#### RISK ASSESSMENT FORM - PART 1

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|  |  | Reference No | CV19 – 11/12/2020 |

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| Site or Location: **St Giles School** | Work activity: **Educational / Administrative activities on site with infection prevention and control measures in place**  |
| Assessor: Kathy Lewis, Sarah Gray, Caroline Horgan, Melissa Clarke and Lisa Negus | Date: September 2022 |
|  | Review Date: Ongoing |

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| Employees considered:**Staff on site**Staff coming in direct contact with pupils | Non-employees affected:**Visitors****Parents****NHS and Therapy Staff**Pupils |
| Number of staff:137 | Number of pupils:116 |
| Out of hours? **No** |  |

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| Other documents to be read in conjunction with this assessment:* <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control#personal?utm_source=07%20April%202022%20C19&utm_medium=Daily%20Email%20C19&utm_campaign=DfE%20C19>
* Individual risk assessments for clinically extremely vulnerable staff members as required.
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SIGNED: K.L.Lewis

DATED: September 2022

**RISK ASSESSMENT FORM – PART 2**

| **HAZARDS** | PERSONS AT RISK | CONTROLS PRESENT | **SEVERITY OF HARM** | **LIKELIHOOD OF HARM** | **RISK RATING** |
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|  | E | C | M | O |  | S H | H | E H | L | U | H U |  |
| 1. Hazard: arrival at school of someone with an infection - lack of safe social distancing and pupils / staff who may be infected entering
 |  |  |  |  | **All staff, pupils, parents and visitors** will be informed that they must not enter the school if they are unwell and are showing the symptoms of an infectious disease or have received a positive diagnostic result e.g. positive LFD test.**Symptoms can include:*** a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
* a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours

a loss or change to your sense of smell or taste* shortness of breath
* feeling tired or exhausted
* an aching body
* a headache
* a sore throat
* a blocked or runny nose
* loss of appetite
* diarrhoea
* feeling sick or being sick

These symptoms are common to many illnesses, including Covid -19, heavy colds and flu. * Parent of child suffering with one or more of these symptoms if unexplained by child’s existing medical condition, will contact school and may be required to keep the child off school for three days.
* Parent will call school before the child’s return on the 4th day,
* St Giles staff team will have telephone scaffold agreed with Special School Nursing with list of symptoms for which the parent will need to obtain further advice before the child returns to school.

**Staff*** All staff should enter via the Reception Area
* All staff will then go to an assigned table to sign in:
	+ Sensory Corridor and admin area staff agency staff will sign in in the main reception area,
	+ Other staff will sign in in the hall.

Staff will sanitise their hands with alcohol sanitiser. **Non-Employees Working On Site e.g. school nurses, therapists, kitchen staff, HCAs, Agency staff*** Non-Employees informed that they must not enter the school if they are displaying any symptoms.
* Enter via Reception Area
* They will sanitise the hands with alcohol sanitiser when they enter the building.

**Visitors / Parents on Site*** Visitors informed that they must not enter the school if they are displaying any symptoms.
* They will enter via Reception Area
* They will sanitise the hands with alcohol sanitiser when they enter the building
* Write name, post code and phone number on signing in record,

**Pupils – on school transport*** Clear information will be shared between transport and school about procedures for managing infection prevention and control.
* Parents informed that pupils must not go to school if they are displaying any symptoms of an infectious disease – see 1.
* School buses will come on site to be met by staff team. Children will stay on bus until staff team arrive. Buses will be decanted from 9.10 onwards;
* Taxis will park at agreed times and in designated spaces
* Drivers and guides will remain outside the school building. They can only come inside by invitation or prior appointment.
* Drivers and guides can only use external toilet.
* Pupil transport will wait in car park with pupils on board until school staff are available to receive pupils
* Drivers and guides to unload pupils safely when class teams arrive in car park. Class teams and pupils to use varied entrances into school.

