/others contracting COVID-19, taking into account the control measures that will be in place against the **most likely impact (I)** of contracting COVID-19 might have **L x I = R**
- This risk assessments should be completed in consultation with all relevant union colleagues not just individual unions. As a minimum this must always include Unison, the GMB and the NEU. This will ensure that all your staff who are part of a union have been fully consulted on the issues.


	What are the significant, foreseeable, hazards? (the dangers that can cause harm)	Who is at Risk?	Current control measures (What is already in place/done)	Risk Rating			What additional controls can be put in place to reduce the risk further?	Revised Risk Rating			Sign as done
				L	I	R		L	I	R	
1	School Site Site not prepared for pupils/staff	Pupils/ staff	<ul style="list-style-type: none"> Risk assessment(s) regularly reviewed in-line with PH/Government/DfE advice. Shared with staff, Governors and safety representatives. Usual building checks to ensure school safe and extra considerations (e.g. <u>Legionella</u> water checks, working hot water/heating systems, operating doors/windows, alarms) etc. School cleaned in line with <u>Cleaning in non-healthcare settings</u> Bins in classrooms/other locations. Soap and hot water and hand drying facilities – paper towels and/or (electrical hand-dryers in toilets) and classrooms. Sanitising wipes for cleaning of equipment. Hand sanitiser available in appropriate locations. Ensure good ventilation throughout by opening windows/doors etc.. Individual & frequently used equipment (ideally) not shared and/or cleaned regularly. Review on-site signage to reflect current guidance/Covid arrangements. Review and share Covid-19 and essential induction information with all staff, pupils, visitors (including contractors, peripatetic/supply staff, parents & carers). Small stock of LFD test kits held on site onsite (for distribution/use) if required. 	2	3	6	Additional daytime cleaning staff	2	3	6	
2	Communication SLT/staff not up to date with PHE/Government /DfE & LA/PH team advice/guidance	All Staff/ Pupils/ Parents/ Outside Agencies	<ul style="list-style-type: none"> SLT to read, review and share UKHSA/DfE/Government information and advice from LA/PH team ensuring all staff/governors/parents/carers are kept up to date, including: <ul style="list-style-type: none"> - Emails from Education & Skills - <u>Links to Gov.uk information</u> - <u>BEEM</u> Heads PA / designated staff member to check LA <u>website</u> daily and notify SLT. Outbreak Management Plan/Contingency Framework guidance regularly updated and shared with all staff following updated guidance from UKHSA/DfE/Government and LA. 	2	3	6	Risk assessment shared with all staff and updated as an when advice is received from the LA. Risk assessment shared with Governors. Risk assessment and protocols published on school website.	2	3	6	


3	Ventilation Lack of adequate ventilation and/or impact of ventilation on indoor temperatures	All	<ul style="list-style-type: none"> • Well ventilated/comfortable teaching environment maintained as far as possible. • Windows/internal doors opened to improve natural ventilation and assist with creating a throughput of air – windows with ‘restrictors’ to prevent full opening for other safety reasons should not be overridden. • Where natural ventilation is relied upon, windows opened ahead of the start of the working day, wherever possible and rooms purged between use/lessons if possible. • Poorly ventilated areas *identified and practical steps taken to improve fresh air flow – extra consideration when holding events/others on site. • CO2 monitors also used to identify poorly ventilated areas. Refer to further information - How to use CO2 monitors. • Where there are sustained high CO2 readings (1500ppm+) and where lengthy remedial works to introduce/improve ventilation are required - in teaching areas and staff rooms - consideration also given to use of/sourcing Air Cleaning Units. • Mechanical ventilation systems adjusted to increase the ventilation rate wherever possible and only fresh outside air is circulated - ventilation started ahead of the working day and continued after classes have finished (where possible) as cleaners and other (maintenance) staff may work in those rooms. • Where full fresh air setting is not possible, system operated as normal – as long as within a single room – and supplemented by outdoor air supply. • Fans – use of fans discouraged, as can spread contaminated air from one person onto another – and only used after considering other ventilation and heat reducing measures. Sited (e.g. under/in an open window) so drawing and pushing fresh air around a room (up in to an unoccupied space) and not directed/blowing air from one person to another. • Opening internal doors to assist with creating a throughput of air and use of DoorGuards or Mag-lock devices linked to the fire alarm system. • Fire doors NOT wedged open. • External opening doors used (as long as they are not fire doors and where safe to do so). • Rooms cleaned regularly to reduce recirculation of any virus deposited on surfaces – see CLEANING ARRANGEMENTS at 7 (below). 	2	2	4	Mechanical ventilation systems checked by contractor to confirm that 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).	2	2	4	
