

Old Park School

Assessment conducted by: J Colbourne	Job title: Head teacher
Date of original assessment: 21 st May 2020	Date of next review: September 2020
Approved by: Mr Alex Burns (Chair of Governors)	Date: 21.05.2020 Date: 02.06.2020 Date: 23.06.2020 Date: 23.07.2020, approved by FGB 27.07.2020 Date: 31.08.2020

For the purpose of this risk assessment, the term ‘coronavirus’ to refer to coronavirus disease 2019 (COVID-19). Schools must ensure that this risk assessment reflects the local setting and context of the school. Staff must be consulted with regard to this risk assessment (this must take into consideration all types of workers including agency workers, casual staff and contractors and any other adult on site as well as your permanent staff). This risk assessment should be read in conjunction with Government, Local Authority and Public Health guidance. The following guidance was published on 2nd July 2020 and relates specifically to special schools and other specialist settings.

<https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings>

The guidance states that –

The system of controls: protective measures

Having assessed their risk, settings should work through this system of controls, adopting measures in a way that:

- addresses the risk identified in their assessment
- works for their setting, and the individual, often complex, needs of the children and young people they teach
- allows them to deliver a broad and balanced curriculum, including full educational and care support for their pupils and students

If settings take steps to follow the guidance set out here they will effectively reduce risks in their setting and create an inherently safer environment.

System of controls

This is the set of actions education settings 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 the setting.
- 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 PPE.

Numbers 1 to 4 must be in place in all settings, all the time.

Number 5 must be properly considered and settings 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 setting’s 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.

Key:					
Level of risk prior to control		Identifies the risk before any steps to reduce the risk have been taken			
Risk Description:		Outlines the area of concern.			
Risk Controls:		The measures that will be taken to minimise the risk.			
Likelihood:		Could be L/M/H or numeric, depending on what is used in the school setting.			
Area	Risk	Level of Risk Prior to Control	Control Measures	Level of Risk After Control	Likelihood
Guidance and policies	The school lapses in following national guidelines and advice, putting everyone at risk	High	To ensure that all relevant guidance is followed and communicated Daily checks are made with the Government online guidance. Government guidance may be issued overnight, checks must be made prior to opening each day. The school to keep up-to-date with advice issued by, but not limited to, DfE, NHS, Department of Health and Social Care and PHE, and review its risk assessment accordingly Information on the school website is updated. Any change in information to be shared with Chair of Governors and passed on to parents and staff by website/social media – notified by Parent Mail As a result, the school has the most recent information from the government, and this is distributed throughout the school community. Queries regarding COVID-19 in schools, other educational establishments and children’s social care can be discussed via the DfE Coronavirus helpline, tel: 0800 046 8687	Medium	Low
Guidance and policies	Lack of awareness of policies and procedures	High	School leaders will ensure that all policies impacted on by coronavirus controls are updated. All staff, pupils and volunteers will make themselves aware of all relevant policies and procedures. All staff have regard to all relevant guidance and legislation including, but not limited to, the following: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 The Health Protection (Notification) Regulations 2010 Public Health England (PHE) (2017) ‘Health protection in schools and other childcare facilities’ DfE and PHE (2020) ‘COVID-19: guidance for educational settings’	Medium	Medium Low

			<p>The relevant staff receive any necessary training that helps minimise the spread of infection, e.g. infection control training.</p> <p>Staff are made aware of the school's infection control procedures in relation to coronavirus via email.</p> <p>Parents are made aware of the school's infection control procedures in relation to coronavirus via letter/social media/poster at entrance to school – they are informed that they must contact the school as soon as possible if they believe their child has been exposed to coronavirus</p>		
Communication	Poor communication with parents and other stakeholders	High	<p>All staff aware of current actions and requirements and reminded frequently using school communication systems – email</p> <p>Headteacher to share risk assessment with all staff</p> <p>Parents notified of risk assessment plan and shared with parents via website.</p> <p>FAQs produced for parents and carers (JC)</p> <p>Updated parent FAQs to be published based on September 2020 plans.</p>	Medium	Low
HR and Staffing	Insufficient staff to run face-to-sessions for pupils.	Medium	<p>Staff who are clinically vulnerable or clinically extremely vulnerable</p> <p>Shielding advice for all adults and children will pause on 1 August, subject to a continued decline in the rates of community transmission of coronavirus (COVID-19).</p> <p>People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p> <p>School leadership will monitor the impact of staffing levels and may need to close certain classes/bubbles if there is insufficient staffing levels to open safely.</p> <p>Protocols for staff to inform leaders if they need to self-isolate are clearly in place – staff to call/text HT by 7am at the latest on working day. Admin to keep daily staffing record.</p>	Medium	Medium
Arrival and departure each day	<p>Pupils arriving at school with known Covid-19 symptoms</p> <p>Mixing of school bubble groups</p> <p>Poor hygiene</p> <p>Unfamiliar drivers/escorts – increased pupil anxiety</p>	High	<p>L.A. Transport</p> <p>LA transport to provide clear guidelines on actions taken to ensure adequate social distancing, hygiene practices in line with Government requirements. These are issued to school and parents in a timely manner.</p> <p>LA to ensure compliance in relation to guidelines issued. Failure to monitor would significantly increase risk.</p> <p>School to report any breaches of guidelines observed.</p> <p>School to refuse entry of any vehicles where guidelines have been breached.</p> <p>School to issue updated guidance to all routes on procedure for arrival/departure. (JW)</p>	Medium	Medium

