Education settings must be able to achieve the following controls as defined by the Department of Education. The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded if necessary to show how the controls have been applied, add/amend for your school environment. The risk assessment should be reviewed at SLT and with the Governing Body and shared with all staff. The risk rating for each identified hazard and overall risk assessment must be considered and decided/changed to Low, Medium, or High by the school on how the school proceeds with the control measures and the wider opening of the school.

The current Government guidance for detailed review to assist in your risk assessment link is https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools

Description of Activity	COVID 19 Secure School Risk Assessment Version 2						
Location	St Paul's Whitechapel CE Primary School						
Completed by	Stuart McGregor/ Terry Bennett	Stuart McGregor/ Terry Bennett					
Date of Assessment	9 July 2020/ 23 rd August2020	Review Date	On-going* 15 th October 2020				

Suggested Action				
Control measures are adequate but continue to monitor and review; ensure that they remain satisfactory and appropriate				
Control measures need to be introduced within a specified time peri	od; continue to monitor and review			
Unless control measures can be immediately introduced to reduce t	he risk so far as is reasonably practicable, the task or activity should be suspended			
Overall Residual Risk for Activity (L / M / H): MEDIUM				
	Control measures are adequate but continue to monitor and review; Control measures need to be introduced within a specified time period Unless control measures can be immediately introduced to reduce to			

Glossary					
AHT	Assistant headteacher	EHT	Executive headteacher	SchCk	School Cook
AIR	Accident incident report	FBM	Federation business manager	SENCo	Special needs co-ordinator
CHSS	Corporate H & S Section	HHP	Hand hygiene protocol	SIB	Staff information booklet
CRT	Covid-19 Response Team:-	HSE	Health & Safety Executive	SOA	Senior Office Administrator
	StJ: EHoS; DHT; SENCo; SBM; PM	PLP	Parent liaison partner	SPM	Place2Be school project manager
	StP: EHT; DHT; SENCo; SAO; CT	PM	Premises manager (St John's)		, ,
CT	Caretaker (St Paul's)	PrTm	Premises team:-		
DHT	Deputy headteacher		St John's: SBM; PM		

St Paul's: SAO; CT

Senior leadership team

Risk assessment

Note: Changes from previous risk assessment are highlighted in yellow.

Executive head of school

Duty leader

DL

EHoS

Measures will be communicated to stakeholders in the Infection Control Measures document (ICM)

RA

SLT

This Risk Assessment and the ICM document will be uploaded onto the school website.

PREVENTION

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L/M/H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
1.Minimise contact People unwell/ Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Minimise contact with staff, pupils, visitors who are unwell with Covid-19, showing symptoms, or have tested positive in last 10 days, by sharing of communications, instructions, advice to staff, pupils, parents on what the symptoms are and actions required 2 Anyone presenting Covid-19 symptoms (new persistent cough or a high temperature or has a loss of or change in, their normal sense of taste or smell/anosmia) at school will be sent home as soon as possible and advised to follow guidance for households with possible or confirmed coronavirus (COVID-19) infection stay at home guidance, they should self-isolate for at least 10 days and arrange for a test (get tested). If a pupil 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 and needs of the child, 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 must be cleaned and disinfected using standard cleaning products before being used by anyone else.	MED	Communicate with stakeholders (staff, pupils, parents/ carers, governors and wider community) to raise awareness of the issues and explain school's measures including this risk assessment in Infection Control Measures (ICM) document. Allocate dedicated room in the event of potential covid-19 concern/waiting room for parents to collect pupil	EHT/ EHoS	26/8
		3 If someone has tested positive whilst not experiencing symptoms but develop symptoms during the isolation period, they should restart the 10-day isolation period from the day they develop symptoms. 4 Other members of their household including any siblings		Review provision	CRT	15/ 10
		should self-isolate for 14 days from when the symptomatic person first had symptoms. 5 PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the use of personal protective equipment (PPE) guidance.		Provide a small amount of PPE for staff unable to social distance to at least 2m whilst dealing with pupils	PrTm	1/9

		6 Any staff that have been in close contact with someone with Covid-19 symptoms do not need to self-isolate/go home unless have symptoms, in which case they should arrange a test or if the symptomatic person subsequently tests positive or they have been requested to do so by NHS test and trace		presenting covid-19 symptoms.		
2. Face Coverings Coronavirus (COVID-19) (CV19)	Employees, agency, pupils, visitors Causing severe	1 Follow local restriction measures from Public Health and Health Protection Units (in areas of local lockdown or restrictions are in place, face coverings should be worn by adults and pupils in years 7 and above) Follow any exemptions from wearing of face coverings. 1a – ensure a communication plan is in place in the event of		Face coverings not required at present, but situation continually reviewed considering govt. guidance.	CRT	Ongoing
Poor Hand hygiene	infection/disease	short notice of implementing use of face coverings 2 Have a supply of face coverings in the event of local restrictions and implementing any preventative measures at short notice		School has good supply of face coverings.	CRT	15/ 10
		3 Primary schools have completed an assessment of all staff areas to ensure social distancing of 2m is implemented, the Head teacher can implement face coverings in these areas if social distancing is a concern				
		4 All visitors, and contractors such as cleaning teams and catering teams (not whilst working in kitchen – but based on their risk assessment) will be instructed to wear face coverings	LOW			
		5 School should ensure a constant supply of face coverings in the event of pupils or staff/visitors not having a face covering when needed to wear one				
		6 Staff and Pupils should be informed on type of face covering, the hygiene arrangements of wearing and storing these items, the requirement for clean face coverings, and use of sealed plastic bags for storage. The need not to touch the face coverings once put on.		Add face covering etiquette to ICM document.	ЕНТ	15/ 10
		7 Not to dispose of these in recycling bins				
		8 Implementing hand washing/sanitising around the times of use and removal				
		9 Face coverings are required on public transports except for children under the age of 11, and on school minibus/transport face covering should also be worn for those 11 and over				
		*Links to face covering guidance - face-coverings-in- education				

