

Saint George Catholic College Covid-19 Risk Assessment								
Head Teacher: Mr J Habberley	Section: Corporate H&S Service	Assessment Ref: Schools Covid-19 RA V3 for March 2021 Reopening						
Site/Location of Task: Saint George Catholic College								
General guidance/recommendations for the full reopening of all schools in March 2021 during Covid-19 Pandemic								
This guidance is intended to prepare for reopening on 8 th Ma	This guidance is intended to prepare for reopening on 8 th March 2021							
Full government guidance can be found via the links belo Schools Coronavirus Operation Guidance Actions-For Schools During the Coronavirus Outbreak -								
	sessments should continue to be ret							
List those who may be at risk / harmed: Employees, visito	ors, contractors, member of public							
Assessor's Name	Assessor's Signature	Assessment Date						
James Habberley	Jabbonley	26 th February 2021						
practices they have already developed), to consider the addit	tional risks and control measures to en	it and update their risk assessments (building on the learning to date and the able a return to full capacity. Settings should also review and update their intional risk profile considering the implications of coronavirus (COVID-19).						
Schools should ensure that they implement sensible and propreasonably practicable level.	portionate control measures which follo	w the health and safety hierarchy of controls to reduce the risk to the lowest						
School employers should have active arrangements in place	to monitor that the controls are:							
 effective working as planned updated appropriately considering any issues identified and changes in public health advice 								
For the governments full guidance on reopening schools plea	ase refer to <u>Schools Coronavirus Opera</u>	ation Guidance						



Coronavirus (COVID-19) Specific Risk Assessment

Everyone needs to assess and manage the risks from coronavirus (COVID-19). This means school employers and leaders are required by law to think about the risks the staff and pupils face and do everything reasonably practicable to minimise them, recognising they cannot completely eliminate the risk of coronavirus (COVID-19). School employers must therefore make sure that a risk assessment has been undertaken to identify the measures needed to reduce the risks from coronavirus (COVID-19) so far as is reasonably practicable and make the school COVID-secure. General information on how to make a workplace COVID-secure, including how to approach a coronavirus (COVID-19) risk assessment, is provided by the <u>HSE guidance on working safely</u>.

Schools should undertake a coronavirus (COVID-19) risk assessment. This risk assessment example may be used as guidance towards this but it must be carefully reviewed by schools to make it specific to their site. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in the workplace, and the role of others in supporting that. The risk assessment will help school leaders and employers decide whether they have done everything they need to. Employers have a legal duty to consult their employees on health and safety in good time. It also makes good sense to involve pupils (where applicable) and parents in discussions around health and safety decisions to help them understand the reasons for the measures being put in place. Employers can do this by listening and talking to them about how the school will manage risks from coronavirus (COVID-19) and make the school COVID-secure. The people who do the work are often the best people to understand the risks in the workplace and will have a view on how to work safely. Involving them in making decisions shows that the school takes their health and safety seriously.

Sharing your risk assessment

Schools should share the results of their risk assessment with their workforce. If possible, they should consider publishing it on their website to provide transparency of approach to parents, carers and pupils (HSE would expect all employers with over 50 staff to do so).

Monitoring and review of risk controls

It is important that employers know how effective their risk controls are. They should monitor and review the preventive and protective measures regularly, to ensure the measures are working, and taking action to address any shortfalls.

The government has provided a system of controls: protective measures to be followed

Having assessed their risk, schools must work through the below system of controls, adopting measures in a way that addresses the risk identified in their assessment, works for their school, and allows them to deliver a broad and balanced curriculum for their pupils, including full educational and care support for those pupils who have SEND. If schools follow the guidance set out here they will effectively reduce risks in their school and create an inherently safer environment.

System of controls

This is the set of actions schools must take. They are grouped into 'prevention' and 'response to any infection' and are outlined in more detail in the sections below.

Prevention:

1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school

- 2) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
- 5) minimise contact between individuals and maintain social distancing wherever possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)
- Numbers 1 to 4 must be in place in all schools, all the time.
- Number 5 must be properly considered and schools must put in place measures that suit their particular circumstances.

Number 6 applies in specific circumstances.



Response to any infection:
7) engage with the NHS Test and Trace process
8) manage confirmed cases of coronavirus (COVID-19) amongst the school community
9) contain any outbreak by following local health protection team advice

Numbers 7 to 9 must be followed in every case where they are relevant.



No.	Hazard (H) Description Briefly describe how the hazard could be realised, i.e. describe the potential accident. Include a description of the reasonably foreseeable injury	H 1-5	Control Measures - Likelihood (L) Factors Detail the following - Existing controls (Do they work?); Consider Safe Working Procedures (SWP), frequency; environmental factors; previous hazardous events; accident statistics etc.	L 1-6	Risk = HxL	Further action / control req'd? Y/N
01A	Staff who are Clinically Extremely Vulnerable (CEV)	3	 Staff who are clinically extremely vulnerable CEV staff are advised not to attend the workplace. Staff who are CEV will previously have received a letter from the NHS or their GP telling them this (no new letter is required), and there is <u>guidance for everyone in this group</u>. It provides advice on what additional measures individuals in this group can take. Employers should talk to their staff about how they will be supported, including to work from home where possible. Those living with someone who is CEV can still attend work where home-working is not possible and should ensure they maintain good prevention practice in the workplace and home settings. The shielding guidance is reviewed regularly. CEV individuals will be advised in advance of any extension or end date to inform them of changes or continuation of the guidance. CEV individuals (over 18) have been prioritised for vaccination in phase 1 before the general population and in line with the priority ordering set by the Joint Committee on Vaccination and Immunisation. Current DHSC guidance, informed by PHE, currently advises that CEV individuals should continue to shield even after they have been vaccinated. This may change as we get further data on the effects of vaccination. One member of staff who is CEV with the support of his GP will return to school which they have decided to. 	2	6 Low	
01B	<u>Children who are Clinically</u> <u>Extremely Vulnerable (CEV)</u>	3	It is understood from growing evidence that many children identified at the start of the pandemic as clinically extremely vulnerable (CEV) are not at increased risk of serious outcomes from coronavirus (COVID-19) and children are gradually being removed from the shielding patient list (SPL) as appropriate following review with a clinician. The advice for pupils who have been confirmed as clinically extremely	2	6 Low	



