

COVID-19 Risk assessment – Opening schools January 2022

The Government has asked school leaders to take to reduce the risk of transmission of coronavirus (COVID-19) in their schools. This includes public health advice endorsed by Public Health England (PHE).

The DfE expects independent schools to follow the control measures set out in this document in the same way as state-funded schools. The Guidance also covers expectations for children with special educational needs and disabilities (SEND),

The link to reviewed Guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044530/Schools_guidance_Jan_22.pdf

. Separate Guidance is available, as follows:

- Early Years: <https://www.gov.uk/government/publications/coronavirus-COVID-19-early-years-and-childcare-closures>
- Further education colleges and providers: <https://www.gov.uk/government/publications/coronavirus-COVID-19-maintaining-further-education-provision>
- SEN schools & alternative provision: <https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings>

The overall government guidance says the following:

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 27 November the temporary introduction of new measures as a result of the Omicron variant and on 8 December that Plan B, set out in the autumn and winter plan 2021,

<https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021/covid-19-response-autumn-and-winter-plan-2021> was being enacted. As a result, these measures are reflected in this guidance for schools. This advice remains subject to change as the situation develops.

COVID-19 continues to be a virus that we learn to live with and the imperative to reduce the disruption to children and young people's education remains.

Our priority is for you to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.

We have worked closely with the Department of Health and Social Care (DHSC) and the United Kingdom Health Security Agency (UKHSA) to revise this guidance.

Additional PPE for coronavirus (COVID-19) is only required in a very limited number of scenarios, for example, when:

- a pupil becomes ill with coronavirus (COVID-19) symptoms, and only then if a 2-metre distance cannot be maintained
- performing aerosol-generating procedures (AGPs) – Guidance is provided at <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education->

[childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#aerosol-generating-procedures-and-gps](#)

If contact with the child or young person is necessary, gloves, an apron and a face covering should be worn by the supervising adult. In addition, if a risk assessment determines that there is a risk of splashing to the eyes, for example, from coughing, spitting, or vomiting, then eye protection should also be worn.

PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as a very young child or a child with complex needs). More information on PPE use can be found <https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Our January 2022 operational risk assessment includes:

Control measures

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

Social Distancing and 'bubbles' – Government operational guidance:

It is no longer necessary to keep children in consistent groups ('bubbles'). As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and we no longer need to make alternative arrangements to avoid mixing at lunch.

We should make sure our contingency/outbreak management plans cover the possibility that in some local areas, it may become necessary to reintroduce 'bubbles' for a temporary period to reduce mixing between groups.

Clinically extremely vulnerable (CEV) students

All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

Engage with the NHS Test and Trace process:

Tracing close contacts and isolation

Close contacts in schools are now identified by NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.

As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of

the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

From 14 December 2021, 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 strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:

- 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

Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.

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. For further information please see SEND guidance. [Special schools and other specialist settings: coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](#)

Further information is available in NHS Test and Trace: what to do if you are contacted and in the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection

18-year-olds are 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.

ALP Schools 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 (see Stepping measures up and down section for more information [Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](#) 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.

Face coverings

Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19.

Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, we recommend 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. This is a temporary measure.

From January 4th, we also recommend that in those schools where pupils in year 7 and above are educated, face coverings should be worn in classrooms. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. This will also be a temporary measure.

Pupils in these schools must also wear a face covering when travelling on public transport and should wear it on dedicated transport to and from school. Or as part of transport arrangements during school time.

Students wearing face coverings is recommended but not compulsory and SEN needs should be considered.

We would not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although settings should be sensitive to the needs of individual teachers.

In our primary schools, we recommend 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.

See Circumstances where people are not able to wear face coverings for exceptions to this.

Face coverings do not need to be worn when outdoors.

Schools, as employers, have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff. They also have a duty to make reasonable adjustments for disabled pupils, to support them to access education successfully. No pupil should be denied education on the grounds that they are not wearing a face covering.

Transparent face coverings

Transparent face coverings can be worn to assist communication with someone who relies on:

- lip reading
- clear sound
- 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.

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.

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 specific situation and should always be cleaned appropriately.

Circumstances where people are not able to wear face coverings

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 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 providing assistance to 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

Access to face coverings

Due to the use of face coverings in wider society, staff and pupils are already likely to have access to face coverings. WE 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

Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Safe wearing and removal of face coverings

We should provide guidance on how to wear and remove face masks correctly particularly those with SEND.