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4	<p>People previously identified as Clinically Extremely Vulnerable (Pre-CEV) and others considered at higher risk of serious illness from COVID-19</p> <p>Exposure to Covid-19</p>	Previously CEV staff & pupils	<ul style="list-style-type: none"> • Advised to follow medical advice and latest government guidance for <u>People previously considered CEV</u> • Pregnant women are advised to follow latest <u>Government guidance for pregnant employees</u> and <u>guidance</u> from the Royal College of Gynaecologists- [A ‘New and Expectant Mothers & Birthing Parents’ risk assessment and ‘COVID-19 Individual risk assessment’ should also be in place]. • Pre-CEV & others at higher risk attend work subject to agreed Individual Risk Assessment (RA) in place/reviewed - see also (HSE) guidance on <u>protecting vulnerable workers</u>, including advice for employers and employees on <u>how to talk about reducing risks in the workplace</u> • People previously CEV/at higher risk continue to consider additional precautions they can take. • School support/encourage vaccine take up and enable all staff who are eligible for a vaccination to attend booked vaccine appointments, where possible. • All previously CEV children and young people attend school unless they are under paediatric or other specialist care and have been advised by their GP or clinician not to attend – see also <u>Supporting pupils with medical conditions</u>. • Some people with characteristics who may be at comparatively increased risk from COVID-19 can attend school, subject to Individual RA. 	2	3	6		2	3	6	
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5	Local Outbreak	Pupils/ Staff/ Parents/ Carers etc.	<ul style="list-style-type: none"> • Aware of and follow the <u>Contingency Framework</u> and the thresholds used as an indication for when to seek public health advice if concerned. For most education and childcare settings, these include: • A higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection • Evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19 • A cluster of cases where there are concerns about the health needs of <u>vulnerable staff or students</u> within the affected group. • For special schools, alternative provision, SEND/AP units within schools and colleges, open and secure children’s homes and settings that operate with 20 or fewer children, pupils, students and staff at any one time: 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period and/or there are concerns about the health needs of vulnerable individuals within the affected group. • Settings can seek advice and support from BHCC Education & Skills and Public Health Teams. • Operational advice also available by phoning the DfE helpline (0800 046 8687, option 1). • Follow any additional local measures/restrictions put in place by the local authority (BHCC), Director of Public Health and/or local Health Protection Team (as part of their local outbreak management responsibilities). Please also see ‘Measures that settings should plan for’ on <u>Page 14</u> of the Contingency Framework. 	2	3	6		2	3	6	
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6	Inadequate health and hygiene arrangements	Staff/ children/ visitors etc.	<ul style="list-style-type: none"> • Induction/updates for all members of the school community (pupils/staff/peripatetic teachers/others) to explain the latest school/site COVID-19 RA, required controls and safety arrangements. <p>CLEANING ARRANGEMENTS:</p> <ul style="list-style-type: none"> • Appropriate cleaning regime/schedule – including regular cleaning of areas & equipment (e.g. twice per day), with particular focus on frequently touched surfaces. See UKHSA guidance: <u>Cleaning in non-healthcare settings</u> [ADD DETAIL – WHAT CLEANING AND WHERE, WHO WILL CLEAN, FREQUENCY ETC.] • Follow <u>Principles of cleaning after an individual with COVID-19 symptoms, or a confirmed case, has left the setting or area</u>. In situations where someone has symptoms of COVID-19, it is advised that you store personal waste for 72 hours as an additional precaution. • Cleaners to wear disposable gloves and aprons and if an area has been heavily contaminated such as with visible bodily fluids from a person with COVID-19, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron. • Review the use of soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts). • Encourage staff and pupils to feedback any concerns/issues regarding hygiene measures in place. • Hygienic wipes or cleaning supplies available in each classroom/office and stored securely out of reach. • Premises staff/Nviro/other [state who] ensure that appropriate cleaning resources/protective clothing is provided/replenished/worn, as required. 	2	2	4		2	2	4	
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7	Inadequate health and hygiene (continued)	HAND HYGIENE	2	2	4	Note: Supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative.	2	2	4	
		<ul style="list-style-type: none"> • Anyone entering the building should sanitise/wash their hands. • Clear instructions for visitors on where to wash/availability of hand sanitiser and dedicated toilet facilities. • Hand washing facilities and hand sanitiser available in appropriate locations and products stored securely. • Frequent and thorough hand cleaning routines now regular practice and continual reminders for all to wash/sanitise hands effectively – 20 seconds etc. • Supervised use of hand sanitiser, where required. • Anyone handling food, treating a cut/wound etc. must wash their hands before and afterwards. • Remind children not to touch their eyes, nose and mouth with unwashed hands. • Posters displayed showing effective hand washing and good hygiene advice etc. 								