			 vulnerable is to shield and stay at home as much as possible until further notice. They are advised not to attend school while shielding advice applies nationally. All 16 to 18 year olds with underlying health conditions which put them at higher risk of serious disease and mortality will be offered a vaccine in priority group 6 of the vaccination programme. At present, these children should continue to shield, and self-isolate if they have symptoms or are identified as a close contact of a positive case, even if they have been vaccinated. 			
02	Staff who are Clinically Vulnerable (CV)	3	Staff who are clinically vulnerable CV staff can continue to attend school. While in school they must follow the system of controls to minimise the risks of transmission. Staff who live with those who are CV can attend the workplace but should ensure they maintain good prevention practice in the workplace and at home. Please see SCC guidance Risk Reduction Framework (Risk Assessment for Vulnerable Employees) on <u>Coronavirus Microsite</u>	2	6 Low	Further information on the System of Controls can be found on page 8 of the <u>Schools</u> <u>Coronavirus Operational</u> <u>Guidance</u>
03	Pregnancy	3	Pregnancy. We follow the <u>guidance for pregnant employees</u> because pregnant women are considered CV. In some cases pregnant women may also have other health conditions that mean they are considered CEV, where the advice for clinically extremely vulnerable staff will apply. <u>COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding</u> contains vaccination advice. Our individual workplace risk assessment will consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. If an employee is pregnant, breastfeeding, or has given birth within the last 6 months, they will have had a workplace risk assessment to see if any new risks have arisen. Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, have been included and managed as part of the general workplace risk assessment. As part of the risk assessment, we are facilitating home working to mitigate risks. We are aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any point of gestation, may be at greater	2	6 Low	



			risk of severe illness if they catch coronavirus (COVID-19). This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness if they catch coronavirus (COVID-19). <u>Read more guidance and advice on coronavirus (COVID-19) and</u> <u>pregnancy from the Royal College of Gynecologists</u> .			
04	Staff who may otherwise be at increased risk from Coronavirus (Covid-19)	3	Current evidence shows that a range of factors mean that some people may be at comparatively increased risk from coronavirus (COVID-19). Those at particularly high risk from a range of underlying health conditions should now have been included in the CEV group and will be receiving a letter to confirm this. For others who feel they may be at increased risk, where it is not possible to work from home, these staff can attend school as long as the system of controls set out in this guidance are in place. We will continue with an equitable approach to risk management for our workforce, recognising that staff may have a variety of baseline risks. Work continues to build our understanding of what these baseline factors are and the increased risks they pose. There is further information available on who is at higher risk from coronavirus. Staff who live with those who may have comparatively increased risk from coronavirus (COVID-19) can attend the workplace where it is not possible to work from home.	2	6 Low	Further information on the System of Controls can be found on page 8 of the <u>Schools</u> <u>Coronavirus Operational</u> <u>Guidance</u>
05	Covid-19 (Coronavirus) Infection control if concerns regarding exposure to the virus	3	If you have <u>symptoms</u> of COVID-19 however mild, get a test as soon as possible. Stay at home until you get the result. <u>Stay at Home Guidance</u> on GOV.UK to self-isolate for the appropriate period and <u>arrange for a test to be carried out</u> Do not go to a GP surgery, pharmacy or hospital. For full guidance on staying at home and when it is safe to return to work see <u>NHS - Self Isolation Guidance</u> , which includes guidance on what to do if someone in your household or support bubble has symptoms. If you feel you cannot cope with your symptoms at home, or your condition gets worse, then use the <u>NHS 111 online</u> COVID-19 service. If	2	Low 6	For further government guidance on Covid-19 visit; <u>Coronavirus (COVID-19):</u> <u>guidance - GOV.UK</u> (www.gov.uk) <u>https://www.gov.uk/guidance/wor</u> <u>king-safely-during-coronavirus-</u> <u>covid-19</u> For further SCC guidance visit; Version 3 – February 2021



			you do not have internet access, call NHS 111. For a medical emergency dial 999. If you develop COVID-19 <u>symptoms</u> again at any point after ending your first period of isolation (self or household) then you must follow the <u>NHS</u> <u>- Self Isolation Guidance</u> again.			Young Southampton Schools Guidance Young Southampton Coronavirus Microsite
06	Infection Protection and Control General risk of exposure to disease through contact with others and/or touching contaminated surfaces	3	 Preventing the spread of Covid-19 (Coronavirus) involves dealing with direct transmission (i.e. close contact with those sneezing and coughing) and indirect transmission through touching contaminated surfaces. Wash hands thoroughly using hot water and soap frequently during the day, especially on arrival at sites, workplaces and on re-entering after lunch or other absences. Avoid touching the face. Observe government guidelines regarding social distancing where possible. Follow the school rules and routines regarding the wearing of face coverings in communal areas, classrooms and congested areas. All pupils and teaching staff to follow the start and end of lesson routines. 	2	6 Low	For further information refer to Schools Coronavirus Operational Guidance
07	Hygiene General risk of exposure to disease through contact with others and/or touching contaminated surfaces	3	 Sufficient handwashing facilities are available. Where a sink is not nearby, hand sanitiser in classrooms and other learning environments are available. Clean surfaces that children and young people are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters, more regularly than normal All adults and children: frequently wash their hands with soap and water for 20 seconds and dry thoroughly. Review the guidance on hand cleaning clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing are encouraged not to touch their mouth, eyes and nose use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it') Help is available for children and young people who have trouble cleaning their hands independently Ensure that bins for tissues are emptied throughout the day 	2	6 Low	



