

| Purpose of risk as during the corona | sessment: School operation virus pandemic | Who might be affected: Pupils, staff, visitors | Date of risk assessment: March 2022 |
|---|--|---|---|
| How might people Most people a vulnerable per The list of who The risks to ch occupations. T Transmission All staff have | e be harmed: are at risk from infection (staff, cl rsons. b is currently vulnerable includes: aildren of becoming severely ill fr the majority of cases lead to mild n is via person to person spread a had the option to take the Covid | hildren, visitors, etc.). The possible implications from the elderly; those with chronic underlying health co om COVID19 is low. Based on ONS data, the risks to symptoms (persistent coughing, temperature, loss s airborne droplets and also via surfaces contamina I 19 vaccination; however, despite being vaccinated there is insufficient evidence to indicate that the va | onditions; pregnant women. o education staff are similar to those for most othe of taste/smell). The disease, however, can be fata ted with the virus. d, all staff or visitors should ensure they follow th |
| contror measu | res outimed in this document, as | Control Measures to be applied | accination prevents the spread of Covid 13. |
| Government Advice | The latest updates include Education and Childcare set Risk assessments are treat effectiveness of the control Members of staff, pupils, a to the site by posters disp messages or the website. normal sense of taste or sr Visitor protocols are emaile CEV individuals are no lor national restrictions. Indivi- previously had a risk assess All CEV pupils should atten care and have been advise Pregnant women are consi- have an individual risk asses and from their Midwife. | eviewed regularly to ensure the latest available infor e: Schools COVID-19 operational guidance (DfE Fe ettings (DfE February 2022) ed as 'living documents' and regularly reviewed by ols to ensure they are working as planned and visitors to the school are reminded of the sympt layed at site entrances and by regular communicat These symptoms include a new, continuous cough | ebruary 2022) and the Contingency Framework for the school; the senior leadership team monitor the coms of coronavirus (COVID-19) at the point of entri- ion with parents/carers via: newsletters, Class Doj n or high temperature, or a loss of, or a change in the rules in place for everyone under the currer any member of staff who requests one. If you have it is updated. number of pupils under paediatric or other specialis cally extremely vulnerable" to COVID-19 and should |

| Educational visits may resume, but these must be conducted in line with covid-19 guidance and regulations. Covid-19 is to be considered in visit risk assessments. | |
|---|--|
| All staff have regard to all relevant guidance and legislation including, but not limited to: | |
| The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) | |
| The Health Protection (Notification) Regulations (2010) | |
| Health protection in schools and other childcare facilities (Public Health England, 2017) – updated March 2021 | |
| COVID-19: guidance for educational settings (DfE and Public Health England, 2020) – updated December 2021 • The school keeps up-to-date with advice issued by – but not limited to – the following: | |
| Department for Education, NHS, Department of Health and Social Care, Public Health England and the Lincolnshire Health Protection Team | |
| Staff and governors are emailed a copy of the school's revised Risk Assessment and any changes to arrangements; there are opportunities to seek clarification at phase meetings and staff meetings | |
| Parents are made aware of the revised Risk Assessment through Class Dojo and arrangements and any updates via Class Dojo and the school website | |
| The Covid-19 contingency plan will be implemented once cases have net the threshold set by the Lincolnshire Health Protection Team. | |
| Pupils are made aware of the school's infection control procedures in relation to coronavirus in a child friendly way. For example they are taught about hand/respiratory hygiene and informed that they must tell a member of staff if they begin to feel unwell. | |
| Hand hygiene | |
| Frequent and thorough hand cleaning is in place for all children: wash before school, sanitise before and after break, wash before | |
| lunch and sanitise after lunch, wash before home time. Staff should continue to ensure that pupils clean their hands regularly. Staff are encouraged to wash/sanitise hands before and after school, as well as at any other relevant times Visitors are asked to sanitise hands on entry/exit. | |
| Temperatures will only need to be checked if a child presents as being unwell. If a child has a temperature higher than 38 degrees Celsius, they should be sent home. | |
| | |

| | Respiratory hygiene |
|---|--|
| | The 'catch it, bin it, kill it' approach continues to be promoted throughout the school; posters on all classroom doors, website videos and back to school reminders |
| | Pedal bins continue to be available for tissue disposal, along with sanitiser in all classrooms In primary schools, it is recommended 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. Use of personal protective equipment (PPE) |
| | Most staff in schools will not require PPE beyond what they would normally need for their work. Face masks, gloves, aprons and standard cleaning equipment is available in all classrooms if required. |
| | Staff are still expected to wear face masks, aprons, gloves when supervising a child who has tested positive or is displaying symptoms. |
| Maintain appropriate | Maintain an appropriate cleaning schedule; this should include regular cleaning of areas and equipment with frequently touched surfaces. |
| cleaning regimes, using standard products such as | Areas of high use such as door handles and toilets will continue to be cleaned twice a day – early morning and the end of day PHE has published guidance on the cleaning of non-healthcare settings https://www.gov.uk/government/publications/covid-19decontamination-in-non-healthcare-settings |
| detergents | Children will continue to have their own pencil cases with equipment. The school can provide if required. Other resources can be shared; cleaning or de-contamination should be used at the discretion of the teacher. For example, resources used by younger children or for prolonged periods may need more frequent cleaning |
| Keep occupied spaces well ventilated | When the school is in operation, it will be well ventilated with a comfortable teaching environment Poorly ventilated spaces will be identified and steps will be taken to improve fresh air flow in these areas; opening windows and doors, limiting occupancy. |
| | Particular consideration will be given when holding events where visitors such as parents are on site. Windows and doors are kept open where possible and safe to do so - all staff should be responsible for opening and closing the windows in their areas |
| | Teacher should continue to exploit outdoor learning opportunities Large spaces used such as the hall should also be well ventilated if in use |