		RESPIRATORY HYGIENE								
		<ul style="list-style-type: none"> • Good respiratory hygiene – “Catch it, Bin it, Kill it” approach. • Use of The e-Bug Covid-19 website for good hand/respiratory hygiene resources. • Staff and children reminded to use tissues or cover their mouth and nose with a bent elbow, when coughing or sneezing – washing/sanitising hands afterwards. • Tissues to be disposed of in lidded bins and emptied regularly/end of each day. • Support for pupils who struggle to maintain good respiratory hygiene (e.g. who spit uncontrollably or use saliva as a sensory stimulant) and the staff who work with them - reviewing individual pupil RAs and any PPE requirements. 								

8	Educational visits – transmission of the virus	Staff/ children/ providers /parents/ carers	<ul style="list-style-type: none"> • Full and thorough risk assessments undertaken in relation to all educational visits - day trips, residential, adventurous, domestic and international – by EVC/Trip Leader/Headteacher. • Risk assessments should reflect any public health advice or in-country advice of the international destination. • <u>General guidance on educational visits</u> is available and is supported by specialist advice from the <u>Outdoor Education Advisory Panel (OEAP)</u>, BHCC Outdoor Education Adviser and <u>EVOLVE</u> (BHCC’s notification and approval system for offsite visits). • For international educational visits, you should refer to the <u>Foreign, Commonwealth and Development Office travel advice</u> and the guidance on international travel before booking and travelling to make sure that the school group meet any entry and in country requirements especially in relation to vaccinations. More information can be found <u>here</u> and in the guidance on <u>health and safety on educational visits</u>. • Reference to ‘Managing Covid when going offsite’ (model RA for local adaptation) on EVOLVE. • Provider COVID arrangements verified (in addition to usual checks) as part of planning process. • New bookings (domestic or international) checked for adequate financial protection, given likely gap in Covid-19 related cancellation insurance cover. • All children and staff travelling to England must adhere to government travel advice in <u>travel to England from another country during coronavirus (COVID-19)</u>. • Government broader international travel policy checked and monitored for any international trips (as subject to sudden change). • Contingency plans in place for any sudden change to travel regulations/quarantine requirements or individual becoming unwell/Covid-symptomatic, which may temporarily prevent their return to the UK. • Communications protocol in place to update school, parents/carers etc. of any unexpected changes to visit arrangements. 	2	2	4	<p>You are advised to ensure that all 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. Independent advice on insurance cover and options can be sought from the British Insurance Brokers’ Association (BIBA) or Association of British Insurers (ABI).</p>	2	2	4	
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9	Staff Wellbeing - Staff anxiety caused by the national/local situation and risk/fear of infection.	All Staff including SLT	<ul style="list-style-type: none"> Governing bodies and school leaders promote work-life balance and wellbeing. Headteacher wellbeing monitored by Governing Body and support provided. Staff have access to BHCC wellbeing pages and school wellbeing plan. Regular staff meetings and open-door policy for staff to discuss any wellbeing concerns. Regular SLT wellbeing checks with staff. SLT to monitor who is ill/self-isolating and make regular contact – esp. with those that live alone. Regular updates and consultation with staff on changes to Covid arrangements. Regular breaks programmed in for all staff. Mental Health and Wellbeing training and support available on BEEM and on the Learning Gateway. Bereavement support and guidance available DfE additional support for both pupil and staff wellbeing in the current situation & information about the extra mental health support for pupils and teachers available. The Education Support Partnership provides a free helpline for school staff and targeted support for mental health and wellbeing. 	2	2	4	Workload and Wellbeing group to monitor staff wellbeing	2	2	4	
10	Children's wellbeing Children with Covid-19 anxieties.	Children	<ul style="list-style-type: none"> Staff monitor emotional wellbeing of children. Continue to provide opportunity for each child to share their negative and positive experiences during the pandemic. BHISS to be contacted to offer support for children who have experienced trauma/anxiety during pandemic. Bereavement Resources for Educational Settings BEEM Other LA specialist support sought where required. Wellbeing updates encouraged from home. Children's mental health and wellbeing support available. See also other useful links and sources of support on promoting and supporting mental health and wellbeing in schools. 	2	2	4	Advocates. SENCO and HOYs to support students previously shielding and those concerned with potential increase risk from Covid-19. Individual risk assessments for all students with EHCPs (SENCO).	2	2	4	
11	Nappy/pad changing, intimate care and clinical and offensive waste removal	Staff may be exposed to the virus	<ul style="list-style-type: none"> Children whose routine care already involves the use of PPE for toileting and/or intimate care continues in the same way and staff provided with same levels of PPE. Schools current toileting/intimate care procedures are followed. Clinical waste arrangements/facilities already in place. 	2	2	4		2	2	4	