			There is no need for anything other than normal personal hygiene and washing of clothes following a day in an educational or childcare setting.			
08	General Office General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space and shared equipment	3	 DSE – ensure all workstations and equipment are thoroughly cleaned with antibacterial wipes before each use, even if it was used by the same person the day before. This includes the desk surface, keyboard, mouse and telephone handset and buttons, including the mouth and ear pieces. Where possible stagger the use of offices to limit occupancy. Avoid hot-desking, use the same desk each time where possible. Maintain social distancing, i.e. use every other desk not adjacent or opposite desks where possible. Printers – wipe printer buttons with antibacterial wipes before touching. Avoid queuing to use the printer if possible but if you need to queue, observe social distancing at all times. Face masks should be worn at all time by adults in communal areas and in areas where social distancing cannot be maintained i.e. in office or other staff areas with limited space. It should be noted that current government advice is that PPE is not considered necessary in schools in general, i.e. staff in general contact with children and young people, such as teaching or supervising play etc. 	1	3 Low	
09	Staff room and refreshment areas General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space and shared equipment (taps, kettles, fridges etc.)	3	We have planned how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms is minimised, although staff still have a break and lunch of a reasonable length during the day. Staggered breaks are set up to reduce occupancy and use as much as possible at any one time. Avoid queuing to use kitchen equipment, including kettles, fridges and sinks etc. where possible but if you need to queue, observe social	2	6 Low	



			distancing at all times where possible.			
			Water bottles and other personal containers should not be refilled from water coolers or taps unless they have been thoroughly washed in hot soapy water beforehand.			
10	Minimizing Contact General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space and shared equipment	3	Minimising contacts and mixing between people reduces transmission of coronavirus (COVID-19). While delivering a broad and balanced curriculum we ensure students remain in year group bubbles with staggered start and finish times as well as different break and lunch times.	2	6 Low	
			 The overarching principle to apply is reducing the number of contacts between pupils and staff. This is achieved by keeping groups separate (in 'bubbles') and through maintaining distance between individuals. These depend on the: pupil's ability to distance layout of the building feasibility of keeping distinct groups separate while offering a broad curriculum 			
			Pupils are grouped into year group bubbles. Consistent groups reduce the risk of transmission by limiting the number of pupils and staff in contact with each other to only those within the group.			
			Maintaining distinct groups or 'bubbles' that do not mix makes it quicker and easier in the event of a positive case to identify those who may need to self-isolate and to keep that number as small as possible.			
			All teachers and other staff can operate across different classes and year groups to facilitate the delivery of the timetable and specialist provision. Where staff need to move between groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults. Try to minimise the number of interactions or changes wherever possible.			
11	Classrooms General risk of exposure to disease through contact with others and/or touching contaminated surfaces	3	<u>Measures within the Classroom</u> Maintaining a distance between people while inside and reducing the amount of time they are in face-to-face contact lowers the risk of transmission. There is strong public health advice that staff in secondary	2	6 Low	



	due to limited space and shared equipment		schools maintain distance from their pupils, staying at the front of the class, and away from their colleagues where possible. Ideally, adults should maintain 2 metre distance from each other and from children. We know that this is not always possible, particularly when working with pupils with complex needs, or those who need close contact care. Teaching staff and support staff wear face coverings or face masks in lessons. We seat pupils side by side and facing forwards, rather than face-to-face or side on in alphabetical order			
12	<u>Maintaining Social Groups</u> General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space and shared equipment	3	There are no large gatherings such as assemblies or collective worship. Groups are kept apart and movement around the school kept to a minimum. While passing briefly in the corridor or playground is low risk, avoid creating busy corridors, entrances and exits. Consider staggered break times and lunch times. Make sure you allow time for cleaning surfaces in the dining hall between groups.	2	6 Low	
13	Ventilation Increased risk of exposure to disease in enclosed spaces	3	 Keep occupied spaces well ventilated Good ventilation reduces the concentration of the virus in the air, which reduces the risk from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied and enclosed area. We ensure the school is well ventilated and a comfortable teaching environment is maintained. These is achieved by a variety of measures including: mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply natural ventilation – opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air 	2	6 Low	



			 natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so) The Health and Safety Executive <u>guidance on air conditioning and</u> <u>ventilation during the coronavirus outbreak</u> and <u>CIBSE coronavirus</u> (COVID-19) advice provides more information. To balance the need for increased ventilation while maintaining a comfortable temperature, consider: opening high level windows in colder weather in preference to low level to reduce draughts increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused) providing flexibility to allow additional, suitable indoor clothing – for more information see school uniform rearranging furniture where possible to avoid direct draughts Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces. 			
14	General movement around schools. General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space and shared equipment	3	 Reduce mixing within school by: Accessing rooms directly from outside where possible One-way circulation, to keep groups apart as they move through the setting where spaces are accessed by corridors Staggering breaks to ensure that any corridors or circulation routes used have a limited number of children and young people using them at any time Staggering lunch breaks - children and young people should clean their hands beforehand and enter in the groups they are already in, groups should be kept apart as much as possible and tables should be cleaned between each group. Ensuring that toilets do not become crowded by limiting the number of children or young people who use the toilet facilities at one time 	2	6 Low	



15	Sharing of Equipment and Resources. General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space and shared equipment	3	 For individual and very frequently used equipment, such as pencils and pens, staff and pupils should have their own items. Classroom based resources, such as books and games, can be used and shared within the bubble. These should be cleaned regularly, along with all frequently touched surfaces. Resources that are shared between classes or bubbles, such as sports, arts, and science equipment between different bubbles, we: clean it before it is moved between bubbles allow them to be left unused for a period of 48 hours (72 hours for plastics) You will need to assess the ability to clean equipment used in the delivery of therapies, for example, physiotherapy equipment or sensory equipment. Determine whether this equipment can withstand cleaning and disinfecting between each use before it is put back into general use. Where cleaning or disinfecting is not possible or practical, resources will have to be either: restricted to one user left unused for a period of 48 hours (72 hours for plastics) Bags are allowed.	2	6 Low	
16	Physical Activities in schools including Educational and School Sports (PE) General risk of exposure to disease through contact with others and/or touching contaminated surfaces.	3	resources. Pupils are kept in consistent groups, sports equipment thoroughly cleaned between each use by different individual groups. We hold PE lessons outdoors as much as possible, including those that involve activities related to team sports, for example practising specific techniques, within your own system of controls. For sport provision, outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising natural	2	6 Low	_