| | The school will use any devices supplied by the government to support ventilation and air flow in the school if the opportunity arises CO2 monitors have been provided by the Government and have been placed in various locations around the school; mainly in the classrooms. These will be used by teachers to quickly identify where ventilation needs to be improved |
|--|--|
| Follow public | When an individual develops COVID-19 symptoms or has a positive test |
| health advice on testing, self- isolation and managing confirmed cases | Pupils, staff and other adults should follow public health advice on https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/. Children, staff and other adults with Covid-19 symptoms should not come to school If a test is positive the children/staff must continue to isolate for the remaining 5 days. The self-isolation period includes the day symptoms started (or the day the test was taken if there are no symptoms) and the next 5 full days. |
| of COVID-19 | If self-isolation ends on day 6, it is important that steps are taken to reduce the chance of passing COVID-19 to others. |
| | If a child develops symptoms during the school day (new continuous cough, high temperature or loss/change of smell/taste), parents will be contacted for immediate collection. In this situation, children will continue to be kept in a place in the school where they can be safely isolated and the area needs to be thoroughly disinfected after use. |
| | Staff supporting the symptomatic child do not need to go home to self-isolate, unless they develop symptoms themselves If a staff member develops symptoms during the course of a day, they should leave school immediately |
| | For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of the family or household. |
| | Children who are isolating will resume remote learning and have access to FSM and technology if required. This will be actioned by the school admin team. |
| | Pupils and staff should return to school as soon as isolation rules allow. |
| Attendance | School attendance is mandatory for all pupils of compulsory school age and it is priority to ensure that as many children as possible regularly attend school. |
| | Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by UKHSA or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness). |

| | • | For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to |
|--|---|--|
| | | exceptional circumstances) will apply. Further guidance about the use of codes is provided in the school attendance guidance. |
| | | |

| Admitting children/staff into school | 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, the school will refuse, if in reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. |
|--|---|
| | Any decision will be carefully considered in light of all the circumstances and current public health advice. |
| Visitors to school | |
| | Where possible meetings should continue remotely, however meetings can take place on the school site if it is more appropriate to do so; the person in charge of the meeting should ensure that the relevant safety measures are adhered to including appropriate social distancing and handwashing |
| | Parents will be encouraged to communicate with the school by Class Dojo, phone or email. |
| | Contractors should ensure they adhere to the visitor protocol; the site agent will resolve any issues with contractors Small deliveries will continue to be left in the foyer for collection by the admin team. |
| Pupil Wellbeing and Support | 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 GP or clinician not to attend. |
| | PSHE provision will be a significant part of school development in 2021-22, so wider curriculum opportunities should also be exploited |
| | Children raising a concern can be raised with the phase leader or HoS. |
| | Safeguarding concerns must be reported immediately to the DSL/DDSL. |
| First Aid | Usual First Aid procedures will be followed as far as possible. |
| | The first aider must take appropriate precautions and complete the accident book as soon as possible after administering first aid |
| | |

In a high risk or emergency situation, one first aider should respond to the patient as safely as possible, avoiding any risk, while another member of staff returns with PPE/first aid resources to take over the first aid. Where appropriate 999 or 111 may need to be called. In the event that there was any contact between the patient and first aider, strict handwashing protocols must be followed by both parties as soon as possible after the event.