When wearing a face covering, staff, visitors and pupils 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

When removing a face covering, staff, visitors and pupils 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
- 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 10
- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

Separate guidance is also available on preventing and controlling infection, including the use of personal protective equipment (PPE), in education, childcare and children's social care settings.

Stepping measures up and down

We have contingency plans outlining what we will do if children, pupils, students or staff test positive for COVID-19, or how we will operate if we are advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.

Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

It makes sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the contingency framework. <https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings>

The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DrPH) and UKHSA health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

Control measures

We should:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Outbreak management plan

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The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.

Travel and quarantine

Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to travel legislation (<https://www.legislation.gov.uk/ukxi/2021/582/contents>), details of which are set out in government travel advice (<https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england>).

Boarding school pupils who are ordinarily resident in the UK, including those who are unaccompanied and who are attending boarding schools on a child student visa or student visa, who have travelled from or through amber list countries (and have not been in a red country in the previous 10 clear days), are exempt from the requirements to quarantine and take a day 8 test.

Those aged 11 to 17 need proof of a negative PCR COVID-19 test (<https://www.gov.uk/guidance/coronavirus-COVID-19-testing-for-people-travelling-to-england>) to travel to England (children aged 10 and under are exempt from this), and those aged 5 to 17 must take a COVID-19 travel test on or before day 2. More information is provided in the Government's quarantine and testing guidance (<https://www.gov.uk/guidance/how-to-quarantine-when-you-arrive-in-england>).

Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools.

Staff, secondary and post-16 school pupils should continue to test twice weekly at home or in school, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.

Our schools should also 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.

Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.

Further information on Daily Rapid Testing can be found in the Tracing close contacts and isolation section. 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

Confirmatory PCR tests

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. They will also need to get a free PCR test to check if they have COVID-19. Whilst awaiting the PCR result, the individual should continue self-isolating. If the PCR test is taken within 2 days of the positive lateral flow test and is negative, it overrides the self-test LFD test, and the pupil can return to school as long as the individual doesn't have COVID-19 symptoms.

Consulting and sharing Coronavirus (COVID-19) risk assessment

We will ensure that key contractors are aware of the school's control measures and ways of working.

All staff will be emailed this risk assessment and it will be published on the school website.

Health and Safety Risk Assessment – Opening January 2022 Schools – COVID-19

Academy / School	ALP Schools, including ALP Nuneaton, ALP Leicester, Pierview Academy and Parkview Academy			Assessment No.	14
Site	All	Location	Nuneaton, Leicester, Gravesend, Welling		
Subject of Assessment	<p>Schools operating from January 2022 - preventing the spread of Coronavirus</p> <p>This risk assessment applies to all ALP schools and takes into account primary aged children from 6 years old to young adults of up to 25. Schools should apply the relevant sections.</p>				
Assessed by	David Cowell	Date	January 2022	Review date	in line with government changes
Details of workplace/activity	<p>Students and employees partaking in school activities within the school premises, including general classroom activities, dining, break-times, playgrounds, pick-up and drop off (where applicable), First aid and external visitors to the school.</p>			Persons Affected <i>(Who may be harmed)</i>	
				Students, Employees, Volunteers, Contractors and Visitors.	

Hazards and Risks		Existing Control Measures	Risk Level <i>(Very High, High, Medium, Low)</i>	Further Actions √/X <i>(If √ See Actions)</i>
1.	<p>Spread/contraction of COVID-19 due to interaction with a person who has symptoms of the disease, a person who may be asymptomatic or lack of information on how infection risks are controlled in the school.</p> <p>Stress or anxiety caused due to lack of support, information or staff consultation.</p>	<ul style="list-style-type: none"> Where they are willing and able in accordance to their SEND, pupils in year 7 and above should temporarily use face coverings in classrooms (Until 26/01/2022 when Plan B will be reviewed). Face covering should not be used when these would negatively impact the ability to take part in an activity. Teachers are not required to wear a face-covering in the classroom if they are at the front of the class. 	Medium	X

