




Document ref. no:

Risk Assessment Form

Description of the task/activity:	Covid-19 DfE Schools COVID-19 operational guidance Updated 27th August 2021 Contingency framework updated August 2021 Central Services and school based administrative and premises staff. School visitors and contractors	Location:	Beal High School Campus
Name of person(s) completing assessment:	Phil Bray	Job title(s):	Co-Headteacher for and on behalf of the Trust Executive
Local reference no:	n/a	Risk Register No:	n/a
Date of this assessment:	27th September 2021	Date of signing:	27th September 2021
Date of next Review:	Review required if there is a significant change or Government guidance changes.	Signed by (Department Manager):	

What is the hazard?	Who/what could be harmed and how?	Initial Risk Rating (H/M/L)	What effective control measures are currently in place?	Residual Risk Rating (H/M/L)	Are additional controls required (Yes/No)
Being infected by the Coronavirus	Staff, students and visitors		Overview The government continues to manage the risk of serious illness from the spread of the virus. The Government has now moved	4	

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			<p>away from stringent restrictions on everyone’s day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people’s education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses. The priority is 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.</p> <p><u>Mixing and ‘bubbles’</u></p> <p>It is no longer necessary to keep children in consistent bubbles. Assemblies can resume and mixing does not need to be avoided at lunch and break time.</p> <p><u>Tracing close contacts and isolation</u></p> <p>Close contacts will now be identified via NHS Test and Trace.</p> <p>School based contact tracing may be required if a suggested DfE threshold of ‘five pupils or staff likely to have mixed closely test positive for COVID within a 10-day period’. In general, the trigger for pupils will be five cases within any of the following:</p> <ul style="list-style-type: none"> • a form group or subject class • a friendship group mixing at breaktimes • a sports team • a group in an after-school activity within a 10-day period. 		
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			<p>We will continue to ask parents/carers to report positive COVID cases to the school.</p> <p>Individuals are not required to self-isolate if they live in the same household as someone with COVID-19 or are a close contact of someone with COVID-19 and if any of the following apply:</p> <ul style="list-style-type: none">• They are fully vaccinated• They are below the age of 18 years and 6 months• They have taken part in or are currently part of an approved COVID-19 vaccine trail• They are not able to get vaccinated for medical reasons <p>Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all staff and students to take a PCR test if advised to do so.</p> <p>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. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.</p> <p>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.</p>		
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			<p>We 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 school (see Stepping measures up and down section for more information) or if central government offers the area an enhanced response package, a director of public health might advise the school to temporarily reintroduce some control measures.</p> <p><u>Face coverings</u></p> <p>Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas.</p> <p>The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.</p> <p>Staff and students can continue to wear face coverings if they wish</p> <p><u>In circumstances where face coverings are recommended</u></p> <p>If we have a substantial increase in the number of positive cases, a director of public health might advise us that face coverings should temporarily be worn in communal areas or classrooms (by pupils staff and visitors, unless exempt). Our outbreak management plans will cover this possibility.</p> <p>In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading,</p>		
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			<p>clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. 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.</p> <p>The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this 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.</p> <p>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. The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p> <p>No student will be denied education on the grounds of whether they are, or are not, wearing a face covering.</p>		
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	<p>Staff in pupil or public-facing roles</p> <p>Risk from environmental exposure, exposure to persons, transmission from touching contaminated objects</p>		<p><u>Stepping measures up and down</u></p> <p>The school will have a contingency/outbreak management plan outlining how we would operate if there were an outbreak in the school or local area.</p> <p>We will consider taking extra action if the number of positive cases substantially increases as per the contingency framework and our contingency/outbreak management plan.</p> <p>The Local Authority, Director of public health and PHE health protection teams will recommend measures as appropriate and as described in the contingency framework.</p> <p><u>Control Measures</u></p> <p>We will:</p> <ol style="list-style-type: none">1. Ensure good hygiene for all <p>Students and staff will be encouraged to regularly wash their hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered.</p> <p>We will continue to encourage staff and students to maintain good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.</p> <p>Use of personal PPE – most staff in school will not require personal protective equipment (PPE) beyond what they would normally need for their work.</p>		
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			<p>2. Maintain appropriate cleaning regimes, using standard products such as detergents</p> <p>We will maintain an appropriate cleaning schedule ensuring that all surfaces likely to be touched in areas used by staff or students are cleaned regularly with detergents. Toilets in use will be cleaned daily.</p> <p>3. Keep occupied spaces well ventilated</p> <p>All windows that can be opened will be opened in any room that is being used and door wedges used to ensure doors, as long as they are not fire doors, are propped open to encourage circulation of air. Staff using rooms with doors wedged open to remove wedges in the event of a fire alarm.</p> <p>In cooler weather windows should be opened just enough to provide constant background ventilation and opened more fully during breaks or when the room is empty to purge the air in the space.</p> <ul style="list-style-type: none"> • Open high level windows in preference to low level to reduce draughts • Increase ventilation while spaces are unoccupied <p>We can continue using most types of air conditioning systems as normal but, if there is a centralised ventilations system that removes and circulates air to different rooms then the user must turn off recirculation and use a fresh air supply.</p> <p>Mechanical ventilation systems will be adjusted to increase the ventilation rate where possible and adjusted to fresh air (or if not then operated as normal as long as they are within a single room and supplemented by an outdoor air supply).</p>		