			 ventilation flows (through opening windows and doors or using air conditioning systems wherever possible), distancing between pupils, and paying scrupulous attention to cleaning and hygiene. This is particularly important in a sport setting because of the way in which people breathe during exercise. External facilities can also be used in line with government guidance for the use of, and travel to and from, those facilities. National governing bodies have developed guidance under the principles of the government's guidance on team sport and been approved by the government i.e. sports on the list available at grassroots sports guidance for safe provision including team sport, contact combat sport and organised sport events. Competition between different schools should not take place until wider grassroots sport for under 18s is permitted. Refer to: guidance on grassroot sports for public and sport providers, safe provision and facilities, and guidance from Sport England advice from organisations such as the Association for Physical Education and the Youth Sport Trust guidance from Swim England on school swimming and water safety lessons available at returning to pools guidance documents using changing rooms safely If working with external coaches, clubs and organisations for curricular and extra-curricular activities, you must be satisfied that it is safe to do. Activities such as active miles, making break times and lessons active and encouraging physical distancing. 			
17	Arrival and departure from school General risk of exposure to disease through contact with others and/or touching contaminated surfaces due to limited space	3	Staggered start and finish times are in place for each year group. Where possible only one parent or carer should attend the school to drop off or pick up and where someone else is available at home to look after them, siblings should not accompany parents or carers at these times.	3	9 Med	



Where parents wish to speak to a teacher, they should ensure they maintain social distancing where possible.	
<u>Travelling to the setting</u> Pupils and staff may use public transport where necessary, but we encourage them to walk, cycle or scoot to and from school wherever it is possible and safe to do so. Where pupils and staff need to use public transport, they should follow the <u>safer travel guidance for passengers</u> .	
The <u>transport to schools and other places of education guidance</u> requires those involved in the provision of dedicated transport to schools to identify the risks.	
People aged 11 and over must wear a face covering when travelling on public and school transport and sit in their year group bubble. In accordance with advice from PHE, they must also wear a face covering when travelling on dedicated transport to secondary school. People who are exempt do not need to wear a face covering.	
Other considerations Some pupils with SEND (whether with EHC plans or on SEN support) will need specific help and preparation for the changes to routine that these measures will involve. Staff should plan to meet these needs, for example using social stories. To make sure pupils with medical conditions are fully supported, work with:	
 local authorities health professionals regional schools' commissioners other services Use individual healthcare plans to help pupils receive an education in line with their peers. In some cases, the pupil's medical needs will mean this is not possible, and educational support will require flexibility. 	
Further information is available in the guidance on <u>supporting pupils at</u> <u>school with medical conditions</u> . Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. They, as well as supply teachers, peripatetic teachers or other temporary staff, can move	
between settings. We ensure they minimise contact and maintain as much distance as possible from other staff. Such specialists will be	



			aware of the PPE most appropriate for their role.			
18	<u>Personal Protective Equipment</u> (PPE) in relation to Covd-19	3	Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.	2	6 Low	
			Face coverings are not classified as PPE (personal protective equipment).			
			PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type which covers your nose and mouth.			
			Most staff in schools will not require PPE beyond what they would normally need for their work. If a pupil already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used.			
			 Additional PPE for coronavirus (COVID-19) is only required in a very limited number of scenarios, for example, when: a pupil becomes ill with coronavirus (COVID-19) symptoms, and only then if a 2 metre distance cannot be maintained performing aerosol generating procedures (AGPs) 			
			When working with children and young people who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only any PPE that would be routinely worn, should be worn.			
			The guidance on <u>safe working in education</u> , <u>childcare and children's</u> <u>social care</u> provides more information about preventing and controlling infection. This includes: • when and how PPE should be used			
			what type of PPE to usehow to source it			
19	Asymptomatic Testing	1	Rapid testing remains a vital part of our plan to suppress this virus.	1	1 Low	
			We follow the guidance set out for			



			Secondary schools and colleges			
			 Secondary schools and colleges Systems of Controls – Response to any infection Promote and engage with the NHS Test and Trace process Staff members, parents and carers will need to; book a test if they or their child has symptoms - the main symptoms are: 			
20	Asymptomatic Testing Coronavirus (COVID-19) in Schools	1	 Rapid testing using Lateral Flow Devices (LFD)s will support the return to face-to face education by helping to identify people who are infectious but do not have any coronavirus (COVID-19) symptoms. For secondary school staff and pupils we are moving to a home testing model (for pupils, following the first 3 onsite tests). Pupils who do not engage with asymptomatic testing are not prevented from returning to school and will attend face to face education in line with our school timetable. They will be asked to strictly follow all preventative measures inside school and if they have or a member of their household has any signs or symptoms they should stay at home and get a test. The lateral flow devices used have received regulatory approval from the MHRA for self use. 	1	1 Low	



Home test kits will be available for all staff on return. Once pupils have been tested 3 times at school, they will be provided with home test kits for regular testing. Testing remains voluntary but strongly encouraged.	
Secondary school testing on-site through an Asymptomatic Testing Site (ATS) We offer pupils testing on-site from 8 March.	
Testing and return of pupils can be phased during the first week to manage the number of pupils passing through the test site at any one time. We offer 3 tests, 7 days apart in order to manage the process safely:.	
Pupils should return to face-to-face education following their first negative test result. Pupils not undergoing testing should attend school in line with your phased return arrangements. Schools will have discretion on how to test students over that week as they return to the classroom.	
Testing is voluntary. If consent is provided, pupils will be asked to self- swab at the on-site ATS and after 30 minutes they should be informed of their results.	
Individuals with a positive LFD test result will need to self-isolate in line with the guidance for households with possible coronavirus infection.	
Those with a negative LFD test result can continue to attend school unless they have individually been advised otherwise by NHS Test and Trace or Public Health professionals (for example as a close contact).	
They should continue to apply the measures in the system of controls to themselves and the wider school setting.	
We will retain a small on-site ATS on site so they can offer testing to pupils who are unable or unwilling to test themselves at home.	
Home testing Both pupils and staff in secondary schools will be supplied with LFD test	