	<p>Those who are clinically extremely vulnerable becoming ill.</p>	<p>Schools should assess the individual needs of every teacher.</p> <ul style="list-style-type: none"> • Face coverings should be worn outside of classrooms, e.g., in communal areas in all settings by staff, visitors and pupils and students in year 7 and above, unless they are exempt. • Parents of SEN students or those with care plans are individually consulted in order that plans are reviewed to include any new safety measures; • Staff are briefed and consulted on school procedures and the plans for re-entry of students in the autumn term; • Employees have had sufficient training and briefing regarding infection control and school protocols; • Staff are up to date on other related Guidance and support in relation to themselves and students such as stress and wellbeing, including: <ul style="list-style-type: none"> - https://www.nhs.uk/every-mind-matters/ - https://www.gov.uk/guidance/covid-19-corona-virus-restrictions-what-you-can-and-cannot-do <p>In relation to mental health and stress support organisation, details are available to staff including confidential employee helplines and information that can be provided to students;</p> <ul style="list-style-type: none"> • Staff can access the free helpline Education Support Partnership for school staff and targeted support for mental health and wellbeing • There are communication, consultation and support networks in place for staff and if there are particular concerns staff can raise them quickly and effectively; • Hazard reporting mechanisms are in place and are easily accessible; • Talks with staff about the planned changes (E.g. safety measures) have taken place, • COVID-19 guidelines are published on the school's website • Staff who work from home will be provided with suitable training to ensure appropriate equipment, workstation set up and working arrangements are in 		
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		<p>place. Homeworking training available from the Judicium e-learning portal has been completed</p> <ul style="list-style-type: none"> • The school will try as far as practically possible to be flexible and accommodate additional measures for vulnerable people where appropriate • Specific risk assessments for new and expectant mothers are completed in line with current Government Guidance. • An ongoing review will be carried out for expectant mothers from 28 weeks gestation and for new or expectant mothers with underlying health conditions to identify reasonable adjustments and home working arrangements when required <p>Communication with contractors:</p> <ul style="list-style-type: none"> • The school has detailed discussions with contractors to ensure all of the school's COVID-19 controls measures are understood and followed. This includes hygiene measures. • Where possible, site visits are made outside of school working hours. • A record of all contractors/visitors is kept in order that NHS Test and Trace measures can be adhered to. 		
2.	Spread/contraction of COVID-19 due to lack of good ventilation.	<p>Good ventilation will be maintained at all times. This is achieved by:</p> <ul style="list-style-type: none"> • Identifying poorly ventilated areas and improving the flow of fresh air by opening external doors and windows (not internal fire doors); • Ensuring mechanical ventilation draws in fresh air or extract air from a room (rather than circulated old air) • Adjusting systems to increase the ventilation rate and switching to full fresh air where possible 	Medium	√

3.	<p>Spread/contraction of COVID-19 due to lack of hand-washing and general poor hygiene.</p>	<ul style="list-style-type: none"> • Hand washing is completed on entrance to the school or class and between specific activities • Staff and parents are encouraged to use education resources such as e-bug and PHE school's resources; • Hand washing or sanitising stations are positioned at each student, staff and visitor entrance to the school; • All those entering the school are required to wash/sanitise their hands; • Hand washing stations are located on each floor and on entry to the dining hall/kitchen; • Hand washing sinks are located within each toilet provision; • Signage is located adjacent to each wash station or sink reminding occupants to wash their hands and how to do it effectively; • Students and staff have been shown how to wash hands properly; • Help is available for children and young people who have trouble cleaning their hands independently; • Hand washing is recommended frequently and required at the following times: <ul style="list-style-type: none"> ➤ Entry and exit from the school; ➤ After using the toilet; ➤ When returning from breaks ➤ On entry to the dining hall; ➤ Before and after eating; ➤ On entry and exit from each classroom. • Unnecessary touching of the face is discouraged. • Teachers will remind students to use tissues and bin them once used. If tissues are not readily available exactly when needed occupants are reminded to cough or sneeze into their arm, 'catch it, bin it, kill it'; • Toilets and wash stations have single-use paper towel for drying hands. • Control of Infection training will be available to staff, e-learning modules are available from the Judicium portal 	Low	X
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4.	Spread/contraction of COVID-19 due to lack of adequate cleaning measures.	<ul style="list-style-type: none"> • The school has implemented additional cleaning regimes. This includes the following: <ul style="list-style-type: none"> ➤ Frequent cleaning of classrooms, Toilets, common areas and dining halls; - with all staff contributing and using disposable anti bacteria wipes and/or suitable spray with disposable cloths ➤ Frequent cleaning of all touched surfaces, such as door handles, handrails, table tops, play equipment and toys. • Classrooms will be cleaned before or after school; • Toilets will be cleaned before or after school • Common areas will be cleaned once a day; • Equipment used by the students and staff will be suitably cleaned at the end of each day or before it is used by another person. It is the responsibility of staff members to complete this task 	Low	X
5.	<p>Spread/contraction of COVID-19 due to insufficient First aid measures or poor arrangements when handling student's medication. This includes:</p> <ul style="list-style-type: none"> • Dealing with general First aid; • Lack of trained first aiders; • Dealing with a suspected case of COVID-19; • Inappropriate handling/removal of clinical waste • Aerosol Generating Procedures (AGP) 	<ul style="list-style-type: none"> • A specific First Aid (FA) needs assessment has been completed – see other 'First Aid Needs assessment – COVID-19; • The FA assessment takes into account numbers and ages of students, number and training of employees; • This information forms the decision on what activities and groups can safely be managed within the school; • This includes sufficient first aiders for the school to the number of students with a particular focus on early years provision; • Qualified first aiders are in place at an appropriate ratio for paediatric first aiders for Early Years provision; • Where an individual exhibits symptom(s) during the school day, the individual will be escorted to the named Isolation Room/Area to isolate them from the main population until additional medical assistance can be gained. This may be 111 support, an ambulance or until they leave the site to self-isolate; • The door to the isolation room will be closed (where possible). 	Low	X