			<p>School Logistics - Arrival Closely manage pupil entry and exit – Plan A. Pupils to arrive in school on transport or with parents in identified bubble groups (Primary and Secondary). Primary bubble pupils to access school via lower phase door. Secondary bubble pupils to access school via the hall door. Class staff to collect from this point and transition to and from their allocated classrooms via identified bubble corridors (staff to be strategically positioned within corridors to encourage independence). LA to provide enhanced PPE for school staff. Identified staff as directed by SLT (Yellow jacket staff) to conduct head count of pupils from outside of the vehicle rather than enter it and complete school register. School to advise families where possible to arrive on site after 9.15am to avoid congestion. LA drivers and escorts and parents to be informed about new procedures and not to open vehicle doors until school staff are ready to receive. Parents to join main transport queue and remain in car until instructed by school staff. Parents arriving by foot to follow the signs from the pedestrian gate and always maintain social distancing. Identified staff as directed by SLT to have walkie talkies.</p> <p>School Logistics - Departure Keep pupils in own classrooms rather than whole school moving to coach rooms. Identified staff as directed by SLT to oversee departure, with use of walkie talkies to call each class when pupils need to be brought out of class. (Maintenance of walkie-talkies to be undertaken by admin staff). Primary bubble pupils to depart via lower phase door. Secondary bubble pupils to depart school via the hall door (staff to be strategically positioned within corridors to encourage independence). All vehicles to join main transport line. Parents arriving by foot to follow the signs from the pedestrian gate and always maintain social distancing.</p>	Medium	Medium
Hygiene practice - general	Poor hygiene Pupils with SEND who are unable to wash hands independently	High	<p>Posters are displayed at the entrance to the school, around school and in every classroom reminding staff, pupils, parents and visitors of the hygiene practice required in school. Additional alcohol-based sanitiser (that contains no less than 60 percent alcohol) and tissues to be provided for all rooms in use. Infection control procedures are adhered to as far as possible in accordance with the DfE and PHE's guidance. Sufficient amounts of soap (or hand sanitiser where applicable), clean water, paper towels and waste disposal bins are supplied in all rooms in use.</p>	Medium	Medium

			<p>School to liaise with LA to confirm arrangement for enhanced PPE for school staff.</p> <p>Increase hand washing slots on the daily timetable – on entry to the classroom, at least hourly and before and after eating and using the toilet.</p> <p>Additional identified washing up bowls available for handwashing in classrooms if needed.</p> <p>After using toilets hand-washing in toilet area followed by hand-sanitizer on arrival at classroom (because pupils will need to use door handles on the way).</p> <p>All paper towels to be correctly disposed of immediately after use.</p> <p>Lidded pedal bins in all classrooms.</p> <p>Clinical waste bins in classrooms where needed.</p> <p>Site staff/cleaners to ensure classrooms and bathrooms are fully stocked.</p>		
Hygiene practice - specific – school entrance	<p>Exposure to/spreading of virus</p> <p>Poor hygiene</p> <p>Contamination of high touch points</p>	High	<p>Clear signage in place regarding social distancing</p> <p>Barriers/screens to be used by reception staff when dealing with parents/visitors/contractors</p> <p>Areas touched to be wiped down</p> <p>Visitors by appointment only. All visitors to remain in ‘airlock’ until directed.</p>	Medium	Medium
Hygiene practice – specific – office spaces	<p>Exposure to/spreading of virus</p> <p>Poor hygiene</p> <p>Contamination of high touch points</p>	High	<p>Tissues/hand sanitiser to be available in office locations</p> <p>Staff to wash hands on arrival at school</p> <p>Each individual is responsible for wiping down their own work area before and after use.</p> <p>Clear desk policy to be put in place.</p> <p>Only office staff permitted in main office spaces at all times.</p> <p>Class staff to use walkie talkie to contact office.</p>	Medium	Medium
PPE	<p>Exposure to/spreading of virus</p> <p>Poor hygiene</p>	High	<p>All staff to be provided with multi-use face shields for use where social distancing cannot be maintained e.g. working in class.</p> <p>Where staff are unable to wear face shields, then a mask should be worn.</p> <p>Full PPE to be worn when carrying out procedures which require very close adult to child working e.g. physiotherapy, enteral feeding, intimate care.</p>	Medium	Medium
Essential Supplies	<p>Lack of essential supplies, including PPE, cleaning materials and hygiene products may increase the risk of COVID-19 transmission</p>	High	<p>Site manager will be responsible for checking stocks of PPE, cleaning materials and hygiene products throughout the day.</p> <p>SBM will be responsible for ordering and sourcing stocks of PPE, cleaning materials and hygiene products.</p> <p>Established local authority link via Faye Parrett, ordered through RevolutionforSchools@dudley.gov.uk [RevolutionforSchools@dudley.gov.uk]</p> <p>Review of school provision/bubbles if inadequate supply available</p> <p>HT to clarify future provisions with local authority in advance. Where LA do not support, school to source own PPE supplies.</p>	Medium	Medium

