

Juniper Health and Safety Service – COVID-19 SCHOOL RISK ASSESSMENT 22 February 2022

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 links: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-coronavirus-covid-19-operational-guidance> Separate guidance is available for:

- [Covid-19-early-years-and-childcare-closures](#) [special-schools-and-other-specialist-settings](#) • [Covid-19-maintaining-further-education-provision](#)

Description of Activity	COVID 19 Secure School Risk Assessment Version 11	Review Dates	
Location	St Paul's Whitechapel & St John's Bethnal Green		15 th Dec. 2021
Completed by	T Bennett		22 nd Feb. 2022 (Version 12)
Date of Assessment	3 rd March 2022		

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

Glossary

AHT	Assistant headteacher	FFM	Federation facilities manager	SchCk	School Cook
AIR	Accident incident report	HHP	Hand hygiene protocol	SEnCo	Special needs co-ordinator
CHSS	Corporate H & S Section	HSE	Health & Safety Executive	SIB	Staff information booklet
CRT	Covid-19 Response Team:- StJ: EHoS; SENCo; SBM; PM StP: EHT; DHT; SENCo; FFM	IncTm	Inclusion Team	SAO	School Admin Officer
DHT	Deputy headteacher	PLP	Parent liaison partner	SPM	Place2Be school project manager
DL	Duty leader	PM	Premises manager		
EHoS	Executive head of school	PrTm	Premises team:- St John's: FBM; PM; FFM St Paul's: FBM; FFM		
EHT	Executive headteacher	RA	Risk assessment		
FBM	Federation business manager	SLT	Senior leadership team		

Colour coding of sections

Prevention measures
Response to infection
School operations
People
New information

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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
<p>CV19 infection</p> <p>1. Poor hand and respiratory hygiene</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor hand and respiratory hygiene causing severe infection/disease, sickness, and death</p>	<p>1. Hand and Respiratory Hygiene</p> <ul style="list-style-type: none"> The school continues with the strict regime of regular thorough hand washing This is encourage at the start of the day and at set times during the day, especially before and after breaks/lunch/play Raising the profile of the importance and how to wash hands thoroughly, for at least 20 seconds with running water and soap supported by alcohol hand sanitiser. Ensuring all parts of the hand are covered Promoting the importance of not only washing hands, but the need to thoroughly dry hands Toilets having sufficient supply of paper towels or hand dyers, and regular cleaning and emptying of waste Appropriate hand wash stations, alcohol hand sanitiser, managed and monitored to ensure adequate replenishment <p>2. Respiratory hygiene</p> <ul style="list-style-type: none"> We continue with the promotion of the 'catch it, bin it, kill it' approach We continue to use the e-bug resources to promote and teach pupils appropriate for their age groups to raise the profile and importance of hygiene and infection control. Regular reminders and information sharing including displays installation in classrooms will continue. Link to e-bug We continue to only use the normal PPE already used for certain activities re: Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the use of PPE for COVID-19. Link to PPE <p>3. Face Coverings</p> <p>Face coverings are no longer advised for pupils, staff and visitors in classrooms or communal areas.</p>	<p>MED</p>	<p>School focus is on hand washing with soap and water. Use of hand sanitisers is supervised</p> <p>Communicate to stakeholders.</p> <p>Give regular reminders</p> <p>Ensure adequate resources</p>	<p>EHT/ EHoS</p> <p>EHT/ EHoS</p> <p>All staff</p> <p>FFM/ PM</p>	<p>Feb 22</p> <p>3/3/22</p>