3. Hand hygiene Coronavirus	Employees, agency, pupils, visitors	1 Clean hands more often than usual is the schools control measure, for staff, pupils, visitors, soap and running water is available throughout the school, this is supported with hand sanitation stations		Communicate to stakeholders.	EHT/ EHoS	1/9
(COVID-19) (CV19) Poor Hand hygiene	Causing severe infection/disease	2 This is supported with communication plan that includes when to wash your hands, including when arriving into the school, returning from breaks, when changing rooms, before and after eating		Discuss hand hygiene protocol and communicate to stakeholders.	CRT EHT/ EHoS	26/8 1/9
Pour Hand Hygierie		3 An assessment of hand hygiene procedures have been completed and implemented, what areas/ toilets can be used, at what time, to ensure this doesn't become a crowding concern these areas will be supervised, supported with mobile hand sanitising stations where needed as part of the assessment		Discuss toilet arrangements and communicate to stakeholders	CRT EHT/ EHoS	1/9, 15/10 26/8
		4 Signage installed throughout, education teaching resources used to train pupils and staff how to clean hands properly		Review signage	PrTm	15/ 10
		5 Monitoring and cleaning of toilets, increasing the cleaning regime in place, including touch points, and removal of waste on a more regular basis		Monitor toilet cleaning	PrTm	15/ 10
		6 Resources have been increased for the additional supply of cleaning products, supported with a cleaning schedule pack that details what is required, the supplier, when to reorder to prevent supplies not running out	MED	Check that sufficient resources acquired	PrTm	15/10
		7 Repeated communications and campaigns on this very important control measures		Give constant reminders	All staff	1/9
		8 COSHH risk assessment updated to ensure storage and use of chemicals are assessed with appropriate control measures, this includes the strict assessment and control measures of hand sanitiser being used and located around the school, with hand and soap preferred, but assessed to ensure the risk of ingestion and skin concerns using hand sanitiser is assessed		Ensure COSHH RA updated Review hand hygiene	PrTm	26/8
		9 Promoting the hand cleaning if touching your face		protocol arrangements	CRI	1/9, 15/ 10
		10 Reviewing the easiness of access to hand washing for pupils, staff, visitors				
		11 Change behaviour promotion of implementing this control measure, aware of the break of pupils and staff not being in the school for a while and they may not have been washing			EHT/ EHoS	1/9
		their hands at home, now the school is creating a 'behaviour change' of a very important control measure			EHT/ EHoS	1/9

		12 For the younger children and for those children who may need support on this must be detailed here, and how you		Include in hand hygiene protocol	CRT	26/8
		implement this		Disseminate to stakeholders	EHT/ EHoS	1/9
		13 To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, although hand soap and running water is much preferred in schools wherever possible this is supported under strict risk control measures with mobile hand sanitising stations, ensuring that all parts of the hands are covered.				
		14 Supervision of hand sanitiser use especially for younger children and the risk of ingestion, very young children and those with complex needs should be supported in cleaning their hands properly and skin friendly cleaning wipes can be used as an alternative, although the focus for primary/nursery is hand and soap wherever possible, supported by sanitising areas as part of the risk review		School focus is on hand washing with soap and water. Use of hand sanitisers is supervised	All staff	15/ 10
4.Respiratory hygiene	Employees, agency, Pupils, visitors	1 Training, awareness, communication planning to promote this vital control measure in place, focusing on the 'catch it, bin it, kill it'		See ICM document	EHT/ EHoS	1/9
Coronavirus		2 Supported by signage		Review signage	PrTm	15/ 10
(COVID-19) (CV19) Someone entering the	Causing severe infection/disease	3 Educational resources used as ongoing 'change behaviour' and importance of 'catch it, bin it, kill it', school classroom media training etc	LOW	Communicate to stakeholders in ICM document.	EHT/ EHoS	1/9
school/workplace/offices with CV19		4 Assessment completed on resources required, including tissues/bins, waste supplies, and locations of increased tissue stations to ensure easy access to tissues throughout school		Ensure adequate resources	PrTm	1/9
		5 Washing of hands after use of tissues, coughing, sneezing		Communicate to	EHT/ EHoS	1/9
		6 Supporting and assisting younger children and other pupils who may need assistance in understanding respiratory hygiene, or pupils with complex needs that cannot maintain respiratory hygiene should be detailed here		stakeholders in ICM document.	EHT/ EHoS	1/9
5.Cleaning regime	Employees, agency, Pupils, visitors	Cleaning schedule in place that ensures cleaning is generally enhanced and includes: more frequent cleaning of rooms / shared areas that are		Review cleaning schedule	CRT	15/ 10
Coronavirus	1.51.010	used by different groups	MED	Discuss toilet arrangements.	CRT	26/8
(COVID-19) (CV19)		 frequently touched surfaces being cleaned more often than normal detailed listing of areas being cleaned, by whom whether this is external resource or internal or mixture of both 		Communicate to stakeholders Reviewed	EHT/ EHoS CRT	1/9 15/ 10