Break Time/ Dinner time	Poor hygiene Contamination of plates, cups etc	High	Pupils to have packed lunch eaten in classroom. This to be provided either from home or by the school kitchen. Where pupils require a blended diet, this will be provided by the school kitchen. Lunches to be stored in class fridge until eaten. Lunch plates and cutlery to be collected by allocated lunch staff at the end of lunchtime. Cups/snack plates to be soaked in Milton overnight in classroom washing up bowls. Tables to be cleaned after use by class-staff. Guidance to be provided on safe use of cleaning products. Site staff to ensure classrooms are fully stocked.	Low	Low
Playtimes/Use of playground	Mixing of school bubble groups Poor hygiene Inclement weather	High	Reduce the number of pupils and staff on playground at any one time through allocated rotas. (TLR) Use of individual class pens if needed. Timetable use of MUGGA for outdoor PE/sport. (TLR) Each extended bubble may have outdoor equipment box/allocated bikes etc. which are cleaned daily on a class rota. All pupils to bring a sun hat/cap. During cold or wet weather pupils to remain in classroom.	Medium	Medium
Corridors	Mixing of school bubble groups	High	Access to main school/corridors to be limited, staff to keep to the left hand-side and maintain social distancing. Staff to be strategically positioned within corridors to encourage independence at start and end of day. Provide arrows/ visual cues in each corridor to remind pupils and staff. Pupils not to access sensory walks/panels in corridors. Equipment usually stored in corridors to be moved to school storage unit if not in use.	Low	Low
Cleaning Regime	Contamination of high touch points. Contamination of rooms/curriculum resources Cleaning is not sufficiently comprehensive	High	Increase access to cleaning products for each class team to use. The risks from any hazardous substances used for cleaning MUST be COSHH assessed and MSDS sheet available. Key considerations given to use of products in classrooms e.g. safe storage. Each class to be provided with caddy for cleaning materials. Staff required to conduct cleaning tasks to have received suitable and sufficient training for safe cleaning procedures and use of hazardous substances. Tables, chairs, touch points to be wiped down hourly throughout the day by class staff. School to provide Milton or equivalent and flexi-buckets/bowls for every class to soak toys, objects used in lessons, “chewies” etc in at the end of every day. Pupils to have individual sets of resources where possible. Staff/pupils to have individual ziplock bags for stationery. Classroom window and external doors opened where possible during singing activities. It is acknowledged that some pupil’s mouth objects –staff to be vigilant and ensure stringent cleaning of such objects or resources.	Medium	Medium

			<p>Soft play, sensory room, rebound, swimming will not be available – implication for pupils with sensory diets. This will be reviewed 2 full weeks after initial reopening.</p> <p>IWB touchscreen to be cleaned by class after each use.</p> <p>Computer keyboards, mice etc. to be cleaned before and after use both in classrooms and computer room.</p> <p>Ensure that all cleaning and associated health and safety compliance checks have been undertaken prior to opening</p> <p>A nominated member of staff (Site manager) monitors the standards of cleaning in school and identifies any additional cleaning measures.</p> <p>Disposable gloves/wipes/sprays are next to photocopiers/printers etc</p> <p>Site manager to complete midmorning, mid-afternoon cleaning check</p> <p>Cleaners to clean all used rooms after staff and pupils have left.</p> <p>Additional cleaning capacity has been secured for during the day – this will focus on bathrooms and communal touch points.</p> <p>Cleaners to act upon guidance normally linked to ‘deep cleans’ as part of their daily procedures (i.e. a focus on door handles, toilets, care rooms)</p>		
Class groups ‘bubbles’	<p>Poor hygiene</p> <p>Exposure to / spreading virus</p> <p>Risk of cross-infection</p>	High	<p>Creation of extended ‘bubble’ groups -</p> <p>Plan A – Primary (Butterfly, Bumblebee, Ladybird, Giraffe, Tiger, Dolphin, Bear, +Leopard)</p> <p>Secondary (Eagle, Owl, Lion, Cl1, Cl2, Cl3, Cl4)</p> <p>Restriction of movement/mixing between bubbles.</p> <p>Care rooms/staff toilets allocated, and signage erected.</p> <p>Care staff to be allocated per bubble.</p> <p>Use of visual aids to support pupil understanding</p> <p>Increase the amount of outside learning.</p> <p>Staff and pupils to avoid bringing additional items from home into school unless necessary.</p> <p>Such items (if required) to be cleaned before being distributed.</p>	Medium	Medium
BAME Group	Increased risk of contracting Covid19	High	<p>It is recognised that those from the Black, Asian and Minority Ethnic groups are at an increased risk of contracting Covid19.</p> <p>School believes that the measures identified in the whole school risk assessment mitigate these risks as far as is reasonably practicable within the current situation. Any staff from the BAME group who are concerned about returning to school should speak to the Head teacher in the first instance who will carry out an individual risk assessment.</p> <p>HT to speak to HR where further advice is needed.</p>	Medium	Low
Off-site learning	Exposure to / spreading virus in the community	High	<p>Off site visits to remain cancelled during initial reopening – review after initial full two weeks.</p>	Low	Low