		<p>Staff and pupils should follow wider advice on face coverings outside of school, including on transport to and from school.</p> <p>In circumstances where face coverings are recommended</p> <p>A director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils, staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility. (See the stepping measures up and down section).</p> <p>In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.</p> <p>The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.</p> <p>Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p>				
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		<p>Schools, as employers, have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff. They also have a duty to make reasonable adjustments for disabled pupils, to support them to access education successfully.</p> <p>No pupil should be denied education on the grounds that they are, or are not, wearing a face covering.</p>				
<p>CV19 infection</p> <p>2. Poor cleaning standards</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death</p>	<p>Maintain appropriate cleaning regimes</p> <p>We continue with a robust appropriate cleaning regime that applies the key infection control measures which involves;</p> <ol style="list-style-type: none"> a. Cleaning – physical process of using detergent, this removes germs – bacteria and viruses and lowers numbers of germs on a surface although not necessarily killing them b. Disinfection – a process of killing germs on a surface they touch, this should be on a clean surface unless a combined product. We ensure that the contact time is followed. This is the time it takes for disinfectant to be effective. c. Sanitiser – Sanitisers have a combined cleaning and disinfecting properties, they need to be used twice, firstly to clean and then to disinfect d. Deep clean – A more thorough cleaning and disinfection regime. The school are prepared to complete these following outbreaks or particular area concern to help break the cycle of infection <p>Established cleaning schedule</p> <p>We continue with our infection control cleaning regime to include at least twice daily cleaning that is detailed within a cleaning schedule that covers;</p> <ol style="list-style-type: none"> a) Enhanced touch point cleaning and disinfection, this includes all touch points that are fixed to the premises inside and out. b) Cleaning frequency is at least twice a day, supported by frequent hand touch area cleaning, and local area cleaning by staff of own areas c) Equipment and resources are disinfected based on use and risk/high use areas/items, this includes play equipment, staff equipment such as kettles, microwaves, work stations, lunch areas, changing rooms 	<p>MED</p>	<p>Review cleaning regime and schedule.</p> <p>Communicate to stakeholders.</p>	<p>FFM/ PM</p> <p>EHT/ EHoS</p>	<p>Half termly</p> <p>As appropriate</p>

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		<p>d) Higher risk areas/pupils, who may find it difficult to maintain personal hygiene or where we cannot supervise personal hygiene, such as toilet areas are included in our cleaning regime</p> <p>e) Teaching staff are provided with cleaning products, cleaning wipes</p> <p>Monitoring cleaning</p> <ul style="list-style-type: none"> We continue to monitor and manage our cleaning regime to ensure it is being completed Fogging/spraying is only considered as an addition to the normal cleaning regime, and we would check with our competent health and safety advisor the type and frequency of product and application required House-keeping inspections of cleaning stations, cupboards are completed. Link to covid-19-decontamination-in-non-healthcare-settings 		<p>PM to report to EHT/ EHoS on quality of cleaning.</p>	<p>FFM/ PM</p>	<p>Weekly</p>
<p>CV19 infection</p> <p>3. Poor ventilation</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor ventilation transmission causing severe infection/disease, sickness, and death</p>	<p>Keep occupied spaces well ventilated</p> <ul style="list-style-type: none"> A ventilation assessment has been completed that includes all areas of the school with any identified control measures specific for identified areas of concern re rooms/areas lacking in ventilation When the school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained. We identify any poorly ventilated spaces as part of our risk assessment and taken steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays. We open windows when the school buildings are first opened CO2 monitors are being used in our ventilation review to assist in our risk control measures We open doors from outdoor to internal corridor and room doors to create a good air flow, fire doors are not propped open, only opened with dorgards or mag-holders so that they would release in the event of fire (fire alarm) We continue to balance the need for ventilation and temperature control following HSE guidance, this includes opening windows just enough to provide constant background ventilation and then opened fully during breaks and when the room is not being used to 	<p>MED</p>	<p>Discuss ventilation</p> <p>Communicate to stakeholders.</p>	<p>PrTeam</p> <p>EHT/ EHoS</p>	<p>Reviewed Jan 22</p> <p>3/3/22</p>

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		purge the air in the space. Opening higher level windows in preference to lower level to reduce draughts. The Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic and CIBSE COVID-19 advice provides more information as we refer to this guidance				
<p>CV19 infection</p> <p>4. Poor management of cv19 confirmed cases</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor management of CV19 symptoms, confirmed cases, attributing to transmission causing severe infection/disease, sickness, and death</p>	<p>If you've tested positive</p> <p>Although we know this is not a legal requirement our policy and risk assessment requests that staff and pupils who test positive will continue to be advised to stay at home and avoid contact with other people. After 5 days, take a Lateral Flow Device (LFD) followed by another the next day - if both are negative, and they do not have a temperature, they can safely return to their normal routine. Those who test positive should avoid contact with anyone in an at risk group.</p> <p>Asymptomatic testing</p> <p>From 21 February, staff and pupils in mainstream secondary schools are not be expected to continue taking part in regular asymptomatic testing and should follow asymptomatic testing advice for the general population. Further information is available in the NHS get tested for COVID-19) guidance.</p> <p>In the event of an outbreak, a school may also be advised by their local health team or director of public health to undertake testing for staff and students of secondary age and above for a period of time.</p> <p>Other considerations</p> <ul style="list-style-type: none"> You should ensure that key contractors are aware of the school's control measures and ways of working. <p>Those formerly considered to be clinically extremely vulnerable</p> <ul style="list-style-type: none"> Following expert clinical advice and the successful rollout of the COVID-19 vaccine program me, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. Children and young people who were previously identified as being in one of these groups, are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread. 	MED	<p>Ensure procedures are followed as advised here.</p> <p>Communicate to stakeholders</p>	<p>EHT/ EHoS</p> <p>EHT/ EHoS</p>	<p>On-going</p> <p>3/3/22</p>