**Main school pupils – with parents*** Parents informed that pupils must not enter the school if they are displaying any symptoms – see 1.
* Parents to arrive from 9.10 unless pre-arranged entry into school is in place at locations at the front of the school and in the car park.
* Parents are encouraged to not enter the site unless they have a pre-arranged appointment, are invited in or need to talk to a member of staff. This is to speed up transition into school. If they have arranged to bring their child to the front door, they should wait outside for a member of staff to collect their child. New pupils and parents are encouraged to come into school during the transition period.

**Nursery pupils with parents*** Parents informed that pupils must not enter the school if they are displaying any symptoms – see 1.
* Parents to arrive at 9.45 at the front of the school and in the car park. Parents can enter the site and wait at reception for a member of staff to collect their child.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard; infection spreading due contact with to asymptomatic staff
 |  |  |  |  | **Testing of Staff for Covid 19*** Asymptomatic testing for Covid 19 is no longer taking place.
* If a staff member tests positive at home for Covid, they should immediately call the school. They will not return to school until they have completed at least 5 days of self-isolation.
 |  |  |  |  |  |  |  |
| 1. Hazard; lack of appropriate measures for safe social distancing on departure from school.
 | √ |  |  | √ | **Staff*** All staff will sign out in the place that they signed in when they leave the premises.
* All staff should leave via the main reception area.

**Non Employees Working On Site*** Depart via main reception area.
* They will sign out where they leave the premises

**Visitors/Parents On Site*** Depart via Reception Area
* They will sign out where they leave the premises

**Pupils – leaving by school transport*** Pupils will be taken out to the car park between 3.10 pm and 3.30 pm in a set order.
* Drivers and guides will wait in the car park until school staff bring pupils to their bus
* Nominated staff members will take the pupils at the allocated time and take pupils straight to the designated buses/taxis.

**PUPILS – leaving with parents*** Parents will pick-up from their designated area. A member of staff will take the pupil out to the parent
* Parents are encouraged to not enter the site unless they have a pre-arranged appointment, are invited in or need to talk to a member of staff. This is to speed up transition out of school. If they have arranged to collect their child from the front door, they should wait outside for a member of staff to bring their child to the front door. New pupils and parents are encouraged to come into school during the transition period.
 |  |  |  |  |  |  | Tolerable |

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| 1. Hazard: Spreading infection as a result of lack of social distancing - PPE
 | √ |  |  | √ | **PPE*** Pupils are not required to wear face coverings. If parents and / or pupils wish the pupil to wear a face covering, this should be discussed with the head teacher.
* According to DfE guidance face coverings are no longer advised for staff and visitors in classrooms or in communal areas. The school remains vigilant and open to advice from LCRC and other Health agencies about the wearing of PPE. If advised to do so by LCRC, staff and visitors will be asked to resume wearing school issued face masks in corridors and communal areas. The school will ensure that face masks are available should this happen.
* Face masks should continue to be worn in the following classes which contain CEV children and young people under paediatric or other specialist care have been advised by their clinician or other specialist as requiring this protection or where there are frequent aerosol generating procedures:
	+ Green class
	+ Nursery
	+ Dalzell class K

when identified CEV pupil present or within two metres according to individual pupil risk assessments.* + When working with any other pupils identified as requiring this additional measure by Health staff.

In these classes, Staff will be asked to resume wearing a transparent mask when working closely with pupils on activities such as phonics, intensive interaction, etc. This may be one from the school’s supply or can be supplied by the member of staff provided the mask enables the pupil to see the staff member’s facial expression and lips.* Visors / face masks may be worn with pupils if pupils have secretions or spit.
* Individual risk assessments for clinically extremely vulnerable staff may specify that they should wear face masks.
* All staff must wear PPE provided by the school (apron, face mask, gloves and eye covering) for;
	+ Routine care needs and personal care in toilets
	+ Any medical procedures
	+ AGP areas as advised by health staff – eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids. Fit tested masks when advised.