Assemblies	Poor hygiene	High	Assemblies in classes to continue. No whole school or phase assemblies until further guidance is issued.	Low	Low
Additional adults in school including contractors	Exposure to/spreading of virus	High	<p>Copy of risk assessment and school Covid19 guidelines to be sent to all supply agencies ahead of any supply staff coming into school.</p> <p>Cancel all placement students/volunteers.</p> <p>Parent visiting by appointment only.</p> <p>Drop box for parents to return letters and other items.</p> <p>Continued use of video conferencing/telephone conferencing for Annual Reviews of EHCP, TAC, and Early Support meetings etc. if needed.</p> <p>Multi-agency visits by prior appointment only.</p> <p>DPA Music Staff –use YouTube</p> <p>All contractors to be checked to ensure that they are essential visitors prior to entry to the school.</p> <p>Agree arrival and departure times with contractors to ensure that there is no contact with staff or pupils.</p> <p>All contractors/visitors to wash hands either prior to or on entry to the school site</p> <p>Contractors and visitors are directed to specific/designated hand washing facilities (Disabled toilet on SLT corridor).</p> <p>All areas in which contractors work are cleaned in line with government guidance.</p> <p>Contractors to bring own food, drink and utensils onto site.</p> <p>Staff who receive deliveries to the school to wash hands in line with government guidance after handling.</p> <p>Where possible, staff to identify safe/designated place for delivery without need for contact with staff. Drivers are not permitted to enter the school premises when making deliveries.</p> <p>If drivers have to enter school site, ensure that they are asked to maintain social distancing and use hand sanitiser before entering the building</p> <p>Surfaces to be cleaned after any deliveries have been made.</p>	Low	Low
Swimming pool	Lack of social distancing - proximity of pupils, staff	High	<p>Swimming pool not to be in use – to be reviewed after full two weeks reopening.</p> <p>School to follow national guidance https://www.pwtag.org/novel-coronavirus-covid-19-latest-information-2/</p>	Low	Low
Personal Care	Poor hygiene	High	<p>LA to provide enhanced PPE for school staff.</p> <p>Each extended bubble to use allocated toilet facilities.</p> <p>ALL children to be accompanied to the toilets to ensure correct use.</p> <p>Only one child to be changed per care room/toilet cubicle at a time.</p> <p>Staff to monitor use and knock on door before entering to reduce overcrowding.</p> <p>Toilet seat flush and taps, changing surfaces and door handles to be cleaned after use – hand sanitiser to be used on return to classroom.</p> <p>Nappies/soiled items to be disposed of in yellow bags.</p> <p>Additional whole school cleaning to be provided throughout the day.</p>	Medium	Medium

Moving and handling, transition around school	Pupil Handling Plans being out of date for some pupils.	High	Need for new assessments from Physiotherapists, Occupational Therapists or in-house Risk Assessors e.g. sling assessments for pupils who have grown during the lock-down period, adjustments for seating systems, standing frames and walking frames. In house risk assessors to be timetabled to complete updates within extended bubbles on return.	Low	Low
	Social distancing of adults and contamination of hard surfaces that have been touched.	High	Brakes applied to wheelchair on a level surface. Adult handing over steps back whilst still supervising pupil in wheelchair. Second adult takes over and disinfects wheelchair handles and brakes whilst wearing protective gloves. NB cognitive ability of wheelchair user needs to be factored in as there is a possibility of pupil releasing the brakes.	Low	Low
First Aid	Cross-infection Reduced number of first aiders.	High	All first aiders reminded to check national guidance. Education staff should NOT perform rescue breaths if giving CPR. In all instances a member of the nursing staff should be called, who will deliver breaths using a bag and valve. Full PPE to be worn when carrying out first aid. First aid kits suitably stocked, located and checked routinely – Complex care TAs School awareness of method for contacting emergency services. First aider/s to carry Walkie talkie. First aider to be aware of SOP for supporting pupil with Covid19 symptoms. (JC)	Medium	Medium
Medication, complex care, tube-feeding etc.	Risks associated with Aerosol Generating Procedures. Cross-infection Vulnerability of pupils	High	DfE Coronavirus update 23.06.2020 From 1 August, the Government will be advising that shielding will be paused. From this date, those people previously shielding are advised to adopt strict social distancing rather than full shielding measures. Children who are clinically extremely vulnerable can return to their education settings if they are eligible and in line with their peers. All HMPs to be kept up to date and shared with class/bubble staff as required. School procedure to be implemented for the signing in, storage and administration of all routine oral medication. School nurse to be available to oversee. Ongoing discussion led by health colleagues re: provision for pupils who require Aerosol Generating Procedures. See appendix 4.	Low	Low
Fire Risk	Increase in flammable items in school	High	School to revert to usual Fire Evacuation Procedures. Fire Evacuation procedures take precedence over Covid-19 measures due to immediate risk to pupils, staff and visitors. When assembling at the muster point Fire Marshalls to maintain social distancing as much as possible (due to cross bubble gathering). Where possible Fire Marshalls will be allocated to sweep the areas within their bubble. Consider any new fire hazards which may have been introduced, e.g. increased supplies of PPE (source of fuel / block exits), alcohol hand gel (flammable – kept away from heat	Medium	Low