Someone entering the school/workplace/offices with CV19 and there is poor cleaning standards	Causing severe infection/disease	 Areas that are shared between groups such as halls, canteens, corridors, toilets, need to be assessed and part of the enhanced cleaning regime An update on the COSHH risk management, SDS and COSHH risk assessments Having a cleaning regime planned in the event of suspected/confirmed covid-19 cases with the cleaning company 		Discuss use of indoor/ outdoor equipment. Communicate to stakeholders (see Communication strategy)	CRT EHT/ EHoS	26/8
6.Minimise contact/ social distancing Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19 coming close to others, poor social distancing, mixing of groups, lack of infection control separation	Employees, agency, Pupils, visitors Causing severe infection/disease	1 School has completed a full assessment to minimise contacts and mixing between people reduces transmission of coronavirus (COVID-19) wherever possible. For children old enough, they should also be supported to maintain distance and not touch staff and their peers where possible. This will not be possible for the youngest children and some children with complex needs and it is not feasible in some schools where space does not allow. Schools doing this where they can, and even doing this some of the time, will help. When staff or children cannot maintain distancing, particularly with younger children in primary schools, the risk can also be reduced by keeping pupils in the smaller, class-sized groups described above. Schools should make small adaptations to the classroom to support distancing where possible. That should include seating pupils side by side and facing forwards, rather than face to face or side on, and might include moving unnecessary furniture out of classrooms to make more space. Throughout this risk assessment is the awareness of risk control knowing that maintaining a distance between people whilst inside and reducing the amount of time they are face to face lowers the risk of transmission	MED	Discuss differentiated groups organisation ('bubbles'). Communicate to stakeholders (see Communication strategy)	CRT	26/8
		2 Having an implementation plan of how the pupils and staff will be grouped, and this will be monitored from September, but staff within the school are permitted to operate across different classes and groups in order to facilitate the delivery of the school timetable, particularly in secondary school. Distance should be kept wherever possible and when working with younger pupils, moving between groups should only be used where necessary to deliver the full curriculum 3 The focus is that we must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum, consistent groups limit those in contact with each other and therefore limit the risk of transmission. Maintaining these groups will also make it quicker and easier to identify those who need to self-isolate if a case of Covid-19 arises within the group.		All following points to be considered in differentiated groups organisation discussion and communicated to stakeholders	CRT EHT/ EHoS	1/ 9, 15/ 10

4 The overarching principle to apply is reducing the number of contacts between children and staff. This can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on:

- · children's ability to distance
- · the lay out of the school
- the feasibility of keeping distinct groups separate while offering a broad curriculum (especially at secondary)

5 It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch staff where possible.

*follow the guidance on how to group children guidance-forfull-opening-schools (page 13/51)

6 Measures within the classroom

- Reducing face to face contact
- Secondary schools that staff stay at the front of the class and away from colleagues. 2 metres should be maintained where possible, whilst ensuring all pupils, including those with complex needs, continue to receive the best education possible whilst reducing risk.
- Children encouraged to maintain distance and not touch staff or peers.
- Smaller groups can help reduce risks.
- Where possible, classrooms should be adapted by removing excess furniture and seating pupils side by side rather than face to face or side-on.

7 Measures outside the classroom

- Groups will kept apart from each other wherever possible, avoiding large gatherings such as assemblies and collective worship.
- Timetabling to allow groups to be kept separate and minimise movement around the site, wherever possible
- Staggered breaks and lunchtimes, giving time for cleaning between groups
- Shared staff spaces to help to distance, ensuring staff have a reasonable break

8. Arriving and leaving school

 Where travel patterns allow, schools will consider staggered start and finish times to keep groups apart (This should not reduce overall teaching time) Condensing/staggering free periods and break times Starting or finishing earlier or later to avoid busy times Communicating changes to parents so they understand drop off and collection processes and visiting the site with or without an appointment. 9. Pupils with SEND or EHCP will need specific help for the routine changes and new processes, plans need to be in place (For example, social stories and educational resources) 10. Supply/peripatetic teachers and other temporary staff can move between schools but should ensure distancing is maintained where possible, and a review from school management of how to minimise the numbers of visitors to the school wherever possible, 11. Specialists, therapists, clinicians and other support staff should provide interventions as usual, following safety guidelines where possible. A review of their covid-19 risk management, sharing of the schools control measures, and ensuring strict signing in and record keeping of visitors, keeping data for at least 21 days (for all visitors) 12. Management of other visitors to site such as contractors should be considered as part of this risk assessment and 			
explained to visitors on arrival. They must be recorded and should be kept outside of school hours where possible. Seeking their covid-19 risk assessment, training, competent in managing covid, and ensuring the contractors follow the schools covid risk management, such as wearing face coverings. All visitors can be asked to wear face coverings as a school control measure, if they are not teaching in classrooms etc (example cleaning staff, contractors that may be all over the school and come from site to site)	Contractors to work outside pupil hours and follow school risk assessment measures.	CRT	15/ 10
13. Where a child routinely attends more than one setting on a part-time basis, a system of controls to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the child.			
14 For essential equipment, such as pencils and pens staff and pupils have their own items that are not shared. Classroom-based resources, such as books and games, can be used and shared within the bubble/group; these should be cleaned regularly, along with all frequently touched surfaces. Resources that are shared between classes or bubbles, such			