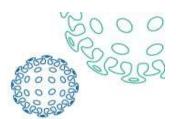
| | The first aid guidance by St John's Ambulance on administering CPR to children has been revised; rescue breaths must still be performed, as cardiac arrest in children is likely to be caused by a respiratory problem and chest pumps alone may not suffice. If a child is unresponsive and not breathing normally, call 999 or 112 for emergency help and start CPR straight away. First Aiders must be meticulous in disinfecting all areas and surfaces that have been used when they have completed any First Aid. (This includes door handles) The First Aider will look after the child until any First Aid is complete. |
|-----------------|--|
| Staff Wellbeing | There are currently no groups of staff who should be shielding, but some staff may choose to take additional precautions to protect themselves; individual risk assessments are available for staff if required – please speak to a member of SLT if this is something you would like. Staff are supported to have the vaccine and can request the appropriate leave The federation has Mental Health First Aiders available to all staff The federation has a health protection scheme with counselling services available alongside LCC School Employees Counselling Service Wellbeing is now addressed at all governor meetings and discussed at staff meetings. |
| The School Day | Please note that whilst the updated guidance states that it is no longer expected to keep children in consistent group bubbles; assemblies can resume and arrangements for staggered start/ finishes and lunch are not needed, schools can re-introduce bubbles and other restrictions for a temporary period if they face an outbreak; several cases over a period of 10 days. Curriculum & Classroom Organisation A full curriculum has been delivered from September 2021. Tables and chairs no longer need to be front facing; classrooms can return to traditional layouts - to monitor the spread of Covid19 within classrooms if need be and single facing if contingency measures are applied in KS1 and KS2. |
| | Windows will continue to be opened for increased ventilation and closed at the end of the day (teachers are responsible for classrooms and the site agent is responsible for communal areas). Children will continue to have their own equipment (Named pencil cases), but there will be less restrictions on movement around the classroom. |
| | Trips and visitors must still be discussed with SLT to avoid late cancellations and appropriate safety measures. Tuition support is taking place for various year groups. For state-funded schools, it is intended that Ofsted will return to a full programme of routine inspections from September 202. |

and will aim to inspect every state-funded school within the next 5 academic years.

| Outbreak Management | Settings may be required to take extra action if the number of positive cases substantially increases. This is because it could indicate transmission is happening in the setting. | | |
|------------------------|--|--|--|
| | Who to contact: | | |
| | The designated member of SLT will seek advice from the Lincolnshire Health Protection Team (see Covid-19 Contingency Plan | | |
| | All settings should seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. They can do this by phoning the DfE helpline (0800 046 8687, option 1), or in line with other local arrangements outlined above. Hospitalisation could indicate increased severity of illness or a new variant of concern. Settings may be offered public health support in managing risk assessments and communicating with staff and parents | | |
| | When the above thresholds are reached, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. They should also consider the following: | | |
| | Whether any activities could take place outdoors including assemblies or classes | | |
| | • Further ways to increase ventilation indoors where this does not impact on thermal comfort • One off | | |
| | enhanced cleaning focusing on touchpoints and any shared equipment | | |
| | 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. | | |
| | Testing | | |
| | If infections increase and thresholds are met, there may need to be an increased use of testing by staff and families. This could include advice on more frequent testing for staff, or on the recommendation to use asymptomatic test sites. | | |
| | Face Coverings | | |
| | Face coverings may be worn by staff and adults (including visitors) when moving around in corridors and communal areas. | | |
| | Children of primary school age and Early Years children should not be advised to wear face coverings. Any guidance should allow for reasonable exemptions for their use. | | |
| | In all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission. | | |
| | Shielding | | |
| | Shielding is currently paused. In the event of a major outbreak or VoC (Variants of concern) that poses a significant risk to individua on the shielded patient list (SPL), ministers can agree to reintroduce shielding. | | |
| | Shielding would be considered in addition to other measures to address the residual risk to people on the SPL, once the wide interventions are considered. Shielding can only be reintroduced by national government. | | |

Public Health England

Advice on the coronavirus for places of education



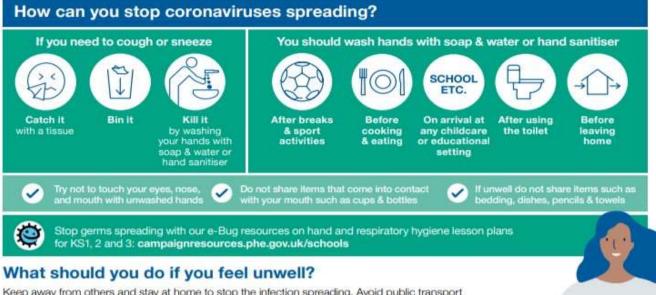
How serious is the coronavirus?

- it can cause flu-like symptoms, including fever, cough & difficulty breathing
- the infection is not serious for most people, including children
- there is currently no vaccine
- most people get better with enough rest, water to drink and medicine for pain

How likely are you to catch the virus?

- you can only catch it if you have been close to a person who has the virus
- the chance of being in contact with the virus is currently low in the UK
- if you have travelled to areas where many people are infected, your chance of catching the virus is higher, i.e. China and any affected areas

If there is an emergency, call 999 immediately



Keep away from others and stay at home to stop the infection spreading. Avoid public transport if you think you have symptoms of coronavirus. If you become unwell at a place of education, tell a member of staff and let them know if you have travelled to any other countries in the last 14 days. If your staff member or parent thinks you have symptoms of coronavirus, they should call **NHS 111** for advice. Follow the UK Government advice for childcare or educational settings gov.uk/government/publications/guidance-to-educational-settings-about-covid-19.

Parents can visit NHS.UK to find out more information. Teachers and support staff should follow the UK Government advice.

Staff, students and pupils who have returned from Iran, specific lockdown areas in northern Italy, special care zones in South Korea or Hubei province China (returned in the past 14 days) should self isolate, and NOT attend education or work for 14 days. See **NHS.UK** for advice on coronavirus.

© Crown copyright 2020. Public Health England gateway number: 2019257.