			sources) etc.		
Ill health in school Track and Trace	Cross-infection Exposure to/spreading of virus Poor hygiene	High	<p>Staff are informed of the symptoms of possible coronavirus infection, e.g. a cough, difficulty in breathing and high temperature, loss of taste and smell and are kept up-to-date with national guidance about the signs, symptoms and transmission of coronavirus. Full PPE is sourced and guidance and training on its location, use and disposal issued to staff in line with government guidance on what to do if a pupil or staff member becomes unwell – see appendix 2.</p> <p>All staff are informed of the procedure in school relating a pupil/adult becoming unwell in school.</p> <p>Information below taken from Government guidance.</p> <p><i>Response to any infection</i></p> <p><i>7. Engage with the NHS Test and Trace process</i></p> <p><i>Settings must ensure they understand the NHS Test and Trace process and how to contact their local Public Health England health protection team. This means ensuring that staff members and parents and carers understand that they will need to be ready and willing to:</i></p> <ul style="list-style-type: none"> <i>• book a test if they are displaying symptoms - staff and pupils must not come into the setting if they have symptoms, and must be sent home to self-isolate if they develop them when at the setting - all children and young people 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</i> <i>• 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</i> <i>• self-isolate if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19)</i> <p><i>Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked online through the NHS website, or ordered by telephone via NHS 119 for those without access to the internet. Essential workers, which includes anyone involved in education or childcare, have priority access to testing.</i></p> <p><i>The government will ensure that it is as easy as possible to get a test through a wide range of routes that are locally accessible, fast and convenient. We will release more details on new testing avenues as and when they become available and will work with settings so they understand what the quickest and easiest way is to get a test. By the autumn term, settings will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child or young person who has developed symptoms at their setting, or staff who have developed symptoms at work, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.</i></p>	High	Medium