as sports, art and science equipment should be cleaned frequently and meticulously and always between bubbles or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles 15. Outdoor playground equipment should be more frequently cleaned. This would also apply to resources used inside and outside by wraparound care providers. 16. It is still recommended that pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed.	Measures reviewed: Separate boxes for bubbles Water bottles allowed Stakeholders informed in ICM and Newsletter	CRT	15/10
17. Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.			
Note - Schools should assess their circumstances and if class-sized groups are not compatible with offering a full range of subjects or managing the practical logistics within and around school, they can look to implement year group sized 'bubbles'. Whatever the size of the group, they should be kept apart from other groups where possible and older children should be encouraged to keep their distance within groups. Schools with the capability to do it should take steps to limit interaction, sharing of rooms and social spaces between groups as much as possible. When using larger groups the other measures from the system of controls become even more important, to minimise transmission risks and to minimise the numbers of pupils and staff who may need to self-isolate. We recognise that younger children will not be able to maintain social distancing, and it is acceptable for them not to distance within their group.			
Note - Both the approaches of separating groups and maintaining distance are not 'all-or-nothing' options, and will still bring benefits even if implemented partially. Some schools may keep children in their class groups for the majority of the classroom time, but also allow mixing into wider groups for specialist teaching, wraparound care and transport, or for boarding pupils in one group residentially and another during the school day. Siblings may also be in different groups. Endeavouring to keep these groups at least partially separate and musiccontacts between children will			

7.PPE Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	still offer public health benefits as it reduces the network of possible direct transmission. Note - All teachers and other staff can operate across different classes and year groups in order to facilitate the delivery of the school timetable. Where staff need to move between classes and year groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults. Again, we recognise this is not likely to be possible with younger children and teachers in primary schools can still work across groups if that is needed to enable a full educational offer. 1 The majority of staff in education settings will not require PPE beyond what they would normally need for their work. PPE is only needed in a very small number of cases, including: • where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained • where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used Read the guidance on safe working in education, childcare and children's social care for more information about preventing and controlling infection, including when, how PPE should be used, what type of PPE to use, and how to source it.	LOW	Communicate to stakeholders in ICM document.	EHT/ EHoS	1/9
RESPONSE TO ANY IN	FECTION					
8.Test and trace Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Schools <u>must</u> ensure they understand the NHS Test and Trace process and how to contact their local <u>Public Health England health protection team</u> . <u>Schools must</u> 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 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	LOW	Communicate to stakeholders in ICM document. Ensure procedures are followed as advised here. See Appendices.	EHT/ EHoS EHT/ EHoS	1/9 As arises

		 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 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) 2 Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked online through the NHS testing and tracing for coronavirus 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. 3 Schools should ask parents and staff to inform them immediately of the results of a test: 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 continue to self-isolate for at least 10 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/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-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. Other members of their household should continue self-isolating for the full 14 days. 		See Appendices		
9.Confirmed cases	Employees, agency, Pupils, visitors	1 <u>Schools must</u> take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). <u>Schools should</u> contact the local health protection team. This team will also contact schools	MED	Communicate to stakeholders (see Communication strategy)	EHT/ EHoS EHT/ EHoS	1/9 As arises
(COVID-19) (CV19)	Causing severe infection/disease	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.	MED	Ensure procedures are followed as advised here.		

Someone entering the	2 Based on the advice from the health protection team,	See Appendices		
school/workplace/offices with CV19	schools <u>must</u> 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:	See Appendices		
	 direct close contacts - face to face contact with an infected individual 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 to 2 metres for more than 15 minutes) with an infected individual 			
	travelling in a small vehicle, like a car, with an infected person			
	A template letter will be provided to schools on the advice of the health protection team, to send to parents and staff if needed. Schools must not share the names or details of people with COVID-19 unless essential to protect others.	Letter to be issued when appropriate	EHT/ EHoS	15/ 10
	3 Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'. They should get a test, and:	See Appendices		
	 if the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days. 			
	if the test result is positive, they should inform their setting immediately, and must isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'			

		*Note – In most cases parents and schools will be in agreement that a child with symptoms should not attend school, given the potential risk to others, schools can take the decision to refuse the child if in their reasonable judgement it is necessary to protect their pupils and staff from possible infection with COVID-19.				
10.Outbreak Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 If schools have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and must continue to work with their local health protection team who will be able to advise if additional action is required. In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. 2 If schools are implementing controls from this list, addressing the risks they have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of health protection teams. 3 In consultation with the local Director of Public Health, where an outbreak in a school 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 school if necessary, in line with routine public health outbreak control practice.	LOW	Communicate to stakeholders (see Communication strategy) Ensure procedures are followed as advised here. See Appendices	EHT/ EHoS EHT/ EHoS	1/9 As arises
PEOPLE						
11. Staff/ individual Coronavirus (COVID-19) (CV19)	Employees, agency, visitors An employee being asked to	1 Staff that are clinically extremely vulnerable who would have received a letter confirming this or have been told directly by your GP or hospital to shield, this has now paused. 2 The school will follow specific guidance on what will happen if there is a local lockdown including any direct or	MED	SLT to consider all staff shielding requests on merits following an individual RA. Changes noted and may be subject to further change following introduction of	SLT	As arises