If advised to wear face masks, staff should observe the following:* + Where face masks are being used, e.g. with a CEV pupil or member of staff, they may not be fully removed until the member of staff is more than two metres away from the pupil / staff member.
	+ Where face masks are being used, staff may bring their face mask down to rehydrate or cool down without replacing it if it is not contaminated provided this is done when 2 metres from pupils.
	+ Where face masks are being used, with agreement from the Headteacher, staff who have a medical reason for wearing an alternative mask, may do so.
	+ Spaces are allocated outside the class for the safe disposal of face masks.
	+ When staff are working in offices and hubs, masks are optional if they are able to socially distance from colleagues.
	+ All staff and visitors must wear masks in the medical corridor.
* Teachers and TAs may continue, where possible, to take their PPA at home to support wellbeing and effective use of desk space, but must be available to come into school if required.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Spreading infection as a result of classroom environment
 | √ |  |  | √ | **Classroom Organisation*** Each class has a sink, soap, alcohol gel and paper towels for handwashing or a sanitising station.
* If equipment is shared it must be sanitised before another pupil uses it.
* Frequent and thorough hand cleaning in classrooms should happen at the end of each learning session. This can be done with soap and water, wipes or hand sanitiser.
* Lidded bins will be provided in classrooms and other key locations to dispose of tissues and any other waste.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Spreading infection due to potential contamination of the school environment
 | √ |  |  | √ | **Cleaning** Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease.The school has daily, weekly and periodic cleaning schedules.Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).Cleaning equipment used should be disposable or, if reusable, disinfected after each use.The school is responsive to situations where additional cleaning will be required including during term time (for example in the event of an outbreak).The School Business Manager monitors cleaning standards and discusses any issues with cleaning staff, or contractors employed by the education or childcare setting.Cleaning solutions are stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.Effective cleaning and disinfection are critical in any education or childcare setting, particularly when food preparation is taking place. The FSA strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils.All areas or surfaces in contact with food, dirt or bodily fluids are regularly cleaned and disinfected. Training should be provided for the use of any equipment and chemicals. Operation and maintenance of equipment should be according to the manufacturer’s instructions and include regular dishwasher interior cleaning cycles.**Enhanced cleaning during an outbreak or incident**In the event of an outbreak of infection at your setting, enhanced or more frequent cleaning, will be used to help reduce transmission.This may include twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.Plans have been developed for such an event on how the setting might carry this out which could also include during term time. Dedicated cleaning equipment should be colour coded according to area of use.In the event of an outbreak in a class, class teams will be encouraged to regularly clean frequently touched surfaces using standard cleaning products (e.g. detergent) after each learning session including:* Classroom desks and tables
* Furniture
* Light switches
* Teaching and learning aids
* Books and games and other classroom-based resources
* Computer equipment (including keyboards and mouse)
* Sports equipment
* Hard toys
* Outdoor play equipment

Individual and very frequently used equipment, like pens and pencils, will not be shared.Therapy equipment, such as physiotherapy or sensory equipment, will be cleaned between each use. If this is not possible or practical, it will be put out of reach for 72 hours. |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Spreading infection due to the school environment -ventilation
 | √ |  |  | √ | **Ventilation** * Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections.
* The school works to keep occupied spaces well ventilated to help reduce the amount of respiratory germs. New ventilation fans were fitted in the Primary and Secondary corridor classrooms over the summer holidays.
* CO2 monitors are used to monitor ventilation around the school. They enable staff to report concerns to LMT and take action as required e.g. opening roof windows, doors, reduce numbers of room users.
* Windows should be kept partially open a small amount continuously and doors propped open where it is safe and warm enough to do so to encourage natural ventilation (bearing in mind fire safety, pupil temperature regulation and safeguarding considerations).
* The need for increased ventilation should be balanced with the need to maintain a comfortable temperature.
* If possible, windows should be opened for 10 minutes an hour or longer to help increase ventilation – e.g. if a class are in PE or music.
* Air purifiers are used in rooms with limited ventilation e.g. Blue class, Sensory Hub.
* Air conditioning is safe to use as the school does not have a centralised system that recirculates air to different rooms
* Outdoor space will be used for exercise, breaks and for education where possible.
* Skylights will be kept slightly open in rooms which do not have windows. A pole for adjusting the skylights will be kept locally.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard Infection spreading due to contaminate linen, clothing and soft furnishing
 |  |  |  |  | **Laundry**There are designated areas on site for laundry facilities. These areas are:* separate from any food preparation areas
* have appropriate hand washing facilities
* have a washing machine with a sluice or pre-wash cycle