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		<p>Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.</p> <p>Vaccination</p> <p>We recommend all school staff and eligible pupils take up the offer of a vaccine.</p> <p>You can find out more about the in-school vaccination programme in COVID-19 vaccination programme for children and young people guidance for schools.</p> <p>Mandatory certification</p> <p>Mandatory certification From 27 January, mandatory certification is no longer in place and so venues and events are not required by law to use the NHS COVID Pass as a condition of entry, but some may do so voluntarily. Further information on this is available: Using your NHS COVID Pass for travel abroad and at venues and settings in England - GOV.UK (www.gov.uk) You should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training.</p> <p>Welcoming children back to school</p> <p>In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.</p> <p>If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.</p>				
<p>CV19 infection</p> <p>5. Poor management of cv19 close contacts</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor management of CV19 symptoms, close contacts including the new variant Omicron. attributing to</p>	<p>Tracing close contacts and isolation</p> <p>We follow the published UKHSA guidance.</p> <p>No longer ask fully vaccinated close contacts and those under the age of 18 to test daily for 7 days, and remove the</p>	<p>MED</p>	<p>Communicate to stakeholders</p>	<p>EHT</p>	<p>3/3/22</p>

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<p>including the new variant Omicron</p>	<p>transmission causing severe infection/disease, sickness, and death</p>	<p>legal requirement for close contacts who are not fully vaccinated to self-isolate.</p>				
<p>CV19 infection 6. Those previously considered CEV children</p>	<p>Employees, agency, Pupils, visitors Individual medical conditions may be at higher risk of infection causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> All pupils including those previously considered CEV should attend school, with the only exceptions of those who are specifically instructed not to by their clinician or specialist, and should follow the same COVID-19 guidance as the rest of the population We continue to follow the guidance on supporting pupils with medical needs, and have specific risk assessments and pupil profiles in place. Link supporting-pupils-at-school-with-medical-conditions--3 We continue to complete our infection control cleaning regime and hand/respiratory control measures, this also includes identified specific areas and equipment that may require an increased level of cleaning, such as hoists You can find out more about the in-school vaccination programme in COVID-19 vaccination programme for children and young people guidance for schools. Schools should ensure that key contractors are aware of the school's control measures and ways of working. 	<p>MED</p>	<p>SLT to consider pupil health & wellbeing needs on a case-by-case basis Individual RAs to be completed as required SLT to discuss any staff deployment issues Communicate to stakeholders</p>	<p>SLT EHT/ EHoS</p>	<p>As appropriate 3/3/22</p>
<p>CV19 infection 7. Contractors</p>	<p>Employees, agency, Pupils, visitors Poor contractor infection control standards causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> Contractors are approved and managed by the school We request their risk assessments as part of our normal contractor health and safety management, and review their cv19 control measures We try and isolate and separate their work away from staff and pupils We manage and monitor all contractors on site Unsafe work including CV19 infection control will be stopped immediately and reviewed with senior management 	<p>LOW</p>	<p>Contractors to work outside pupil hours and follow school risk assessment measures, where possible. Communicate to stakeholders</p>	<p>PM</p>	<p>As appropriate</p>
<p>CV19 infection 8. School workforce</p>	<p>Employees, agency, Pupils, visitors Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death</p>	<p>School workforce</p> <ul style="list-style-type: none"> School leaders are best placed to determine the workforce required to meet the needs of their pupils. The government is no longer advising people to work from home if they can. Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff 	<p>LOW</p>	<p>SLT to consider all staff shielding requests on merits following an individual RA. SLT to discuss any staff deployment issues SLT discuss staff wellbeing. Systems in place to support staff</p>	<p>SLT</p>	<p>As appropriate</p>