Individuals/Staff with existing	medical	authorities (UTLAs) are leading local outbreak planning,	SLT to discuss any staff	SLT	As arises
	conditions and	within a national framework, and with the support of NHS	deployment issues	J SL I	As alises
	are clinically	Test and Trace, PHE and other government departments.	doployment locaco		
(Protecting staff at higher risk	extremely	You could be advised to shield again if the situation changes			
			Individual RAs to be		
				EHT/ EHoS	As arises
Someone entering the	extremely vulnerable Causing severe infection/disease	and there is an increase in the transmission of COVID-19 in the community. 3 The guidance for the clinically extremely vulnerable is that shielding has been paused. This means: • you do not need to follow previous shielding advice • you can go to work as long as the workplace as they are Covid-secure • Home working where possible is still an important control measure • you should continue to wash your hands carefully and more frequently than usual and that you maintain thorough cleaning of frequently touched areas in your home and/or workspace 4 Staff who are clinically vulnerable must follow the covid secure building control measures, including observing good hand and respiratory hygiene, adults being able to social distance from each other wherever possible, and minimising time spent within 1 metre of others (people who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the school/workplace) 5 Pregnant staff are in the 'clinically vulnerable' category and follow the above control measures, in addition to this an individual pregnant/ expectant mother risk assessment should be completed	Individual RAs to be completed as required Communicate to stakeholders	EHT/ EHoS EHT/ EHoS	As arises
		6 Staff who may be otherwise be at increased risk from coronavirus such as factors including age/sex/deprivation/ethnicity all are able to at work as the control measures of having buildings covid-secure, with controls measures identified within this risk assessment 7 The school buildings have been confirmed as covid-secure workplaces, a covid-secure assessment was completed as part of this risk assessment all based on current government guidance. 8 There are individual risk assessment for every member of staff	Communicate to stakeholders Communicate to stakeholders	EHT/ EHoS EHT/ EHoS	1/9

		9 Provide support for staff with mental health and wellbeing concerns, following your individual risk assessment completion 10 All school staff are advised that the control measures within this assessment, will reduce the risk of transmission, but is an ongoing behaviour action that includes observing good hand and respiratory hygiene and maintaining social distancing as set out in this risk assessment wherever possible *Note - National Annual flu programme As part of the 2020 to 2021 flu vaccination programme, all other members of households of those who are identified as clinically extremely vulnerable at the time of the flu programme delivery are eligible for free flu vaccinations. Most people who are clinically extremely vulnerable will already be eligible for a free flu vaccination.				
Pupils shielding/ Self-isolating Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	 1 The majority of pupils will be able to return to school, but we note that: a small number of pupils will still be unable to attend in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19) 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). This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding. Read the current advice on shielding if rates of the disease rise in local areas, children (or family members) from that area, and that area only, will be advised to shield during the period where rates remain high and therefore they may be temporarily absent some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Child Health at COVID-19 - 'shielding' guidance for children and young people. 	LOW	Communicate to stakeholders Reviewed	EHT/ EHoS	1/9

		 Patients can only be removed from the shielding list by their GP/Specialist The School will provide access to remote education and support for those pupils unable to come into school this will cover and form part of the schools BC planning for short term and longer term pupils/situations School to discuss with parents of pupils with significant risk factors, the Covid risk management in place 				
13. Stress and anxiety Stress and anxiety concerning returning to work Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Managers to identify staff with stress or anxiety and complete a follow up stress risk assessment 2 For staff who have returned into work have been communicated with by sharing risk assessments and control measures for covid-19 controls 3 Ongoing clear communication between individuals / teams /homeworkers and Managers is clear:	MED	SLT and Inclusion teams to identify staff and pupils exhibiting stress and/ or anxiety and to propose action.	SLT/ Inclusion team	Ongoing
14. Pupil Wellbeing Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Schools should consider the provision of pastoral and extra-curricular activities to all pupils designed to: •support the rebuilding of friendships and social engagement •address and equip pupils to respond to issues linked to coronavirus (COVID-19) •support pupils with approaches to improving their physical and mental wellbeing 2 Schools to ensure the promotion of awareness of the virus suitable for the age group, with the repeated gentle reminders of control measures	MED	Pupils already noted as vulnerable and others identified by teachers, other staff and parents/ carers to be discussed by Inclusion team. Communicate to stakeholders	All staff EHT/ EHoS	Ongoing 1/9 and ongoing

15. Staff wellbeing	Employees,	1 Change management and information sharing is vital		Staff wellbeing to considered	SLT/ SPM	Ongoing
Coronavirus (COVID-19) (CV19) Someone entering the	agency, Pupils, visitors Causing severe infection/disease	2 Support for staff wellbeing as some staff may be particularly anxious about returning to school. The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the extra mental health support, pupils and teachers is available.	MED	by SLT and SPM. Staff can self-refer or share concerns re other members of staff.		
school/workplace/offices with CV19		The Education - Support Partnership provides a free helpline for school staff and targeted support for mental health and wellbeing				
16. Behaviour change/ support/ expectations Coronavirus (COVID-19) (CV19)	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Assessment and implementation of 'change management' for behaviour, recognising that the school's control measures for the virus is actually all based on human behaviour to manage, i.e. washing hands, respiratory health, cleaning, staying at home when have symptoms, staying at a distance, all of which requires training, support, guidance, correction, monitoring		Communicate to stakeholders	EHT/ EHoS	1/9 and ongoing
Someone entering the school/workplace/offices with CV19		2 Staff need to make themselves be accountable for their own actions for hand and respiratory hygiene measures and actions, and social distancing control measures, this should be a focus and support set up, where if you notice staff and or visitors/pupils not being covid secure, you are able to 'remind' 'advise' 'correct' to ensure the vital control measures are being completed	MED	Relate this to staff team	EHT/ EHoS	w/b 19/10
		3 A review of the school's behaviour policy around the covid- secure and risk management required, including what is expected and the consequences for poor unsafe behaviour				
17. Contractor/ visitor Contractors/Visitors/	Employees, agency, Pupils, visitors	1 Only necessary contractors to be allowed on site, and approved/authorised by managers, covid-19 risk assessments must be sent by contractors and reviewed and		Review information sheet for contractors outlining the measures in this section.	PrTm	26/8
Parents	Causing severe infection/disease	works/visits agreed/authorised before the works/visits commence		Non-emergency contractual	EHT/ EHoS/ PrTm	Ongoing
Coronavirus (COVID-19) (CV19)		2 Agency staff and contractors to be inducted to the normal health and safety induction processes, including the current COVID-19 risk assessments and social distancing requirement, and promotion of hand cleaning and hygiene	MED	work to be arranged for holiday periods.		
Someone entering the school/workplace/offices with CV19		3 Pre-communicated to ensure a health check question-set is asked regarding any symptoms of COVID-19, and information given to them before they get to site on the social distancing and COVID-19 management standards in place				