Staff involved with laundry services should ensure that:Manual sluicing of clothing is not carried out as there is a risk of inhaling fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washinggloves and aprons should be worn when handling soiled linen or clothinghands should be thoroughly washed after removing the gloves and aprons**Dealing with contaminated clothing**Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent on how to launder the contaminated clothing.Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate. |  |  |  |  |  |  |  |
| 1. Hazard: Spreading infection due to excessive contact and mixing between pupils and staff groups
 |  |  |  |  | The DfE no longer advises that it is necessary to keep children and young people in consistent groups or “bubbles”. The school will continue to take the following measures to support infection control:* Staff will continue to be encouraged to take their breaks in a designated staff room area:

**Staff Break 10:20 – 11:05, Staff Lunch 12:10 – 1.40****Early Years Staff Room -** Nursery, Sky Blue, Orange.**Staff Room -** Silver, Gold, Keller, Christy, Hawking, Pink**DT Staff Room -** Kahlo, Wonder, Dalzell, Green, Purple, Blue.* Where large numbers of staff are receiving simultaneous CPD, training will continue to take place remotely via Zoom.
* School assemblies will take place in departments in the hall.
* Lunch will continue to be eaten in classrooms.

Teachers and TAs will continue to be able to take their PPA at home where this is appropriate and possible, but must be available to come into school if required. |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Significant outbreak of Covid-19 cases in local community or school.
 |  |  |  |  | In the event of an **outbreak at school** when advised to do so by local public health professionals, the school may be divided into bubbles:* + **Bubble one**

Silver, Gold, Keller, Christy, Hawking and Admin Team – Main staff room* + **Bubble two**

Kahlo, Wonder, Dalzell, Green, Purple Class – DT staffroom* + **Bubble three**

Nursery Class, Sky Blue, Blue Class, Pink Class, Orange Class – Early Years Staff Room and Art RoomUse of other rooms as staff rooms would be considered to enable greater social distancing e.g. art room, music room, School House Any decision to reintroduce ‘bubbles’ will not be taken lightly and will take account of any detrimental impact they might have on the delivery of education |  |  |  |  |  |  | Tolerable |

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| **HAZARDS** | **PERSONS AT RISK** | **CONTROLS PRESENT** | **SEVERITY OF HARM** | **LIKELIHOOD OF HARM** | **RISK RATING** |
|  | E | C | M | O |  | S H | H | E H | L | U | H U |  |
| 1. **PUPILS**

Hazard: Lack of Toilets/bathrooms to meet individuals personal care needs including cleaning and social distancing for:Independent pupilSupported pupila) Minimal supportb) Full personal CareAdult Toilets | √ |  |  | √ | * Bathrooms are no longer allocated to individuals or groups.
* All bathrooms will be used and cleaned after each use with disinfectant by staff member after each use and thoroughly at the end of each day by Caretaker or cleaning staff
* Provision of disposable paper towels instead of hand dryers (where practical) in toilets and regular checking of supply.
* The Caretaker or cleaning staff will regularly clean each bathroom following the guidance in <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control#personal?utm_source=07%20April%202022%20C19&utm_medium=Daily%20Email%20C19&utm_campaign=DfE%20C19>
* All staff involved with personal care will wear full PPE, including a fluid resistant mask. PPE will be correctly disposed of immediately after personal care.
* Cleaning provisions will be provided so that bathrooms can be disinfected after use.
* Clinical waste bins will be provided for the safe disposal of PPE and clinical waste from personal care. A staff member attached to that hygiene room will empty them daily. It will be 2 meters away from the pupil
* If pupils are using the hygiene rooms at the same time modesty screens will be used.
* In the event of an infection outbreak, following advice from local public health professionals, the school may re-allocate bathrooms.