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		<p>were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread.</p> <ul style="list-style-type: none"> In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have. Employers will need to follow this specific guidance for pregnant employees. COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding contains further advice on vaccination. Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. You should also consider the needs of pregnant pupils. Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace. Employers should discuss concerns with staff. 		<p>wellbeing where appropriate</p> <p>Communicate to stakeholders</p>	EHT/ EHoS	3/3/22
<p>CV19 infection</p> <p>9.Pupil wellbeing concerns</p>	<p>Employees, agency, Pupils, visitors</p> <p>Lack of pupil support leading to anxiety and stress, ill health</p>	<ul style="list-style-type: none"> We monitor our pupils through the network of teaching and support staff We raise up concerns in a timely manner We have close links to the parents/carers We follow the wellbeing support link /mental-health-and-wellbeing-support-in-schools 	MED	<p>SLT to pupil health & wellbeing needs on a case-by-case basis in Inclusion meetings</p> <p>Communicate to stakeholders</p>	IncTm	Fortnightly
<p>CV19 infection</p> <p>10.School meals, catering</p>	<p>Employees, agency, Pupils, visitors</p> <p>Use of contractors serving food and interacting in an unsafe manner causing severe infection/disease and death</p>	<ul style="list-style-type: none"> We continue to provide free school meals We continue to liaise with the kitchen contract company We continue to request the enhanced cleaning of the dining hall and kitchen We request and review the contract catering cv19 risk assessment 	LOW	<p>Liaise with School Cook and Contract Services</p>	EHT/ EHoS	Half-termly
<p>CV19 infection</p> <p>11. Educational visits</p>	<p>Employees, agency, Pupils, visitors</p>	<ul style="list-style-type: none"> Educational visits are subject to risk assessments as normal and reflect any public health advice or in-country advice of the international destination. General guidance on educational visits is available and is 	LOW	<p>No international visits take place.</p>		

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	Poor off site infection control standards causing severe infection/disease, sickness, and death	<p>supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).</p> <ul style="list-style-type: none"> For international educational visits, you should refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling to make sure that the school group meet any entry and in country requirements especially in relation to vaccinations. More information can be found here and in the guidance on health and safety on educational visits. 		<p>Staff planning educational visits are to consider these control measures.</p> <p>Communicate to stakeholders</p>	EHT/ EHoS	3/3/22
CV19 infection 12. Wrap around care after school clubs, breakfast club	<p>Employees, agency, Pupils, visitors</p> <p>Poor infection control standards causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> Our standard CV19 control covers this area Cleaning and ventilation of areas continues to be well managed Outbreak management risk assessment will be followed protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak 	MED	<p>Breakfast Club and some after school clubs, organised by bubbles, operate during periods of full school operation.</p> <p>Communicate to stakeholders</p>	SLT	3/3/22
CV19 infection 13. Water fountains causing easy transmission of cv19	<p>Employees, agency, Pupils, visitors</p> <p>Causing severe infection/disease</p>	<ul style="list-style-type: none"> 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 Ensure the water fountains are maintain in shut down mode following service/maintenance requirements Ensure the schools legionella contractor manage monitor and advise the school on any actions required to manage any legionella risks 	LOW	<p>Water fountains switched off.</p> <p>Water access arrangements communicated to stakeholders.</p>	PM EHT/ EHoS	3/3/22
CV19 infection 14. Poor communication	<p>Employees, agency, Pupils, visitors</p> <p>Poor communication causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> We continue to communicate with staff, contractors, pupils, hiring d, public health, and parents Designated staff are responsible for updating cv19 information Staff emails, website, newsletters continue to be used to update and share relevant information 	LOW	All stakeholders to be informed of arrangements and any changes in a timely fashion.	SLT	As appropriate
CV19 infection 15. Not being prepared for changes, not having a contingency plan or	<p>Employees, agency, Pupils, visitors</p> <p>Lack of planning causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> We are prepared to step up and down when infection rates and outbreak change the risk levels and actions required Link contingency framework also called outbreak management plans We have completed an outbreak plan with risk assessment that covers the need to be ready to reinstate face covers, or reducing mixing, following the guidance and instruction from public health 	MED	Outbreak Plan is to follow the 'Response to infections' & 'Prevention' measures, with appropriate adjustments, in the 8 th March 21 Risk Assessment.	EHT/ EHoS	3/3/22