		4 Normal risk assessment, method statements review, considering your own COVID-19 risk assessment to review if the works will compromise social distancing for others, such as increasing of numbers of people by contractors working in staff areas breaking the social distancing requirements 5 Normal management and monitoring of contractor works, wellbeing on site 6 School to assess to keep the parents off site and reduce the concerns of gatherings, this is a school based review/plan, supported by regular communication 7 Contractors to follow the covid-face covering management of the school, either implement that all visitor/contractors to wear face coverings, or in defined areas		Discuss parental access to site. Communicate to stakeholders (see Communication strategy)	CRT EHT/ EHoS	26/8 1/9
Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	 Providing clear consistent and regular communication to improve understanding for all staff throughout the pandemic 1a All staff will complete covid-19 training as part of the schools mandatory training, managed and monitored by management Providing early information instruction before any changes to working practices Keeping all risk assessments/changes in risk updated as government guidance seems to be updating daily, weekly Full guidance to staff on changes to work environment and procedures in advance of any physical changes Increased staff communication to raise awareness of potential risks; directing staff to Government, NHS, PHE and local Trust guidelines and resources: NHS guidance, how to wash your hands video (20 second rule) NHS advice on CV19; risks, symptoms, how CV19 is spread, how to avoid catching or spreading germs School intranet page; communication on local newsletters Information posters displayed at key points and throughout premises Hygiene requirements (handwashing etc.) and practise of social distancing (2 metres) Follow signage of egress and access to premises 	MED	Produce and share Communication Strategy Covered in Communication Strategy and Inset day Review RA as required Keep staff informed as per Communication Strategy Include information in SIB. Review signage and reinforce messages. Include information in SIB.	EHT/ EHoS EHT/ EHoS CRT EHT/ EHoS EHT/ EHoS EHT/ EHoS	1/9 and ongoing 1/ 9 and ongoing Daily/ weekly As needed 1/9 and ongoing

		7 Government and LA guidance on trace and track measures and clear guidance to managers and staff on actions required and support available			
SCHOOL OPERATIONS					
Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Social distancing has significantly reduced available transport capacity. The new DFE guidance sets out a new framework for supporting transport to and from schools from the autumn term. *Current guidance: transport-to-school 11 August They have made a distinction between dedicated school transport and wider public transport. • by dedicated school transport, they mean services that are used only to carry pupils to school. This includes statutory home to school transport, but may also include some existing or new commercial travel routes, where they carry school pupils only • by public transport services, they mean routes which are also used by the general public Dedicated school transport, including statutory provision It is important to consider: • Social distancing should be maximised within vehicles • Children either sit with their bubble on school transport or with the same constant group of children each day • Children should clean their hands before boarding transport and again on disembarking • additional cleaning of vehicles • organised queuing and boarding where possible • through ventilation of fresh air (from outside the vehicle) is maximised by opening of windows and vents • the use of face coverings for children over the age of 11 to be implemented, unless exempt or concerns with individual wearing this, such as special needs or medical • Children and staff must not board school transport if they or a member of their household has symptoms of coronavirus Schools should work with partners to consider staggered start times to enable more journeys to take place outside of peak hours. Schools should encourage parents, staff and pupils to walk or cycle to school if at all possible. Schools may want to consider using 'walking buses' (a supervised group of children being walked to, or	LOW	There are no plans to use dedicated school transport at present. If transport is used, e.g. for an educational visit, a full RA will be carried out. School will support wider public transport measures through: Information in newsletters encouraging walking and cycling Staggered start times	

		from, school), or working with their local authority to promote safe cycling routes.				
Main kitchen Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 kitchen's will be fully open from the start of the autumn term and normal legal requirements will apply about provision of food to all pupils who want it, including for those eligible for benefits-related free school meals or universal infant free school meals. School kitchens can continue to operate, but must comply with the guidance for food businesses on coronavirus (COVID-19). 2 Ensure social distancing is in place for the kitchen and kitchen staff wherever possible, and ask to review the contract kitchen Covid-19 risk assessment, as significant changes due to the full opening of the school 3 Social distancing at the servery which is managed and monitored 4 If the social distancing cannot be managed in this area a review of shielding/sneeze screens to be considered to protect the kitchen staff serving 5 Staff and pupils to be encouraged to wash their hands before / after eating for at least 20 seconds and frequently during the day 6 Communication with contract company/service re covid-19 sickness procedures in place to ensure that the school to be informed of any covid-19 related staff/agency sickness, without delay, including BC plan if the whole kitchen crew have to self- isolate, re Test and Trace planning 7 Kitchen staff to follow the schools face covering implementation plan (year 7 and above) for zoned/identified areas such as corridors, stairwells, dining halls as some examples	MED	Check with cook that Kitchen actions are in place. Communicate to stakeholders (see Communication strategy). Check with school cook	EHT/ EHoS/ SchCk EHT/ EHoS/ SchCk	1/9 1/9 1/9
21. building/ estate Building preparedness/Statutory compliance Coronavirus (COVID-19) (CV19)	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Following a risk assessment, some schools may determine that small adaptations to their site are required, such as additional wash basins. This will be at the discretion of individual schools, based on their particular circumstances. 2 It is important that, prior to reopening for the autumn term, all the usual pre-term building checks are undertaken to make the school safe. If buildings have been closed or had reduced occupancy during the coronavirus (COVID-19) outbreak, water system stagnation can occur due to lack of	MED	Discuss whether adaptations needed Check for water stagnation	CRT PM/ CT	26/8