			 kits to self-swab and test themselves twice a week at home. Staff and pupils must report their result to NHS Test and Trace as soon as the test is completed either online or by telephone as per the instructions in the home test kit. Staff and pupils should also share their result, whether void, positive or negative, with their school to help with contact tracing. Adolescents aged 12 to 17 should self-test and report with adult supervision. The adult may conduct the test if necessary. Children aged 11 attending a secondary school should be tested by an adult. Staff or pupils with a positive LFD test result will need to self-isolate in line with the stay-at-home guidance. They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result if the test was done at home. Those with a negative LFD test result can continue to attend school and use protective measures. 			
21	<u>Managing Confirmed Cases of</u> <u>Coronavirus (COVID-19)</u> <u>Amongst the School Community</u>	3	You must take swift action when you become aware that someone who has attended has tested positive for coronavirus (COVID-19) having developed symptoms and taken a PCR test outside of school. If you would like support on the action you should take to respond to a positive case, you can contact the dedicated advice service introduced by Public Health England (PHE) and delivered by the NHS Business Services Authority. This can be reached by calling the DfE Helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive case. You will be put through to a team of advisers who will inform you of what action is needed based on the latest public health advice. The advice service (or PHE local health protection team if escalated) will work with you to guide you through the actions you need to take. Based on their advice, you must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate immediately and for the next 10 full days counting from the day after contact with the individual who tested positive.	2	6 Low	



Close contact means:	
anyone who lives in the same household as someone with	
coronavirus (COVID-19) symptoms or who has tested positive	
for coronavirus (COVID-19)	
 anyone who has had any of the following types of contact with 	
someone who has tested positive for coronavirus (COVID-19)	
with a PCR or LFD test:	
 face-to-face contact including being coughed on or having a 	
face-to-face conversation within 1 metre	
 been within 1 metre for 1 minute or longer without face-to-face 	
contact	
 sexual contacts 	
 been within 2 metres of someone for more than 15 minutes 	
(either as a one-off contact, or added up together over one day)	
 travelled in the same vehicle or a plane 	
The advice service (or PHE local health protection team if escalated) will	
provide advice on who must be sent home. To support them in doing so,	
we recommend you keep a record of pupils and staff in each group, and	
any close contact that takes places between pupils and staff in different	
groups.	
This should be a proportionate recording process. You do not need to	
ask pupils to record everyone they have spent time with each day or ask	
staff to keep definitive records in a way that is overly burdensome.	
Where individuals are self-isolating and are within our definition of	
vulnerable, it is important that schools put systems in place to keep in	
contact with them, offer pastoral support, and check they are able to	
access education support.	
A template letter will be provided to you, on the advice of the health	
protection team, to send to parents and staff if needed. You must not	
share the names or details of people with coronavirus (COVID-19)	
unless essential to protect others.	
Household members of those contacts who are sent home do not need	
to self-isolate themselves unless the pupil or staff member who is self-	
isolating subsequently develops symptoms, unless they have been told	
to self-isolate by NHS Test and Trace or their public health protection	
team, in which case they must self-isolate. If someone in a class or	



			 group that has been asked to self-isolate develops symptoms themselves within the 10 days from the day after contact with the individual who tested positive, they should follow <u>guidance for</u> households with possible or confirmed coronavirus (COVID-19) infection. They should get a test, and: if the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop coronavirus (COVID-19) within the remaining days if the test result is positive, they should inform their school immediately, and should isolate from the day of onset of their symptoms and at least the following 10 full days. Their household should self-isolate starting from when the symptomatic person in their household first had symptoms and the next 10 full days, following guidance for households with possible or confirmed coronavirus (COVID-19) infection 			
22	Reporting actual or suspected cases of coronavirus (COVID-19) through the education setting status form	1	From 11 January, schools were asked to resume completing a educational setting status form. The form will be amended to reflect wider opening. The data you supply helps the government monitor the impact of coronavirus (COVID-19) on schools.	1	1 Low	
			See guidance on how to submit the <u>educational settings status form</u> for more information			
23	Admitting children and staff back to the school	3	The pupil or staff member who tested positive for coronavirus (COVID- 19) can return to their normal routine and stop self-isolating after they have finished their isolation period and their symptoms have gone or if they continue to have only a residual cough or anosmia. This is because a cough or anosmia can last for several weeks once the	2	6 Low	
			infection has gone. If they still have a high temperature after 10 days or are otherwise unwell, you should advise them to stay at home and seek medical advice.			



			You should not request evidence of negative test results or other medical evidence before admitting pupils or welcoming them back after a period of self-isolation. In the vast majority of cases, parents and carers will be in agreement that a pupil with symptoms should not attend the school, given the potential risk to others. In the event that a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect your pupils and staff from possible infection with coronavirus (COVID-19). Your decision would need to be carefully considered in the light of all the circumstances and current public health advice.			
24	Covid-19 (Coronavirus) related <u>illness in setting</u> Risk from children and/or staff who may develop symptoms whilst in the setting	3	If anyone becomes unwell with a new, continuous cough or a high temperature or sudden loss of taste/smell in an education or childcare setting, they must be sent home and advised to follow the <u>COVID-19</u> ; guidance for households with possible coronavirus infection guidance. If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital. If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, loss of taste/smell, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus in a setting?' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the	3	9 Med	