		<p>Settings should ask parents and staff to inform them immediately of the results of a test:</p> <ul style="list-style-type: none"> • if someone tests negative, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating (they could still have another virus, such as a cold or flu - in which case it is still best to avoid contact with other people until they are better - other members of their household can stop self-isolating) • if someone tests positive, they should follow the Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection and must self-isolate for at least 7 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell or taste (this is because a cough or anosmia can last for several weeks once the infection has gone - the 7-day period starts from the day when they first became ill - if they still have a high temperature, they should keep self-isolating until their temperature returns to normal, and other members of their household should continue self-isolating for the full 14 days). <p>8. Manage confirmed cases of coronavirus (COVID-19) amongst the school and college community</p> <p>Settings must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Settings should contact the local health protection team. This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school - as identified by NHS Test and Trace.</p> <p>The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.</p> <p>The health protection team will work with schools in this situation to guide them through the actions they need to take. Based on the advice from the health protection team, settings must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:</p> <ul style="list-style-type: none"> • direct close contacts - face to face contact with a case for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin to skin) • proximity contacts - extended close contact (within 1-2 metres for more than 15 minutes) with a case • travelling in a small vehicle, like a car, with an infected person 		
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		<p><i>will not generally be necessary, and should not be considered except on the advice of health protection teams.</i></p> <p><i>In consultation with the local Director of Public Health, where an outbreak in a setting is confirmed, a mobile testing unit may be dispatched to test others who may have been in contact with the person who has tested positive. Testing will first focus on the person's class, followed by their year group, then the whole setting if necessary, in line with routine public health outbreak control practice.</i></p> <p>Any staff member who displays signs of being unwell immediately refers themselves to identified SLT/SMT member on site and is sent home. Staff member or HT to arrange Covid19 test. Staff member to inform HT of test result when received.</p> <p>Any pupil who displays signs of being unwell is immediately taken to the identified isolation room by a member of bubble staff (Primary Bubble – Lower group room, Secondary Bubble - Upper group room, access using playground, not main corridor). Bubble leader to notify SLT/SMT and first aider using walkie talkie. SLT/SMT and first aider to meet pupil at isolation room – Full PPE required. Window/door to be opened where possible, use pen where possible. School admin team to contact parents. Parents advised to follow the COVID-19: Guidance for households, including accessing testing. School nurse to support with accessing testing.</p> <p>When a child becomes unwell and a supervising a distance of 2m can't be maintained within the isolation area, the following PPE MUST be worn: Gloves Apron Face mask If there is a risk of splashing to the eyes (e.g. coughing, spitting or vomiting), then additional PPE MUST be worn: Gloves Apron Face mask Eye protection</p> <p>The SLT/SMT member calls for emergency assistance immediately if the pupil's symptoms worsen. If a pupil needs to use the bathroom, they should use the nearest bathroom. Sign should be added to the bathroom door after use.</p>		
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			<p>Areas used by unwell pupils who need to go home are identified as out of bounds, thoroughly cleaned and disinfected once vacated.</p> <p>Waste (i.e. used tissues, disposable cloths, disposable gloves) used during suspected COVID-19 cases MUST be managed by: Placing in a yellow plastic rubbish bag – tied Plastic bag placed in a second yellow bag and tied. Stored for at least 72 hours before it can be placed in normal waste disposal.</p>		
Re-establishing routines and expectations	<p>Pupils out of routine, used to eating at different times of the day, used to sleeping at different times of the day: therefore could present as hungry, tired, anxious at school.</p> <p>Staff out of routine: some have been in school on rota, others have been out for duration of “lock-down”</p> <p>Separation issues / attachment issues.</p>	Medium	<p>View the return to “normal school” as a period of adjustment. Reduce demands in terms of lessons and curriculum especially if staff are required to plan for those still at home. Postpone re-assessment until new academic year. Reduce workload of onsite staff – utilising capacity of any staff working from home. Positive re-enforcement of the benefits of the school community coming back together and having a routine. Total Communication to help pupils understand the changes and what will happen next. Consider transition/ photo book/sensory story for some pupils prior to their return to school. Establishing a clear plan for staff as well as children so that there are no sudden surprises / changes to daily structure. Use of resources provided by Dudley EP service - EPS-0520-A001_Transition Planning Tool (2019-20, Covid 19, EP Resources) Consideration given to Barry Carpenters ‘Recovery Curriculum’ - https://www.evidenceforlearning.net/recoverycurriculum/</p>	Medium	Medium
Bereavement	Emotions and behaviours linked to bereavement	Medium	<p>Safe spaces and individual time to communicate thoughts and feelings with known staff. Offer parents/carers the possibility of pupils bringing in photos of loved ones if that would help them to grieve. Social stories about lock-down. Books without words. Makaton signs and symbols about bereavement. Family support worker link between school and home. PSHE lessons about our feelings and that it is alright to feel sad. Class assemblies Circle time discussions. Reassurance and telephone calls home if needed and involve the young person. Use of resources provided by Dudley EP service - EPS-0520-A001_Transition Planning Tool (2019-20, Covid 19, EP Resources)</p>	Medium	Medium
Well-being, Anxiety and Mental Health	Pupils and staff may be anxious or fearful of returning to work and	Medium	<p>Parent and staff survey Ongoing communication with all stakeholders</p>	Medium	Medium

	<p>being alongside other people.</p> <p>Worries about transmitting virus to family members.</p>		<p>Use of resources provided by Dudley EP service - EPS-0520-A001_ Transition Planning Tool (2019-20, Covid 19, EP Resources)</p> <p>Consideration given to Barry Carpenters ‘Recovery Curriculum’ - https://www.evidenceforlearning.net/recoverycurriculum/</p> <p>Dudley Let’s Get website provides further advice and guidance on how to look after your health and wellbeing https://lets-get.com/healthy-lifestyles/mental-wellbeing/looking-after-your-health-and-wellbeing-throughout-covid19/</p> <p>https://www.bwd-localoffer.org.uk/kb5/blackburn/directory/service.page?id=ME1rvtavljc&localofferchannel=0</p>		
Safeguarding	<p>Possible increase of safeguarding issues, disclosures, staff noticing changes in pupil behaviour following “lock-down”</p>	Medium	<p>All staff observant for signs.</p> <p>Aware of ACEs in children.</p> <p>Robust and accurate recording using CPOMS.</p> <p>Referrals made in timely manner.</p> <p>Consider issue if DSL/s are unwell – use of DDSL.</p>	Low	Low
Staff morale	<p>Different opinions in a large staff; some feeling we should not be back yet, others wanting to make the “new normal” work as well as possible.</p>	Medium	<p>Positive messages as school returns.</p> <p>Following latest Government advice and PPE etc.</p> <p>Staff suggestion box to make things better – if you have an issue try and give a solution too.</p> <p>Access to testing where needed.</p> <p>Reassurance that staff do not need to follow the normal curriculum with pupils as they return to school and the priority needs to be on pupils feeling safe and happy, not the curriculum.</p> <p>Contact/ workload to be evenly distributed between staff able to work/have contact with pupils- Staffing rotas</p> <p>Staff need to be informed that PM targets will be extended.</p>	Low	Low
Staff facilities	<p>Contamination of communal staff areas</p> <p>Cross-infection</p> <p>Exposure to/spreading of virus</p> <p>Poor hygiene</p>	High	<p>Staff to only use identified areas within school.</p> <p>Personal belongings to be stored in classroom base.</p> <p>Identified staff toilets – only one person to use at a time, cleaning products provided for cleaning before and after use.</p> <p>Staff to use main hall at lunchtime – allocated tables per bubble.</p>	Low	Low
Physical Intervention	<p>Spread of virus due to close contact from pupils</p>	High	<p>No staff to be involved in physical intervention.</p>	Medium	Medium