**Adult Toilets**Staff toilets are no longer allocated to individuals or groups. All toilets have cleaning materials for adults to use. Adults are advised to use the sanitiser spray to clean toilet are and handles and dry with toilet paper which can then be flushed. All adults are advised to wash their hands with soap for the necessary time as part of hand washing training and use alcohol hand sanitiser when they leave the toilet/bathroom.In the event of an infection outbreak, following advice from local public health professionals, the school may re-allocate staff toilets. |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Lack of adequate space for staff in communal areas
 | √ |  |  | √ | Staff continue to be allocated to staffrooms. **Staff Break 10:20 – 11:05, Staff Lunch 12:10 – 1.40****Early Years Staff Room -** Nursery, Sky Blue, Orange.**Staff Room -** Silver, Gold, Keller, Christy, Hawking Pink**DT Staff Room -** Kahlo, Wonder, Dalzell, Green, Purple, BlueAdmin Team, Headteacher and Deputy Head will use the main staff room.In the event of an outbreak, use of other rooms as staff rooms would be considered to enable greater social distancing e.g. art room, music room, School House**Working Spaces for PPA**Teachers and TAs are able to access space in school for PPA. If possible and appropriate, they may take their PPA at home, but must be available to come into school if required.When working in shared spaces, the room should be ventilated and staff should work so they do not have to directly face a colleague. **Meetings**If groups are large and it is not possible to avoid crowding, meetings will be on Zoom or Microsoft Teams and teams will meet in class |  |  |  |  |  |  | Tolerable |
| Hazard: Lack of safe and appropriate arrangements for eating on site: Independent eatersSupported eatersGastro fed childrenStaff food and breaks | √ |  |  | √ | * Lunches will be eaten by pupils in individual classes
* Gastro fed children will be fed by nursing staff following their agreed NHS protocols
* Bolus and water will be fed by trained education staff following agreed NHS protocols and wearing agreed PPE
* All staffrooms have hot water, kettles, microwaves and fridges with facilities to heat food, make drinks, and store food. Staff informed that only lunch items and milk can be stored in the fridge and personal items must be removed daily.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Fire
 | √ |  |  | √ | * Fire procedures will be reviewed to make sure they can still be followed with changes to how the school space is being used.
* Updated PEEPS
* Staff have explained fire arrangements to pupils via classroom talks, etc
* Staff check classroom fire doors open easily and are not jammed
* Fire assembly point will still be upper playground
* Fire drills will happen every term.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Lack of safe provision for Community Paediatrician
 | √ |  |  | √ | * Community Paediatrician to book and use school house to meet parents for meeting
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Lack of face to face contact for Governors
 |  |  |  |  | * Governors able to visit the school to have face to face discussions with teaching staff and observe learning in classrooms as part of their monitoring role.
* Governors to be requested to follow the protocol with face masks e.g. if visiting classes, which contain CEV children and young people under paediatric or other specialist care have been advised by their clinician or other specialist as requiring this protection or where there are frequent aerosol generating procedures, Governors will wear masks when observing within e.g.:
	+ Green class
	+ Nursery
	+ Dalzell K class