25	Response to an infection Virus may be transmitted through large groups of people unless strict controls are in place	3	affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the <u>COVID-19</u> : cleaning of non-healthcare settings guidance. Schools must ensure they understand the NHS Test and Trace process and how to contact their local <u>Public Health England health protection</u> team. Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to: <u>book a test</u> if they are displaying symptoms. Staff and pupils	2	6 Low	
			 must not come into the school if they have symptoms, and must be sent home to self-isolate if they develop them in school. All children can be tested, including children under 5, but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace <u>self-isolate</u> if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19) 			
			Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked online through the NHS <u>testing</u> and tracing for coronavirus website, or ordered by telephone via NHS 119 for those without access to the internet.			
26	<u>First Aid</u> Potential for reduced First Aid cover during pandemic if staff are ill or self-isolating	3	First Aid cover should be reviewed to ensure adequate provision is in place at all times with temporary arrangements put in place if appropriate. Special consideration should be given to children and young people with special medical needs and paediatric requirements. As per usual arrangements, where appropriate First Aiders, and other staff who may deal with minor injuries or illnesses, should ensure they wear PPE (including a face mask if considered appropriate) when providing first aid.	2	6 Low	
			 Be aware of the risks to yourself and others When approaching a casualty there is always a risk of cross 			



contamination – especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross contamination has occurred. According to NHS 111 we do not know exactly how coronavirus spreads from person to person but similar viruses are spread in cough droplets.
2. Keep yourself safe In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty also ensure that you don't cough or sneeze over a casualty when you are treating them.
The Resuscitation Council (UK) provides some useful advice of how to keep yourself safe when providing CPR. <u>You can read</u> <u>their full advice on their website here.</u>
 Don't lose sight of other cross contamination that could occur that isn't related to COVID-19. Wear face masks if possible if you are unable to maintain social distancing to treat a person Wear gloves or cover hands when dealing with open wounds Cover cuts and grazes on your hands with waterproof dressing Dispose of all waste safely Do not touch a wound with your bare hand Do not touch any part of a dressing that will come in contact with a wound.
3. Give early treatment The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a casualty effectively.
 Keep yourself informed and updated As this is a new disease this is an ever changing situation and the government and NHS are continually updating their advice. Make sure that you regularly review the NHS 111 or Gov.uk website which has a specific section on Coronavirus.



			 <u>Click here to visit NHS 111</u> <u>Click here to visit Gov.uk</u> <u>Click here to visit Resuscitation Council</u> 5. Remember your own needs These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. In order to help others you will also need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself. 6. If you think you may have been exposed to or contracted Covid-19 If you are symptomatic for Covid-19 (Coronavirus), i.e. are showing signs of high fever, new and persistent cough and breathing difficulties, sudden loss or taste/smell, you should inform your line manager and arrange to self-isolate for 7 days with immediate effect. You can book also a test to confirm whether you have the virus or not by visiting https://self-referral.test-for-Covid-19 (Coronavirus).service.gov.uk/. Members of your household who are symptomatic can also be tested to confirm whether they have the virus. If all symptomatic persons in your household test negative, you can return to work.			
27	Fire and Emergency Evacuation Procedures There may be the potential for increased risks from fire due to temporary arrangements in place in schools such as reduced staff numbers and staff and children and young people being located in different areas than usual.	5	 It should be assured a current Fire Risk Assessment (FRA) is in place and where possible remedial actions completed. The FRA and current Fire and Emergency Evacuation procedures should be reviewed in conjunction with other changes being implemented during the Covid-19 pandemic. Where appropriate Temporary Fire and Emergency Evacuation Plan should be implemented and all staff briefed accordingly. A fire drill should be carried out at the earliest opportunity to provide awareness and familiarity for staff, children and young people alike. Reviews of Temporary Fire and Emergency Evacuation Plans and fire drills should be repeated accordingly as other year groups return to school under the phased return process. 	2	10 Med	Schools who have subscribed to the Property Term Servicing Agreement can continue to receive guidance and support with regards to their FRA and remedial actions as usual.



28	Stress, fatigue, verbal abuse Increased risk of stress during Covid-19 pandemic leading to staff being adversely affected by factors such as continuing change and lack of job control, conflicting demands between home and work and increased risk of verbal abuse from parents who are frustrated or frightened during the crisis	3	 Personal Emergency Evacuation Plans (PEEP) in place for staff and/or children and young people should be reviewed to ensure they remain effective under any temporary arrangements. Staff can talk to line manager if they are feeling unwell or ill at ease about things at work and or conflicting demands between home and work or concerns regarding their personal safety during the Covid-19 pandemic. Where necessary further guidance and support can be found through HR with regards to conflicting demands. Normal policy applies for dealing with verbal abuse from parents or anyone else. However de-escalation techniques should be used where possible in recognition that some parents may feel threatened or frustrated by the temporary arrangements in place, conflicting information in media and fear for their children's and their safety. 	3	9 Med	Staff signposted to support services, EAP (Employee Assistance Programme) - <u>https://healthassuredeap.co.uk/w</u> <u>p-</u> <u>content/plugins/healthassured/sl.</u> <u>php?lg=southamptoncc&lp=sout</u> <u>hamptoncc&lid=4093</u> Refer to Covid-19 (Coronavirus) wellbeing web pages - <u>http://staffinfo.southampton.gov.</u> <u>uk/supporting-our-</u> <u>staff/coronavirus-covid19/our-</u> <u>wellbeing/</u> If you cannot access these pages please email the H&S team (health.and.safety@southampto n.gov.uk) with your query and they will endeavour to provide you with the information you require.
29	SEND Guidance in relation to Covid-19	3	Reference should be made to the GOV.UK guidance on risk assessments for settings managing children and young people with an education, health and care (EHC) plan during the Covid-19 (Coronavirus) outbreak. The government has published guidance for how special schools and colleges might consider and manage risks in supporting children and young people with complex needs towards managing children and young people with education, health and care plans: <u>guidance for</u> <u>special schools</u> , <u>specialist colleges</u> , <u>local authorities and any other</u> <u>settings</u> This covers recommendations for educational settings, working with local areas and families, on how to assess risks in supporting children and young people.	2	6 Low	https://www.gov.uk/government/ publications/coronavirus-covid- 19-send-risk-assessment- guidance