	including spitting, biting, urinating etc.		<p>Risk assess those pupils who have a medium and high risk of being held – informed by Dudley Health and Safety advice</p> <p>Pupils who are not normally a high risk may well become high when returning to school – parents to be made aware that provision will be withdrawn if pupil behaviour requires physical intervention.</p> <p>All staff to wear face shields when working in situations where social distancing cannot be maintained.</p> <p>Staff to review ABSP's when pupils return to school, ensuring they are updated in line with parental discussion.</p> <p>Staff to use physical intervention as last resort and should avoid static holds for longer than 15 minutes, utilising out door areas where needed.</p>		
CPD and Training	Staff training certificates lapsing resulting in reduction in number of trained staff (Moving and handling, Team Teach, First Aid)	Medium	<p>All staff reminded only to carry out procedures if confident and competent.</p> <p>Training leads to contact organisations to request extension in certificates in the short to medium term.</p> <p>School has a 3 year cycle of SPH training and competency checks for staff. Lock-down period has delayed this cycle. There is now a backlog of staff to train in Year 3 of the cycle. There is also a backlog of staff in Year 2 of the cycle who should have their competencies assessed during the summer term 2020 in line with school policies. Competencies involve being assessed carrying out hoisting procedures.</p> <p>First aid certs have been extended by 3 months. This guidance comes into effect for certificates expiring on or after 16th March 2020.</p> <p>SBM to work with training leads to identify training needs.</p> <p>HT to request INSET day extension from CoG where needed.</p> <p>If school does not have enough trained staff per bubble short to medium term, bubble to close.</p> <p>School to plan training requirement's needed in order to safely reopen school to all pupils in September 2020 – this may require a delayed start for some pupils.</p>	Low	Medium

Appendix 1 – Hand washing Guidance



Coronavirus

Wash your hands with soap and water more often for 20 seconds

Use a tissue to turn off the tap.
Dry hands thoroughly.



Palm to palm



The backs of hands



In between the fingers



The back of the fingers



The thumbs



The tips of the fingers

CORONAVIRUS

**PROTECT
YOURSELF
& OTHERS**

Appendix 2 – PPE

PPE Types and rationale for use

Taken from <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Fluid Resistant Surgical Masks

Fluid-resistant (Type IIR) surgical masks (FRSM) provide barrier protection against respiratory droplets reaching the mucosa of the mouth and nose.

Surgical masks should:

- cover both nose and mouth
- not be allowed to dangle around the neck after or between each use
- not be touched once put on
- be changed when they become moist or damaged
- be worn once and then discarded – hand hygiene must be performed after disposal

Eye and face protection

Eye and face protection provides protection against contamination to the eyes from respiratory droplets, aerosols arising from AGPs and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.

Eye and face protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor
- full face shield or visor
- polycarbonate safety spectacles or equivalent

Regular corrective spectacles are not considered adequate eye protection.

Disposable aprons and gowns

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.

Disposable gloves

Disposable gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination. Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact. Double gloving is not necessary.

Sessional use of PPE

Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and disposable fluid repellent coveralls or long-sleeved disposable fluid repellent gowns can be subject to single sessional use.

A single session refers to a period of time where a health and social care worker is undertaking duties in a specific clinical care setting or exposure environment. For example, a session might comprise a ward round, or taking observations of several patients in a cohort bay or ward. A session ends when the health and social care worker leaves the clinical care setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the clinical activity being undertaken.

While generally considered good practice, there is no evidence to show that discarding disposable respirators, facemasks or eye protection in between each patient reduces the risk of infection transmission to the health and social care worker or the patient. Indeed, frequent handling of this equipment to discard and replace it could theoretically increase risk of exposure in high demand environments, for example, by leading to increasing face touching during removal. The rationale for recommending sessional use in certain circumstances is therefore to reduce risk of inadvertent indirect transmission, as well as to facilitate delivery of efficient clinical care.