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			<p>4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19</p> <p>When an individual develops COVID-19 symptoms or has a positive test:</p> <ul style="list-style-type: none">• The school should be notified• They should not come into school• If anyone in school develops symptoms, however mild, they will be sent home and follow public health advice <p>Staff and students will be told to self-isolate if:</p> <ul style="list-style-type: none">• They have any symptoms of COVID-19 (a high temperature, a new, continuous cough or a loss of or change to their sense of smell or taste• They have tested positive for COVID-19• They are required to quarantine if arriving from England from abroad if required by ant travel restrictions in operation <p>Staff must book a test on the day on which symptoms are reported. Confirmation of this to be sent to Catherine Thomas Failure to book a test on the day symptoms are reported may mean that absence is unpaid.</p> <p>Students or staff reporting to the medical room with symptoms must have names and contact details recorded and a follow up contact made to confirm that the individual has booked a test and instructed not to attend school until the results of the tests</p>		
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			<p>have been confirmed. Staff and parents will be told to inform the school immediately of the results of the test.</p> <p>Anyone with symptoms should avoid public transport and wherever possible be collected from school by a member of their family or household if they do not drive.</p> <p>Contactless thermometers will be available for any member of staff or student who feels unwell when in school and they will be isolated and sent home if showing a high temperature.</p> <p>Reception and medical staff will be trained on responding to a suspected case of COVID-19 and also how to use PPE if required.</p> <p>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. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the use of PPE in education, childcare and children's social care settings guidance. Any rooms they use should be cleaned after they have left.</p> <p>.</p> <p><u>Asymptomatic testing</u></p> <p>Students and staff should continue to undertake twice weekly home tests. Testing remains voluntary but is strongly encouraged.</p>		
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			<p><u>Confirmatory PCR tests</u></p> <p>Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance. 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 to self-isolate.</p> <p>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.</p> <p><u>Attendance</u></p> <p>Clinical studies have shown that children and young people, including those previously considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus.</p> <p>The UK Clinical Review Panel has recommended that all children and young people under the age of 18 should no longer be considered CEV and should be removed from the Shielded Patient List, the national database of people considered clinically extremely vulnerable.</p> <p>The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them.</p> <p>All children and young people should continue to follow the same guidance as everyone else, which can be found at www.gov.uk/coronavirus.</p> <p>However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist.</p>		
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			<p><u>Vaccination</u> All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can access the vaccine via some walk-in COVID-19 vaccination sites.</p> <p><u>Admitting children into school</u> 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 our school, we can take the decision to refuse the pupil if, in our reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Our decision will be carefully considered in light of all the circumstances and current public health advice.</p> <p>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 PHE 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).</p>		
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			<p><u>Remote Education</u></p> <p>We will maintain our capacity to deliver high quality remote education for the 2021/2022 academic year for any student unable to attend school.</p> <p><u>School workforce</u></p> <p>Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take.</p> <p>Social distancing measures have now ended in the workplace and it is no longer necessary for the government to instruct people to work from home.</p> <p><u>Staff who are pregnant</u></p> <p>A workplace risk assessment will be carried out for all new and expectant mothers. The Royal College of Obstetricians and Gynaecologists recommend vaccination in pregnancy.</p> <p>Pregnant women from 28 weeks' gestation (third trimester), or with underlying health conditions at any point of gestation, may be at slightly increased risk of illness if they catch coronavirus (COVID-19).</p> <p>Further guidance and advice on coronavirus (COVID-19) and pregnancy can be obtained from the Royal College of Gynaecologists.</p> <p>Where close contacts cannot be limited in the workplace, staff pregnant at 28 weeks plus will be advised to work remotely.</p>		
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			<p>Pregnant women can attend the workplace if this is supported by the risk assessment.</p> <p><u>Educational visits</u></p> <p>We will 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 the risk assessment</p>		
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			<p><u>Contingency Framework Outbreak Management Plan</u></p> <p>Local authorities, Directors of Public Health (DsPH) and PHE Health Protection Teams (HPTs) can recommend measures described here in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities. Where there is a need to address more widespread issue across an area, ministers will take decisions on an area-by-area basis. .</p> <p>The government has made it a national priority that education and childcare settings should continue to operate as normal as possible during the coronavirus (COVID-19) pandemic.</p> <p>Measures affecting education and childcare may be necessary in some circumstances,</p> <p>for example:</p> <ul style="list-style-type: none">• to help manage a COVID-19 outbreak within a setting• as part of a package of measures responding to a Variant of Concern (VoC) or to extremely high prevalence of COVID-19 in the community• to prevent unsustainable pressure on the NHS <p>Any restrictions will be kept under review and will be lifted as soon as the public health and scientific advice says it is appropriate to do so. The guiding principle for any decision making will be that any restrictions to attendance on site are kept to a minimum.</p>		