Someone entering the school/workplace/offices with CV19		use, increasing the risks of Legionnaires' disease. Advice on this can be found in the guidance on Legionella risks during the coronavirus outbreak. 3 Additional advice on safely reoccupying buildings can be found in the Chartered Institute of Building Services Engineers' guidance on emerging from lockdown 1. 4 Once the school is in operation, it is important to ensure good ventilation. Advice on this can be found in Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak. 5 Fire doors should NOT be propped open 6 In classrooms, it will be important that schools improve ventilation (for example, by opening windows). 7 Statutory compliance completed and up to date		Review advice and share with CRT as appropriate. See section 16 above. All fire doors to be closed when not in use. Windows to be opened as appropriate. Check compliance	PM/ CT/ teachers PrTm	26/8 Daily 26/8, 15/ 10
22. Educational Visits Coronavirus (COVID-19) (CV19) with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 In the autumn term, schools can resume non-overnight domestic educational visits. 2 This should be done in line with protective measures, such as keeping children within their consistent group, and the coronavirus (COVID-19) secure measures in place at the destination. 3 School will make use of outdoor spaces in the local area to support the delivery of the curriculum 4 School will follow the outdoor education risk management process	MED	Discuss approach for educational visits Communicate to stakeholders (see Communication strategy)	SLT EHT/ EHoS	w/b 31/8 w/b 31/8
23. Wraparound provision and extra-curricular activity Coronavirus (COVID-19) (CV19) with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Breakfast and after school provision in place, covid risk assessments reviewed for all external provision, with controls measures in place, cleaning of areas, numbers agreed, recording of all visitors for at least 21 days 2 Bubbles and groups will be maintained wherever possible for these provisions, or small consistent groups maintained, working with supporting vulnerable children, parents, providing enrichment activities and healthy breakfast in a safe covid-secure way 3 Follow guidance produced for providers here protective-measures-for-holiday-or-after-school-clubs 4 School will access on risk based approach any lettings, provision, or letting of areas of school, reviewing the provider covid risk assessment including test and trace measures, communication, control measures including social distancing,	MED	All pre- and post-school clubs to operate in accordance with risk assessment prevention measures.	CRT	15/ 10

		agreed numbers, areas of use, cleaning measures, outbreak concerns				
24. Physical Education	Employees, agency, Pupils, visitors	Schools have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls.		Discuss approach for P.E. activities, including external coaches.	SLT	w/b 31/8
Coronavirus (COVID-19) (CV19)	Causing severe infection/disease	2 Pupils should be kept in consistent groups, sports equipment thoroughly cleaned between each use by different individual groups, and contact sports avoided.		Communicate to stakeholders	EHT/ EHoS	w/b 31/8
Someone entering the school/workplace/offices with CV19	inection/disease	3 Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying scrupulous attention to cleaning and hygiene				
		This is particularly important in a sports 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.				
		Schools should refer to the following advice: • guidance on the phased return of sport and recreation	LOW			
		 and guidance from <u>Sport England</u> for grassroot sport advice from organisations such as the <u>Association for Physical Education</u> and the <u>Youth Sport Trust</u> 				
		4 Schools are able to work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that this is safe to do so.				
		5 Schools should consider carefully how such arrangements can operate within their wider protective measures.				
		6 Activities such as active miles, making break times and lessons active and encouraging active travel help enable pupils to be physically active while encouraging physical distancing.				
25. Ventilation	Employees, agency, Pupils,	Keep ventilation systems maintained regularly and adjusting systems where necessary, follow the current HSE,		School has no ventilation machines		
Coronavirus	visitors	government and CIBSE guidance https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown	LOW	N/A N/A		
(COVID-19) (CV19)	Causing severe infection/disease	2 Premises maintain/monitor ventilation systems	LOVV			
		3 Premises to check service and or adjustments required, so that they do not automatically reduce ventilation levels due to				