30	Implementing protective measures in alternative provision (AP)	3	It is the Government's intention that all pupils in alternative provision (AP) settings (including pupil referral units, AP academies and AP free schools) will return to school full-time from 8 th March 2021.	2	6 Low	https://www.gov.uk/government/ publications/coronavirus-covid- 19-send-risk-assessment- quidance
			To support this return, AP settings must comply with health and safety law which requires employers to assess risks and put in place proportionate control measures. They should work through the system of controls to follow the same principles as mainstream schools, adopting measures as appropriate that help them meet each control in a way that addresses the risk identified in their assessment and that works for their setting to allow them to deliver a broad and balanced curriculum for pupils.			
			When working through the system of controls, APs should take steps to minimise social contact and mixing as far as is practicable.			
			All APs, especially larger AP schools, should consider whether pupils can be placed into smaller groups and still receive a broad and balanced curriculum. Due to the smaller size of many AP settings, and because APs are not typically organised by year groups, APs may wish to adopt whole school bubbles as part of their system of control and in order to best meet the needs of their students.			
			Staff should use simple language to explain safety measures, and reinforce key messages.			
			Safe routines for access to toilets, hand-cleaning and break and lunch times should be put in place. Teaching resources can be used to aid understanding.			
			Settings may need to carry out a risk assessment, if it is deemed that a child or young person may not be able to follow instructions, to determine what mitigations need to be put in place and whether, in rare circumstances, they should stay at home. For those children and young people with a social worker, our expectation is that they should attend their educational setting unless a risk assessment concludes they will be safer at home.			



31	Legionnaires Disease – Risk from re-opening schools following temporary closure or reduced occupancy	3	Opening after reduced occupancy It is important that you undertake all the usual building checks to make the school safe. If buildings have been closed or had reduced occupancy, water system stagnation can occur due to lack of use. This can <u>increase the risk of Legionnaires'</u> <u>disease</u> . Advice on safely reoccupying buildings can be found in the <u>Chartered</u> <u>Institute of Building Services Engineers' guidance</u> on emerging from lockdown.	2	6 Low	
32	<u>Returning to a DT or Art</u> <u>department after extended</u> <u>closure & Guidance on practical</u> <u>work</u>	3	CLEAPSS has provided guidance on practical work in schools This is in addition to all standard operating procedures across your school and CLEAPSS Guidance in general. This should be reviewed alongside all guidance for your own setting. The guidance will be updated as more is learnt about these new ways of teaching, therefore please check regularly for updates on the CLEAPSS website.	3	9 Med	Stay up to date with the latest CLEAPSS guidance on COVID 19 <u>GL336 – CLEAPSS Advice</u> <u>during the COVID-19 /</u> <u>Coronavirus Pandemic</u>
33	<u>Guidance for science</u> <u>departments returning to school</u> <u>after an extended period of</u> <u>closure</u>	3	CLEAPSS has put together a list of important checks you should perform when your school re-opens. GL345 – Guidance for science departments returning to school after an extended period of closure <u>http://science.cleapss.org.uk/Resource-Info/GL345-Guidance-for- science-departments-returning-to-school-after-an-extended-period-of- closure.aspx</u> Checking the chemical store There may have been a spill or leak so keep safe by reading <u>GL246</u> before going in, and check <u>GL247</u> and <u>GL252</u> for further details and advice on what to look for. Be particularly careful if the weather has been hot or you are unsure that the store is ventilated well.	3	9 Med	For further help or advice contact the CLEAPSS Helpline <u>https://science.cleapss.org.uk/he</u> <u>lpline/</u>
34	<u>Guidance for managing music,</u> <u>dance and drama in school</u>	3	Teaching music, dance and drama as part of your school curriculum, can continue, however there may be additional risks of infection in environments where singing, chanting, playing wind or brass instruments, dance or drama takes place. Singing, wind and brass instrument playing can be undertaken in line	3	9 Med	



			 with this and other guidance, including guidance provided by the DCMS for professionals and non-professionals, available at working safely during coronavirus (COVID-19): performing arts. Particular care in music, dance and drama lessons should be taken to observe social distancing where possible. This may limit group activity in these subjects in terms of numbers in each group. It will also prevent physical correction by teachers and contact between pupils in dance and drama. Additionally, you should keep any background or accompanying music to levels which do not encourage teachers or other performers to raise their voices unduly. If possible, use microphones to reduce the need for shouting or prolonged periods of loud speaking or singing. If possible, do not share microphones. If they are shared, follow the guidance on handling equipment and instruments (see page 56 of Schools Coronavirus Operational Guidance). Performances with live audiences should not be held, instead alternatives such as live streaming or recording performances, subject to the usual safeguarding considerations and parental permission, should be considered. 			
35	Wraparound Provision and Extra- Curricular Activity	3	 From 8 March, before and after-school educational activities and wraparound childcare for your pupils, where this provision is necessary to support parents to work, attend education and access medical care, and is as part of pupil's wider education and training, can resume. The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 will be amended to allow for this. Vulnerable children can attend these settings regardless of circumstance. Parents should be advised that where they are accessing this provision for their children, that they must only be using this, where: the provision is being offered as part of the school's educational activities (including catch-up provision) the provision is as part of their child's efforts to obtain a regulated qualification or meet the entry requirements of an education institution 	2	6 Low	



			 the use of the provision is reasonably necessary to support them to work, seek work, undertake education or training, attend a medical appointment or address a medical need or attend a support group It should be continued to work closely with any external wraparound providers which your pupils may use to try to keep children in the same bubble they are in during the school day, as far as possible. The guidance for providers who run community activities, holiday clubs, afterschool clubs, tuition and other out-of-school provision for children may help you to plan extra-curricular provision. Where parents are using external childcare providers or out of school extra-curricular activities for their children, you should also: advise them to limit their use of multiple out-of-school settings providers, and to only use one out-of-school setting in addition to school as far as possible encourage them to check providers have put in place their own protective measures send them the link to the guidance for parents and carers If you hire out your premises for use by external wraparound childcare providers, such as after-school or holiday clubs, make sure these organisations have considered the relevant government guidance for their sector and put in place protective measures 			
36	Meetings Increased risk of close contact due to limited space and numbers of persons attending	3	Face to face meetings should be avoided where at all possible but where this is not possible, it should be ensured that government guidance regarding social distancing is observed.	2	6 Low	
37	Increased working from home during Covid-19 pandemic Risk to all staff when working from home from non-managed premises. Potential injuries due to unsafe electrical equipment, lone working, not being able to summon help in the event of falling ill or suffering an injury, risks associated with working	3	Employees to ensure they work in a safe environment at home as far as reasonably practicable and to inform their line manager if there is any reason why this may not be possible, i.e. no suitable place to work, unsafe equipment, lack of security or any other risks. Contact arrangements discussed and agreed with line manager as appropriate. Employees to ensure they work safely and avoid using IT equipment for	2	6 Low	If home is not suitable for working from for short or longer periods of time employees may need to work from the office instead, however during the Covid-19 (Coronavirus) pandemic this may not be possible, therefore please discuss with your line manager