PPE should not be subject to continued use if damaged, soiled, compromised, uncomfortable or in other circumstances outlined in [section 10](#), and a session should be ended. While the duration of a session is not specified here, the duration of use of PPE items should not exceed manufacturer instructions. Appropriateness of single versus sessional use is dependent on the nature of the task or activity being undertaken and the local context.

In the context of Old Park School, sessional use is defined as:

- Morning in class, not exiting the room (PPE should be changed after staff lunch)
- Afternoon in class, not exiting the room
- Exiting the room to carry out intimate care
- Exiting the room for other reason

Adapted from Birmingham City Council – PPE Recommended Use (Special Schools)

Any activity where you can socially distance (>2m)

- No PPE required

Close and direct contact (within 2m) including personal care and first aid

- Wear PPE: disposable gloves, disposable apron and fluid resistant face mask. Consider the need for goggles/visor if there are likely to be droplets e.g. child coughs or has a speech impediment.

Aerosol generating procedures e.g. caring for children with tracheostomies

- See NHS/DfE guidance on PPE
- <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

Donning and Doffing PPE Guidance

Old Park School staff have been directed by Dudley LA Health and Safety team to watch the following video - https://www.youtube.com/watch?v=-GncQ_ed-gw&feature=youtu.be

Old Park School have sought the following additional online training for all staff - <https://www.highspeedtraining.co.uk/health-and-safety/ppe-training-for-healthcare.aspx>

Old Park School Nurse will carry out a face to face briefing with all staff to ensure competence and confidence.

The following information is taken from COVID-19: Guidance on the ordering of personal Protective Equipment, (PPE) and other supplies and how to use them.

https://connect.dudley.gov.uk/documents/_layouts/15/WopiFrame.aspx?sourcedoc=/documents/shared/Communications-and-Public-Affairs/Guidance%20for%20the%20ordering%20of%20PPE%20and%20other%20supplies%2017.04.20.docx&action=default

When using PPE it is important that it is applied and removed in the correct order, as there is a risk that the user can be contaminated. It is important that all staff are aware of this procedure.

How to put on Personal Protective Equipment (PPE)

Thorough hand washing technique must be performed or if unavailable use hand sanitizer, before putting on any PPE and then put on in the following order:

1. Apron
2. FRSM if worn
3. Eye protection if worn (your prescription glasses are not PPE)
4. Gloves

Please remove PPE in the following order

1. Gloves – because these are the most contaminated
2. Apron
3. Eye protection if worn (your prescription glasses are not PPE)
4. FRSM

Cleaning

* Eye protection should where possible be disposable and disposed of following a single care episode or session. If not they should be cleaned using a standard detergent and a chlorine releasing agent. As detailed below.

* Clean the environment to minimize the spread as current evidence suggests that the virus can stay on surfaces for up to 72 hours.

* Wear disposable apron and gloves for cleaning.

Laundry – In a non-healthcare setting

* Do not shake dirty laundry - this minimises the possibility of dispersing virus through the air.

- * Wash items as appropriate, in accordance with the clothing manufacturer's instructions.
- * Dirty laundry that has been in contact with a person suspected or diagnosed with COVID can be washed with other household member's laundry.

Disposal of Waste

- * Any waste generated should be set aside in a waste bag for 72 hours, before being placed in the household rubbish

The following posters are taken from <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>



Public Health
England

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

Donning or putting on PPE
Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- Put on your plastic apron, making sure it is tied securely at the back.
- Put on your surgical face mask. If tied, make sure it is securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.
- Put on your eye protection if there is a risk of splashing.
- Put on non-sterile nitrile gloves.
- You are now ready to enter the patient area.

Doffing or taking off PPE
Surgical masks are single session use, gloves and apron should be changed between patients.

- Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.
- Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- Snap or unfasten apron ties the neck and allow to fall forward.

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- Once outside the patient room, Remove eye protection.
- Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- Remove surgical mask.
- Now wash your hands with soap and water.

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

If you require the PPE for aerosol generating procedures (AGPs) please visit:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf



Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: <https://youtu.be/-GncQ-ed-9w>

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1 Perform hand hygiene before putting on PPE.



2 Put on apron and tie at waist.



3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



4 With both hands, mould the metal strap over the bridge of your nose.



5 Don eye protection if required.



6 Put on gloves.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878677/PHE_11606_Putting_on_PPE_o62_revised_8_April.pdf

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

* PPE should be removed in an order that minimises the risk of self-contamination

* Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.



4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.

Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.



7 Clean hands with soap and water.



*For the PPE guide for AGPs please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878678/PHE_11606_Taking_off_PPE_o64_revised_8_April.pdf

Appendix 3

Old Park School policies impacted by this risk assessment are as follows –

Attendance

Behaviour Management and Physical Intervention

Curriculum

Educational Visits Offsite

Health and Safety including Infection Control and First Aid

Home/School Communication

Intimate Care

Managing Medical Needs in School

Safeguarding

Safer People Moving and Handling

Transport

Visitors in School