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			<p>Attendance restrictions will only ever be considered as a last resort. Where measures include attendance restrictions, the DfE may advise on any groups that should be prioritised.</p> <p><u>School contingency/outbreak management plan</u></p> <p>When we will consider extra action</p> <p>We will seek public health advice when either of the following thresholds is reached first:</p> <ul style="list-style-type: none">• 5 children, pupils, students, or staff, who are likely to have mixed closely, test 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 <p>In general, the trigger for pupils will be five cases within any of the following:</p> <ul style="list-style-type: none">• a form group or subject class• a friendship group mixing at breaktimes• a sports team• a group in an after-school activity within a 10-day period. <p>We will immediately:</p> <ol style="list-style-type: none">1. Contact local the local public health HPT (Health Protection Team) for advice2. Re-introduce enhanced cleaning/Zoono treatment of regularly touched surfaces3. Consider suspending assemblies for the year group concerned		
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			<p>We will seek public health advice if a pupil or staff member is admitted to hospital with COVID-19 using the DfE helpline (0800 046 8687 option 1)</p> <p>A director of public health or a HPT may provide advice to reflect the local situation and extra actions in addition to those above may be recommended. We will be prepared to introduce the following measures if advised:</p> <p>Testing</p> <ul style="list-style-type: none">• If Asymptomatic Testing Sites (ATS) are re-introduced the Lower site Sports Hall will be set up for testing as per August 2021 and agency staff re-employed to manage the testing site. SLT will schedule tests as appropriate to minimise any disruption to learning.• If advised to increase the use of home testing for staff and students, we will communicate with parents and children to encourage this. <p>Face coverings</p> <ul style="list-style-type: none">• If advised we will notify staff, students, and parents that face coverings should be temporarily worn more widely in the setting. This may include face coverings in communal areas (for students) and/or classrooms (for both students and staff). <p>Shielding</p> <ul style="list-style-type: none">• In the event of a major outbreak or Variety of Concern (VoC) that poses a significant risk to individuals on the Shielded Patient List (SPL), ministers may agree to re-introduce shielding. If shielding is re-introduced, then		
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			<p>guidance will be followed for staff and students with regards to working at home.</p> <ul style="list-style-type: none"> Shielding can only be reintroduced by national government <p>Other measures</p> <ul style="list-style-type: none"> Residential educational visits may be limited if advised Open days may be limited or cancelled as advised Transition or open days may be limited or cancelled as advised Parental attendance in school may be limited or cancelled as advised Performances may be limited or cancelled as advised Assemblies may be suspended Lunchtime may be shortened to restrict mixing BCS may be taught as a 'bubble' <p>Attendance restrictions</p> <p>Attendance restrictions will only be considered as a last resort.</p> <p>If advised to limit attendance, we will follow the guidance below:</p> <p>In all circumstances, priority should continue to be given to vulnerable children and children of critical workers to attend school. If public health advice is to stop on-site provision for these groups, we will discuss alternative arrangements with the local authority.</p> <p>Where measures include attendance restrictions, DfE may advise on any other groups that should be prioritised. We will ensure that high quality remote education is provided to all pupils or students not attending.</p>		
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			<p>Workforce</p> <p>We will continue to implement the system of controls set out in our guidance. We will explain to staff the measures we are putting in place to reduce risks to staff, including how these protective measures have been reviewed as part of an updated workplace risk assessment.</p> <p>We will have regard to the guidance on <u>clinically extremely vulnerable individuals</u>.</p> <p>We will consider if the coronavirus (COVID-19) education contingency framework offers more opportunities for staff to work at home, given reduced numbers of students on site and the use of remote education for students scheduled to be at home.</p> <p>School meals</p> <p>The school will provide meal options for all pupils who are in school, and meals will be available free of charge to pupils who meet the free school meals eligibility criteria.</p> <p>We will also continue to provide free school meals via the voucher scheme for eligible pupils who are not attending school where they:</p> <ul style="list-style-type: none">• are self-isolating• have had symptoms or a positive test result themselves• are a close contact of someone who has coronavirus (COVID-19)• are not attending as a result of implementation of local restrictions advised by government		
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			<p>Remote education provision</p> <p>A full programme of remote education will be provided to all students not attending school immediately following any restrictions on attendance.</p> <p>Safeguarding and designated safeguarding leads</p> <p>There will be no change to local multi-agency safeguarding arrangements, which remain the responsibility of the 3 safeguarding partners:</p> <ul style="list-style-type: none"> • local authorities • clinical commissioning groups • chief officers of police <p>If attendance restrictions are needed, all local safeguarding partners will be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe, particularly as more children and young people will be learning remotely.</p> <p>Vulnerable children and young people</p> <p>Where vulnerable children and young people are absent, we will:</p> <ul style="list-style-type: none"> • follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns • encourage the child or young person to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker and the Virtual School Head (where applicable) agrees that the child or young person's attendance would be appropriate 		
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			<ul style="list-style-type: none"> • focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home • have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so <p>If we have to temporarily stop onsite provision on public health advice, we will discuss alternative arrangements for vulnerable children and young people with the local authority.</p> <p>Transport Transport services to education settings will continue to be provided as normal where children are attending education settings.</p> <p>Educational visits Any attendance restrictions will be reflected in the visits risk assessment, and we will consider carefully if the educational visit is still appropriate and safe. Only children who are attending the setting should go on an educational visit. We will consult the health and safety guidance on educational visits when considering visits.</p>		
	<p>Staff taking leave</p>		<p>The government has set a requirement for people returning from some countries to quarantine for 10 days on their return. The latest guidance on quarantine can be accessed at coronavirus (COVID-19): how to self-isolate when you travel to the UK.</p> <p>As would usually be the case, staff will need to be available to work in school during term time.</p> <p>There is a risk that where staff travel abroad, their return travel arrangements could be disrupted due to factors arising beyond their control in relation to coronavirus (COVID-19), such as the</p>		