- Staff escorting the individual will be provided with disposable gloves and apron if the 2-metre social distancing rule cannot be maintained
Where the risk of contact with droplets to the face, e.g., from coughing or vomiting, face protection should be provided
- Staff or contractors carrying out the area clean should be provided with a minimum of disposable gloves, aprons, mop heads or paper towels.
- Where visible contamination, e.g. saliva droplets, is present face protection in the form of mask, goggles or face shield will be provided.
- All building users advised re monitoring their own health, reporting symptoms and self-isolating
- Where available, the school will provide individuals displaying symptoms with a home testing kit – where the individual is a pupil, the kit will be provided to their parent or carer
- First aiders required to assist this person will wear full PPE including, apron, gloves, mask and visor;
- First aiders have completed appropriate training for 'donning and doffing' PPE;
- First aiders have completed appropriate training for 'donning and doffing' PPE – PHE guidance: <https://www.gov.uk/government/publications/COVID-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- PPE is disposed of in accordance with NHS COVID-19 waste management guidance; [principles of cleaning after a case has left the setting or area.](#)
- The first aid room is cleaned frequently and after each use (when first aid care has been provided).
- Staff dispensing medication to students should minimise contact and their wash hands before and after dispensing the medication. If required, gloves will be worn by staff when giving medication
- Where appropriate, students should take the medication out of the blister packs/bottles then place the unused ones back in the cupboard, etc.

		<p>Waste disposal measures</p> <p>Waste control measures from possible cases of COVID-19 and cleaning of areas where possible cases have been identified (including disposable cloths and tissues) are as follows:</p> <ul style="list-style-type: none"> • Put in a plastic rubbish bag and tied when full; • The plastic bag is placed in a second bin bag and tied; • It is put in a suitable and secure place and marked for storage until the individual's test results are known; • Waste is stored safely and kept away from children; • Waste is not put in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours; • If the individual tests negative, this can be put in with the normal waste; • If the individual tests positive, then waste is stored for at least 72 hours and then put in with the normal waste; • If storage for at least 72 hours is not appropriate, a collection as a Category B infectious waste is arranged by either local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for waste bags can be sent for appropriate treatment. 		
6.	Lack of staffing / insufficient staff ratios	<ul style="list-style-type: none"> • Adequate ratio of staff to children will be maintained and is assessed on a daily basis, based on potential staff illness or self-isolation; • Children are suitably supervised at all times. 	Low	X
7.	Lack of suitable premises management	<ul style="list-style-type: none"> • Premises staff levels are maintained and suitable for the use of the building; • Appropriate cleaning and premises staffing levels are in place; • Waste removal and enhanced cleaning programs are in place for the potential coronavirus contaminated waste; 	Low	X