If identified CEV pupils present. |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Lack of face to face contact for Parents
 |  |  |  |  | * Parents will be offered a choice of virtual or face to face meetings if a room is available with adequate ventilation.
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Lack of First Aider and social distancing safety measures in the event of an accident
 | √ |  |  | √ | * A first aider risk assessment has been completed and appropriate numbers of first aiders appointed and trained
* A first aider at work is always on site when staff are on site.
* A paediatric first aider will be on site if pupils under 7 are on school premises.
* General first aiders are on site when the school has pupils and staff present.
* Nurses will be called on in an emergency
* Well maintained and appropriately equipped portable first aid kit is readily available for all first aiders
* Clear procedures are in place for summoning the emergency services
* First aid notices are displayed in corridors
* The first aider will wear full PPE, this includes a fluid resistant mask and if there is a risk of contamination from droplets or secretions into staff eyes, goggles will also be worn
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Lack of ability to isolate a suspected infectious disease case
 | √ |  |  | √ | **Pupil*** A nurse will be called to check a pupil’s symptoms.
* If the pupil is displaying severe symptoms which puts them at greater risk of harm, then an ambulance will be called.
* Pupils with suspected infectious disease symptoms will be moved on the advice of the nurse to an appropriate area e.g. 2 metres away from others. If nursing advise that the pupil needs to be in a separate room, the pupil may be out in the ELSA Room for isolation while their parent / carer is being contacted,
* Nurse will alert Head and Deputy HeadTeacher
* Parent will be advised to get the pupil tested immediately.
* Parents should monitor the pupil and inform the school of how they are and if an infectious disease has been confirmed.

**Staff*** Staff who display symptoms should advise their line manager and go straight home and, where appropriate, test for Covid-19 immediately. They should follow Government guidance
* If a member of staff is too unwell to go home unaided, they should self-isolate until arrangements have been made for them to get home.

**Visitors*** Any visitors to the site who becomes unwell on site and displays symptoms of an infectious disease will be advised to go home and get a test. Their name, post code and phone number will be recorded.
* Areas of the school that have had a person with an infectious disease inside, should receive an enhanced clean following guidelines in <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control#personal?utm_source=07%20April%202022%20C19&utm_medium=Daily%20Email%20C19&utm_campaign=DfE%20C19>
 |  |  |  |  |  |  | Tolerable |
| 1. Hazard: Risk of infection from a suspected case of an infectious disease in School
 |  |  |  |  | Response to outbreaks of infectious diseases* The school will follow the advice contained in: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases>
* An outbreak or incident may be defined in epidemiological terms as:
	+ a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting
	+ evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
	+ more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever
* The school will consider communications to raise awareness among staff, parents and carers of the outbreak or incident and to reinforce key messages, including the use of clear hand and respiratory hygiene measures within the setting.
* The school may contact the UKHSA HPT as soon as possible to report any concerns for example:
	+ a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting
	+ evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
	+ more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever
* The school will contact the UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example:
	+ E. coli 0157 or E coli STEC infection
	+ food poisoning
	+ hepatitis
	+ measles, mumps, rubella (rubella is also called German measles)
	+ meningococcal meningitis or septicaemia
	+ scarlet fever (if an outbreak or co-circulating chicken pox)
	+ tuberculosis (TB)
	+ typhoid
	+ whooping cough (also called pertussis)
 |  |  |  |  |  |  | Tolerable |
| 19. Hazard: Spreading infection due to touch, sneezes and coughs | √ |  |  | √ | Handwashing facilities including hand sanitiser and wipes for pupils will be provided in every classroom area.If there are no sinks in class, a hand sanitiser station and wipes for pupils will be provided.Where appropriate, staff are explicitly teaching and supervising health and hygiene arrangements, such as handwashing, tissue disposal and toilet flushing;All adults and pupils able to engage in school will:* Frequently wash their hands with soap and water for 20 seconds and dry thoroughly using [NHS guidelines](https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/), or use alcohol-based hand sanitiser to cover all parts of their hands
* Clean their hands on arrival, after breaks, if they change rooms, before and after eating, and after sneezing or coughing
* Be encouraged not to touch their mouth, eyes and nose
* Use a tissue or elbow to cough or sneeze, and use bins for tissue waste
* Help will be available for any pupils who have trouble cleaning their hands independently. Skin friendly cleaning wipes can be used as an alternative. Young children will be supervised during hand washing.
* Supplies for soap, hand sanitiser and disposable paper towels and tissues will be topped up regularly and monitored to make sure they’re not close to running out.
* Adults will remind pupils to wash hands and use wipes on pupils’ hands at the end of every learning session.
* Lidded bins for tissues, preferably operated by a foot pedal, will be emptied throughout the day
 |  |  |  |  |  |  | Tolerable |
| 21: Hazard Children and young people with complex medical needs, such as tracheostomies who require aerosol generating procedures (AGPs) | √ |  |  | √ | Suctioning no longer needs to take place in a separate area. It can take place in an allocated, appropriately socially distanced area within the classroom.* The majority of these procedures will be carried out by school nursing staff and / or HCAs fully equipped with face masks or fit tested masks and PPE as advised by the Special School Nursing team.
* If any member of St Giles staff is required to perform an AGP, they will be fully trained, fitted and equipped to do this using the equipment listed above. If a fit tested mask is required, it will be fitted by someone trained to do so.
* Staff, visitors, children and young people will be socially distanced from the AGP within the classroom area.