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			potential for reinstatement of lockdown measures in the place they are visiting. Depending on the circumstances any period of self-isolation due to quarantine or lockdown measures in places visited may be unpaid		
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Risk Rating Matrix

		Impact				
		1. Very Low	2. Low	3. Moderate	4. High	5. Very High
Likelihood of Harm	5. Almost Certain	5	10	15	20	25
	4. Likely	4	8	12	16	20
	3. Possible	3	6	9	12	15
	2. Unlikely	2	4	6	8	10
	1. Rare	1	2	3	4	5

Matrix to calculate the likelihood and impact should the hazard be realised.

RAG Rating Matrix

Risk Rating	Possible Action to be Taken
LOW (<4)	<ul style="list-style-type: none"> Department manager may accept risk Manage by routine processes Any costs to be funded within Directorate Hazard to be reviewed and updated at least annually.
MEDIUM (5-10)	<ul style="list-style-type: none"> Management action required to control risk as soon as reasonably practicable Monitor any action taken to ensure it has been effective in reducing the risk to an acceptable level Reviewed and updated at least every 6 months to ensure controls remain effective May necessitate bids for central funding.
HIGH (>12)	<ul style="list-style-type: none"> Immediate senior management action required to further control risk May halt work/task while additional controls are applied Copy of the risk assessment sent to Risk and Insurance Manager for inclusion on to the Corporate Risk Register Responsible Director to give priority for action/funding Monitor any action taken to ensure it has been effective in reducing the risk to an acceptable level To be reviewed and updated at least every month to ensure controls remain effective.

Note:
 Inform the Risk and Insurance Manager of all **Medium** and **High** tasks (residual)
 Inform Strategic Health and Safety Board of all **High** rated tasks (>12 (residual))