		<ul style="list-style-type: none"> Contingency in place for sudden premises staff absence; Good ventilation can help reduce the risk of spreading coronavirus, where possible windows and doors (unless fire doors) will be opened to improve general ventilation through fresh air; when this is not possible, the Premises Manager will look at improving mechanical systems. 		
8.	Hazardous substances management, unsuitable COSHH management and unsafe use of chemicals leading to ill-health, environmental contamination or fire.	<ul style="list-style-type: none"> Suitable storage and management of flammable hand sanitiser is in place; All chemicals used for the cleaning of school buildings and equipment is COSHH assessed and managed appropriately; Safety data sheets are held for all chemicals and readily available to all staff; All cleaning chemicals are stored safely and securely in accordance with requirements; COSHH safety training has been completed by all those using chemicals for cleaning; COSHH e-learning training is available from the Judicium portal Appropriate PPE is available for all cleaning, including suitable PPE for cleaning of potential coronavirus contaminated rooms or equipment. 	Low	X
9.	Transmission of COVID-19 via food preparation, handling, storage, contact surfaces or packaging.	<ul style="list-style-type: none"> The people in each school responsible for the Kitchen and catering have reviewed and implemented the Guidance for food businesses on coronavirus (COVID-19) The Kitchen/Catering Manager has reviewed and implemented FSA guidance on good hygiene practices in food preparation and PHE guidance The HACCP processes and waste disposal arrangements have been reviewed to reduce the spread of coronavirus 	Low	X
10.	Spread/contraction of COVID-19 during an educational visit.	<ul style="list-style-type: none"> Domestic local, residential and international education visits can take place with appropriate planning in line with the Educational Visits Policy. 	Low	X

		<ul style="list-style-type: none"> The school will liaise with the visit provider and the insurance provider to assess the protection available and ensure the safety and wellbeing of staff and students All visits will be conducted in line with relevant COVID-19 Guidance and regulations in place at the time. A risk assessment – in line with the school’s policy will be carried out for all educational visits. 		
11.	Spread/contraction of COVID-19 from students arriving from abroad.	<ul style="list-style-type: none"> Where possible, remote education is provided to pupils who are abroad and are facing challenges to return due to travel restrictions. The school liaises with the parent/guardian of students travelling from abroad to ensure all the guidance requirements have been met https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england All children and staff travelling to England must adhere to government travel advice in travel to England from another country during coronavirus (COVID-19). Parents travelling abroad should bear in mind the impact on their child’s education which may result from any requirement to quarantine or isolate upon return. Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. 	Low	X
12.	Students’ stress, anxiety or poor behaviour due to the ongoing changes and challenges caused by the pandemic.	<ul style="list-style-type: none"> The school is utilising all the advice and resources available on the Pupil wellbeing and support section of the DfE guidance Schools coronavirus (COVID-19) operational Guidance School Behaviour leads are providing regular advice and guidance to staff 	Low	X

Please note:

The hazards and controls noted above are an example of those that may be present when completing such a task. This assessment template is an example only and should either be used as a reference only or amended to reflect the actual hazards and controls identified on-site by the assessor.

Following assessment, if no further actions are assessed to be required, please mark an **X** in the "Further Actions" box. If, however additional controls or actions are assessed to be required please place an **√** in the box and note the action in the action plan.

ACTION PLAN (Additional Control Measures Required/Recommended Actions)				
Hazards and Risks	Recommended Actions	Target Date	Completed by	Date Completed
Ventilation	There are some areas of our school in Pierview, Parkview and Leicester where ventilation is a problem and could be improved or areas are closed off. This is being looked at in each school	TBC		

Any further actions identified should be completed before the assessed task is carried out.

Reviewed / Approved By	David Cowell	Job Title	Managing Director	Date	5/1/22
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By signing this risk assessment, I confirm the assessment has been shared / made available to all relevant staff to review. All staff have been asked to confirm they have read and understood the control measures.

Appendix – Assess the Level of Risk

In this risk assessment the level of risk is expressed qualitatively as **Low, Medium, High or Very High**. Underlying these descriptors of risk is a probabilistic model which factors the **likelihood** of an accident or event against the **severity** of harm that may occur. The **risk rating**, calculated as **likelihood x severity**, maps into the qualitative terms used as follows:

		Severity			
		Minor Injury	Reportable Injury	Serious Injury	Critical
Likelihood	Unlikely	Low	Low	Low	Medium
	Possible	Low	Medium	High	High
	Probable	Medium	High	High	Very High

Reportable Injury is an important threshold and refers to UK legislation in this respect, often referred to as **RIDDOR**. A reportable injury or occurrence includes:

- major injuries as defined in RIDDOR,
- accidents that resulted in more than 7 days off work,
- an injury to a member of the public, a customer or visitor, or a school pupil or student, that required hospital treatment.

(See <https://www.hse.gov.uk/pubns/edis1.pdf> for more information on RIDDOR).