Someone entering the school/workplace/offices with CV19		lower than normal occupancy, follow expert mechanical/electrical engineer advice for covid-ventilation- heating assessments/reviewing/servicing 4 Opening windows and doors frequently to encourage ventilation where possible 5 Keep the systems operating continuously, i.e. not shutting down at weekends		Designated windows and doors to be opened at start of day	PM/ CT	Daily
Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 There are no additional PPE requirements because of coronavirus (COVID-19) for first aid, or for non-symptomatic children who present behaviours which may increase the risk of droplet transmission or who require care that cannot be provided without close hands-on contact 2 It is accepted that 2m social distancing cannot be maintained during the delivery of first aid, but physical contact should be kept to a minimum e.g. pupils apply cold pack, wipe, plaster where able to do so. 3 First aid rooms can be very busy and are often small rooms. Schools should make arrangement for only one person being treated in the first aid room at a time and allocate another room / area as a waiting/collection area. 4 If daily medication is administered from 1st aid rooms then consider if this needs relocating to reduce demand on space	MED	Notify first-aiders and other staff of all of these points. (see Communication strategy) Use back office for overflow. Notify first-aiders and other staff of these measures	EHT/ EHoS	26/8
27. Staff room/ kitchens Kitchen staff Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Social distancing in place with signage 2 Zip taps/Kettles to be cleaned 3 Staff reminded with signage next to Zip taps NOT to allow their cups to touch the Zip tap 4 Staff behaviour staying alert to others around them and keeping to the 2 metre rule as a minimum wherever possible 5 Staff to wash their hands before / after eating for at least 20 seconds 6 Staff to dispose of their food waste into the bins provided, and clean their cutlery and put away 7 Staff not to share cups and cutlery 8 Staff to be encourage to go outside during breaks 9 These areas to have an increased cleaning regime in place managed and monitored	MED	Check signage is in place. Communicate points 3 to 8 to stakeholders (see Communication strategy)	PrTm EHT/ EHoS	26/8

CV19	CV19) ering the lace/offices with	Employees, agency, Pupils, visitors Causing severe infection/disease	Switch the water fountains off and provide water via bottles, or having the pupils use their own personal bottle Having a designated area for pupils to store or/have access to water If have water coolers provide disposable cups	LOW	Water fountains switched off. Confirm water access arrangements and communicate to stakeholders.	CRT EHT/ EHoS	26/8 1/9
29. Swimming Swimming Coronavirus (COVID-19) (Government) Someone entrachool/workpl CV19	CV19)	Employees, agency, Pupils, visitors Causing severe infection/disease	1 Follow current Government guidance https://www.gov.uk/guidance/working-safely-during- coronavirus-covid-19 2 Ensure the pool equipment receives the required maintenance, and recommissioning required in preparing to open 3 Assess the changing rooms and pool area for social distancing, to ensure a restriction of numbers, limits are decided before re-opening, this will include pool side and all areas of pool, changing rooms 4 Review the area for touch points, shared equipment, commonly used equipment, that may have to have an increased cleaning regime, and/or removal of some equipment 5 Ancillary equipment such as hoists, plant room equipment, will require an assessment review of compliance re service/maintenance schedules 6 Health and safety inspection of all areas in preparation for opening 7 Cleaning to be completed as part of the recovery stage planning	LOW	All swimming activities suspended until January 2021 at earliest. Communicate to stakeholders	EHT/ EHoS	1/9
Coronavirus (COVID-19) (G		Employees, agency, Pupils, visitors Causing severe infection/disease	1 Although Singing, wind and brass instrument playing can be undertaken in line with current guidance, this will not be taking place in larger groups, choirs, and assemblies https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/performing-arts 2 As it is known that the cumulative aerosol transmission from both those performing in and attending events or lesson is likely to create risk. Singing, wind and brass playing will not take place in larger groups such as school choirs and ensembles, or school assemblies.	LOW	Discuss approach for music/ singing activities. Communicate to stakeholders Music activities to resume with these prevention measures in place, w/b 2/ 11	SLT EHT/ EHoS SLT	w/b 31/8 w/b 31/8

		3 Schools should consider how to reduce the risk, particularly when pupils are playing instruments or singing in small groups such as in music lessons by, for example, physical distancing and playing outside wherever possible, limiting group sizes to no more than 15, positioning pupils back-to-back or side-to-side, avoiding sharing of instruments, and ensuring good ventilation, hand hygiene. 4 External provision/ clubs will have their covid-19 risk assessment reviewed before any activity is agreed 5 Everything will be done to minimise contacts and mixing, to reduce the number of contacts between pupils and staff, through bubbles/groups, and maintaining social distancing between individual where possible, this means numbers will be limited for these classes 6 Background music should be then make staff and pupils raise their voices, use microphones where possible, that are not shared, keeping them clean 7 Individual music and performance lessons will follow the above control measures, with social distancing implemented and good ventilation in place				
Coronavirus (COVID-19) (CV19) Someone entering the school/workplace/offices with CV19	Employees, agency, Pupils, visitors Causing severe infection/disease	1 If a local area sees a spike in infection rates that are resulting in localised community spread, appropriate authorities will decide which measures to implement to help contain the spread.—3 2 The Department for Education will be involved in decisions at a local and national level affecting a geographical area and will support appropriate authorities and individual settings to follow the health advice. 3 For individuals or groups of self-isolating pupils, remote education plans should be in place. These should meet the same expectations as those for any pupils who cannot yet attend school at all due to coronavirus (COVID-19). 4 In the event of a local outbreak, the PHE health protection team or local authority may advise a school or number of schools to close temporarily to help control transmission. 5 Schools will need a contingency plan for this eventuality. This may involve a return to remaining open only for vulnerable children and the children of critical workers and providing remote education for all other pupils.	MED	Update Contingency Plan so that it addresses all points set out here including containment measures, a return to limited opening and enhanced home learning measures.	SLT	By 4/9

32. Science	_ · · · · · · · · · · · · · · · · · · ·	1 Science lessons and heads/leads should follow the specific		All science activities to	SLT	15/ 10
Coronavirus	agency, Pupils, visitors	covid-science related CLEAPSS guidance and have detailed within this section or specific risk assessment		conform with risk assessment prevention		
(COVID-19) (CV19)		http://science.cleapss.org.uk/Resource/GL343-Guide-to-	MED	measures.		
Someone entering the school/workplace/offices with CV19	Causing severe infection/disease	doing-practical-work-during-the-COVID-19-Pandemic-Science.pdf				