Covid-19 – Risk Assessment for Full Reopening of Schools – March 2021



	for long periods of time in an unsuitable location or with unsuitable work equipment		long periods in unsuitable locations. A Risk Assessment for Flexible Homeworking is available on the <u>H&S</u> <u>Forms Page</u> on Young Southampton			and refer to the <u>DSE Microsite</u> for further information
38	Covid-19 Related Incident Reporting All staff are at risk of the virus whether at work or in the wider community	3	 All normal accidents or incidents should continue to be reported as usual using the online reporting system (HSMS). Where there is reasonable evidence that any reported case of Covid-19 is resultant of occupational exposure, this should be reported on HSMS, where it will be considered against RIDDOR guidance issued by the HSE. Head Teachers or their nominated deputy must review all incidents reported and take necessary actions as appropriate to prevent further occurrences where possible. A report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) should only be made when: an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence. a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease. a worker dies as a result of occupational exposure to coronavirus. 	2	6 Low	RIDDOR <u>reporting of COVID-</u> 19
39	School Cleaning during Covid-19 (Coronavirus) outbreak Increased risk to cleaning staff from contracting Covid-19 (Coronavirus) during cleaning activities	3	Increased cleaning will reduce the risk of infection and guidance on school cleaning during the Covid-19 (Coronavirus) outbreak is available on Young Southampton. PPE requirements in relation to cleaning in schools may be slightly different to usual during the Covid-19 (Coronavirus) outbreak. Further information can be found via this link <u>Schools - What PPE to Wear</u> <u>During Coronavirus Outbreak</u>	2	6 Low	Follow the <u>COVID-19</u> : cleaning of non-healthcare settings guidance For further guidance see: <u>School Cleaning – Little and</u> <u>Often</u> <u>School Cleaning Manual –</u> January 2020



40	Air conditioning Risk of transmitting Covid-19 (Coronavirus) through air conditioning systems	3	 HSE Guidance states that the risk of air conditioning spreading coronavirus is extremely low. If you use a centralised ventilation system that removes and circulates air to different rooms, it is recommended that you turn off recirculation and use a fresh air supply. You do not need to adjust other types of air conditioning systems. If you're unsure, speak to your heating ventilation and air conditioning (HVAC) engineers or advisers. Good ventilation is encouraged to help reduce the risk of spreading coronavirus. 	2	6 Low	For regular HSE updates on coronavirus <u>visit HSE website</u>
41	<u>Site Management during Covid-</u> <u>19 (Coronavirus) outbreak</u>	3	Where schools are closed or only partially open, it must be ensured that statutory compliance is complied with as per normal arrangements, including the ongoing need to ensure legionella controls are continued as normal and servicing and maintenance of boilers, LEV's etc. continue in line with their normal inspection and maintenance schedule.	2	6 Low	Schools who have subscribed to the Property Term Servicing Agreement can continue to receive support with regards to compliance and maintenance etc. as usual.
42	<u>Visitors</u> Increased risk due to unknown health or exposure	3	Where possible it is recommended that visitors to the school are limited to essential only, i.e. Property Service and/or contractors for essential maintenance and inspection and essential deliveries. All visitors should be asked to adhere to hygiene rules at the site, i.e. use sanitiser on arrival as provided by reception or if this is not possible or suitable, to wash their hands on arrival for 20 seconds using soap and hot water.	3	9 Med	



Hazard Impact Severity/Consequence if exposed to risk

	Severity of the hazard if incident occurs				
Rating	Possible qualitative equivalent	Examples			
1		No injury, damage, or sickness or other loss, i.e. of working equipment.			
2	Aid	First aid injury or illness, minor damage or loss. For example, scratch, bruise, minor cut, minor burns. Normal work possible after first aid treatment.			
3	Serious Harm -	Minor fractures (fingers & toes), temporarily disabling back injuries. Accidents result in an over 'three-day' injury or illness, substantial damage or loss.			
4		Major fractures (limbs, vertebrae etc.), eye injury, longer term disability long term sickness absence.			
5	Catastrophic Harm Fatality	Fatality, permanent disabling illness, blindness, catastrophic damage or loss e.g. loss of limb			

Likelihood of being exposed to risk

	Likelihood of incident occurring					
Rating	Possible qualitative equivalent	Examples				
1	Remote	Highly unlikely to occur				
2	Rare	May occur in exceptional circumstances				
3	Unlikely	Unlikely but could occur at some time				
4	Possible	Fairly likely to occur at some time or in some circumstances				
5	Likely	Will probably occur at some time or in some circumstances				
6	Highly Likely	Highly likely to occur				

Health and Safety 6x5 Risk Matrix

	zard Severity
х	Likelihood
	= RISK

Risk	Level
Low	1-6
Med	8-12
High	15-20
V High	24-30

Risk Matrix

Likelihood rating

1	6	6	12	18	24	30
	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5

Hazard Severity rating

Risk Control Plan

Risk level	Guidance on necessary action and timescale
Low (1-6)	Unlikely to cause serious injury, any actions need to be completed within 6 months. Periodic review to ensure controls are maintained
Medium (8- 12)	Will cause injury at some point; consideration should be given as to whether the risks can be lowered, actions to be completed within 1 month, regular review of controls to ensure they are maintained particularly if the risk levels are associated with harmful consequences.
High (16-20)	Likely to cause injury, substantial efforts required to reduce risk. Controls to be implemented as a prority.
High (25-30)	Will cause serious injury or worse, consider stopping , suspending or restricting the activity all risk reduction actions are immediate detailed planning and regular monitoring of controls. Temporary controls might be appropriate in the short term such as increased supervision.