Where advised by Special School Nursing, pupils may be taken from the classroom or shared area for an AGP to be carried out in a designated space that is ventilated with a closed door while the procedure takes place.It will be ensured that;* + only staff who are needed to undertake the procedure are present and that no other children or young people are in the room
	+ clutter is minimised to make the process of cleaning surfaces after each procedure as straightforward as possible,
	+ the room continues to be fully ventilated following a procedure,
	+ all surfaces are cleaned 15 minutes after each procedure by an assigned HCA, a member of the class team or a cleaner wearing PPE – face masks, visors or goggles, aprons and gloves,
	+ The area cannot be entered by anyone not wearing the appropriate AGP PPE for a minimum of an hour unless the room has been cleaned as detailed above,

The following room with closed doors and ventilation will be used for any AGPs that need a separate area.;* Keller and Dalzell K classes –AGP room in Sensory corridor with air scrubber activated
* 2 other pupils who may require a nebuliser. This will take place in the nurses’ rooms in a ventilated space. Nurses will complete this in appropriate PPE.
 |  |  |  |  |  |  | Tolerable |
| 21.Hazard: Lack of social distancing when administering medications and medical interventions | √ |  |  | √ | * All medicines will be administered by nurses and they will wear PPE in line with NHS guidelines
* Medical interventions will be administered by nursing staff in line with agreed procedures and they will wear PPE in line with NHS guidelines
* Two separate medical room spaces have been created to allow for multiple medical interventions without breaching social distancing bubbles.
* Waiting area to ensure social distancing is maintained for planned procedures.
* Nursing staff to work where possible with consistent classroom bubbles and interventions to be carried out in the classrooms with distancing from other staff members.
 |  |  |  |  |  |  | Tolerable |
| 22. Hazard Contact with pupil / family / staff member suffering from coronavirus at home | √ |  |  | √ | * Parent will not send a pupil into school if the pupil is unwell and are showing the symptoms of an infectious disease or have received a positive diagnostic result e.g. positive LFD test.

Symptoms can include:* + a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
	+ a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
	+ a loss or change to your sense of smell or taste
	+ shortness of breath
	+ feeling tired or exhausted
	+ an aching body
	+ a headache
	+ a sore throat
	+ a blocked or runny nose
	+ loss of appetite
	+ diarrhoea
	+ vomiting