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outbreak risk assessment/plan				Communicate to stakeholders		
CV19 infection 16. No assessment of potential occupational disease/transmission caused by work	Employees, agency, visitors Causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> Follow the Public health guidance for reporting confirmed cases Enter details within the accident recording reporting forms such as Evolve or Accident medical tracker or paper based accident form, or LA online accident system, following your employer accident reporting procedures to review potential exposure at work to staff 	MED	Documents to be completed by appropriate body	(SLT/ PM etc.)	As needed.
CV19 infection 17. Increased chemical risk to pupils and others	Employees, agency, Pupils, visitors Use of sanitisers and cleaning products being located around the school, classrooms – pupils accidentally ingesting the chemical or having a reaction to the substance	<ul style="list-style-type: none"> The location of cleaning products to be in a secure area away from pupils Safety data sheets and coshh risk assessments in place Staff trained in the safe use and storage of substances All containers must have their labels installed The coshh risk assessment must take consideration of volume of storage and location, to ensure there is no increased fire risk. This means no storage next to heat or ignition sources 	LOW	Review storage of cleaning products and COSHH risk assessments	FFM/ PM	Termly
CV19 infection 18. Transport	Employees, agency, Pupils, visitors Use of school arranged transport	<ul style="list-style-type: none"> LA Transport work with school transport providers to ensure they apply the principles of infection control to their services. All pupils should sanitise their hands before entering the setting. Settings are therefore required to provide sanitising stations and signage to encourage its use at each entrance. Settings may consider the additional measure of supervising entrances in the morning as appropriate to support this. Further information on sanitiser points is provided in the hand cleaning and washing section. Face covering is advised in enclosed spaces, unless exempt Schools operating their own minibuses must ensure that: <ul style="list-style-type: none"> Transport is adequately ventilated Cleaning and disinfection arrangements are implemented, following the Cleaning and Disinfection section Settings should continue to strongly encourage the use of face coverings by anyone not exempt from doing so, when using school transport.. 	LOW	At present we do not use LA or own school transport. This measure will be kept under review.	EHT	3/3/22
CV19 infection	Employees, agency, Pupils, visitors	<ul style="list-style-type: none"> Where possible, schools should plan visits in advance, considering how space can be created as part of the visit for example, by using a different larger space, by 	MED	Continue visitor arrangements including:	SLT	3/3/22

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<p>19. Visitors (including key contractors/agency)</p>	<p>Use of school arranged transport</p>	<p>separating chairs further, avoiding sitting face to face, by having a walking meeting outside. Information about the visit should be communicated. All visitors should:</p> <ul style="list-style-type: none"> ➤ Perform hand hygiene before entering the site ➤ Confirm that they do not have symptoms or are required to isolate ➤ Be provided with any relevant safety instruction on arrival. <p>Hand sanitiser, tissues and bins should also be provided in meeting rooms to encourage good respiratory hygiene and immediate disposal of tissues. You should ensure that key contractors are aware of the setting's control measures and ways of working prior to visiting the site.</p>		<p>Visitor sign in and information sheet, hand washing/ sanitiser, social distancing etc.</p>		
<p>CV19 infection</p> <p>20. Events</p>	<p>Employees, agency, Pupils, visitors</p> <p>Having more people coming together in enclosed spaces with the potential spread of CV19 and sickness, illness, death</p>	<p>Ventilation should be reviewed in order to ensure it remains adequate for increased numbers of users and all other infection control measures must be applied.</p> <p>A contingency plan should be prepared as part of event planning in order to respond to increased positive cases in the community. Plans should consider: providing the event virtually, delay or cancellation.</p>	<p>MED</p>	<p>This guidance will be followed for school events. Where any variation is proposed a event-specific risk assessment will be produced</p>	<p>EHT</p>	<p>3/3/22</p>

Summary of key infection control measures

1. Maximising fresh air

Adequate ventilation reduces how much virus is in the air by helping to reduce the risk from aerosol transmission – when someone breathes in small particles/aerosols that can be in the air after a person with the virus has been in the same area. Therefore, everyone should:

- Work in well ventilated rooms/areas – making sure the indoor spaces have a good supply of fresh air
- Work outside if possible

2. Universal hygiene measures

These measures both increase personal protection and also protects others;

- Thoroughly wash hands with soap and water often following the [NHS guidance](#). Use alcohol based hand sanitiser if soap and water not available. In particular wash hands when entering building, after using toilet, before eating or drinking, after sneezing/coughing, after using shared items or equipment, after moving around the premises if having touched surfaces such as hand rails, door panels, and before you leave for the day
- Keeping your hands below shoulder level as much as possible trying to keep them away from touching your face at all times
- Catch it , bin it, kill it – covering the mouth and nose with a tissue or sleeve when sneezing and put the tissue in the bin straight away, always washing your hands afterwards
- Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so

3. Cleaning the space and things around you

Enhanced cleaning and disinfection arrangements should continue. Where possible staff should support these measures by disinfecting touch points such as their own classrooms and shared equipment, even if cleaning isn't part of their normal role.