These symptoms are common to many illnesses, including Covid -19, heavy colds and flu.* Parent of child suffering with one or more of these symptoms if unexplained by child’s existing medical condition, will keep the child off school for three days.
* Parent will call school before the child’s return on the 4th day,
* St Giles staff team will have telephone scaffold agreed with Special School Nursing with list of symptoms for which the parent will need to obtain further advice before the child returns to school.
 |  |  |  |  |  |  | Tolerable |
| 23. Hazard: Children and young people extremely vulnerable to serious infection coming into school | √ |  |  | √ | * Clinically extremely vulnerable children are no longer advised to shield. The DfE state that all CEV pupils and students 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.
* If a child or young person has been advised by their clinician or other specialist not to attend, the school will work with Health and parents to support the pupils’ needs appropriately. This might involve provision of PPE for staff and/ or remote education.
 |  |  |  |  |  |  | Tolerable |
| 24. Hazard: Lack of protection for adults extremely vulnerable to serious infection coming into school | √ |  |  | √ | * All staff are strongly encouraged to take up vaccines and boosters to act as a further protective factor.
* Clinically extremely vulnerable (CEV) people are now advised, as a minimum, to follow the same guidance as everyone else.
* The Government is no longer instructing people to work from home.
* Staff who are extremely clinically vulnerable will have separate risk assessments explaining the measures in place to keep them safe at school.
* All staff who would like an individual risk assessment will be provided with one.
 |  |  |  |  |  |  | Tolerable |
| 25. Hazard: Lack of Social distancing in school office and communal spaces | √ |  |  | √ | Social distancing measures have now ended in the workplace, however the school recognises that the staff team is unusually large due to the nature of the school and therefore, where possible:* Staff work back-to-back or side-to-side (rather than face-to-face)
* Reception area continues to be organised to support observation of social distancing rules; additional chairs removed and Perspex screens installed;
 |  |  |  |  |  |  | Tolerable |
| 27. Hazard: Lack of monitoring effectiveness of measures | √ |  |  | √ | * Management checks to be undertaken regularly on the control measures in place and reported back to the Headteacher;
* Staff encouraged to report any breaches of health and safety protocol they have witnessed.
 |  |  |  |  |  |  | Tolerable |

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| SIGNED: K.Lewis | DATE: September 22 |

 **RISK ASSESSMENT FORM – ACTION SHEET**

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| Ref No: CV19 – 13.7.20.20  |
| Activity: Training and Implementation |

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| --- | --- | --- |
| **COMMENTS/ ACTION REQUIRED**  | **TIMESCALE** | **RESPONSIBLE PERSON** |
| Training for staff teams in PPE | ~~1 hour session as each staff team comes onto site.~~ As required | Caroline Horgan/Sarah Gray Louise Harris |
| Review of working with pupils | As required | Kathy Lewis/Caroline Horgan/Sarah Gray |
| Review and Update cleaning schedule | Ongoing | Kathy Lewis/ Lisa Negus/ Csaba Besze |
| Maintain PPE Stock | Ongoing | Csaba Besze/Sarah Gray |
| Update RA’s | Ongoing | Caroline Horgan/ Sarah Gray/Kathy Lewis/Claire Jewell (nurse)/ Lisa Negus/Helen Oliver |

CALCULATING THE RISK

|  |  |
| --- | --- |
| Severity of harm | Examples: |
| Slightly Harmful  | Superficial injuries; minor cuts and bruises; eye irritation from dust. Nuisance and irritation e.g. headaches; ill health causing discomfort. |
| Harmful  | Lacerations; burns; concussion; serious sprain; minor fractures. Deafness; dermatitis; asthma; work related upper limb disorder; ill health leading to minor disability |
| Extremely harmful  | Amputations; major fractures; poisoning; multiple fractures; fatal injuries. Occupational cancer, other severely life shortening diseases; acute fatal diseases. |

|  |  |  |  |
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| RISK RATING | Slightly harmful  | Harmful  | Extremely harmful  |
| Highly Unlikely  | Trivial  | Tolerable  | Moderate  |
| Unlikely  | Tolerable  | Moderate | Substantial |
| Likely  | Moderate | Substantial  | Intolerable  |

|  |  |
| --- | --- |
| RISK LEVEL  | ACTION AND TIMESCALE  |
| Trivial  | No action required. No records need to be kept  |
| Tolerable | No additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure controls are maintained.  |
| Moderate | Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented within a defined period. Where the moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.  |
| Substantial  | Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken.  |
| Intolerable  | Work should not be started or continued until the risk has been reduced. If it is not possible to reduce the risk even with unlimited resources, work has to remain prohibited.  |