**Aim:** Education settings must be able to achieve the following controls as defined by the Department of Education.

**Process:** 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.)

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](https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures) [special-schools-and-other-specialist-settings](https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings) • [Covid-19-maintaining-further-education-provision](https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-further-education-provision)

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| **Description of Activity** | COVID 19 Secure School Risk Assessment Version 7.0 | **Review Dates** | 31st August 2021 |
| **Location** | St Paul’s Whitechapel CE Primary School |  | **6th October 2021** |
| **Completed by** | T Bennett |  | 12th November 2021 |
| **Date of Assessment** | 30th September 2021 |  |  |

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| **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 | |
| **Overall Residual Risk for Activity (L / M / H):** | | MEDIUM |

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| **Glossary** |  |  |  |  |  |
| AHT | Assistant headteacher | FM | 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:- | IncTm | Inclusion Team | SPM | Place2Be school project manager |
|  | StJ: EHoS; DHT; SENCo; SBM; PM | PLP | Parent liaison partner |  |  |
|  | StP: EHT; DHT; SENCo; SBM; FM | PM | Premises manager |  |  |
| DHT | Deputy headteacher | PrTm | Premises team:- |  | **Colour coding of sections** |
| DL | Duty leader |  | St John’s: SBM; PM |  | Prevention measures |
| EHoS | Executive head of school |  | St Paul’s: SBM; FM |  | Response to infection |
| EHT | Executive headteacher | RA | Risk assessment |  | School operations |
| FBM | Federation business manager | SLT | Senior leadership team |  | People |

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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** |
| ***CV19 infection***   1. ***Poor hand and respiratory hygiene*** | **Employees, agency, Pupils, visitors**  Poor hand and respiratory hygiene causing severe infection/disease, sickness, and death | 1. **Hand and Respiratory Hygiene**  * 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  1. **Respiratory hygiene**  * We continue with the promotion of **the ‘catch it, bin it, kill it’** approach * 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](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care) | MED | School focus is on hand washing with soap and water. Use of hand sanitisers is supervised  Communicate to stakeholders.  Give regular reminders  Ensure adequate resources  Communicate to stakeholders.  Ensure adequate resources | EHT/ EHoS  All staff  PM  EHT/ EHoS  PM | 1/ 9/ 21  1/ 9/ 21 |
| ***CV19 infection***  ***2. Poor cleaning standards*** | **Employees, agency, Pupils, visitors**  Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death | 1. **Maintain appropriate cleaning regimes**  * We continue with a robust appropriate cleaning regime that applies the key infection control measures which involves;  1. **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 2. **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. 3. **Sanitiser –** Sanitisers have a combined cleaning and disinfecting properties, they need to be used twice, firstly to clean and then to disinfect 4. **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 5. **Established cleaning schedule**  * We continue with our infection control cleaning regime to include at least twice daily cleaning **that** is detailed within a cleaning schedule that covers;  1. Enhanced touch point cleaning and disinfection, this includes all touch points that are fixed to the premises inside and out. 2. Cleaning frequency is at least twice a day, supported by frequent hand touch area cleaning, and local area cleaning by staff of own areas 3. 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 4. 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 5. Teaching staff are provided with cleaning products, cleaning wipes 6. **Monitoring cleaning**  * 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](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings) | MED | Review cleaning regime and schedule.  Communicate to stakeholders.  PM to report to EHT/ EHoS on quality of cleaning. | PM  EHT/ EHoS  PM | By 3/ 9/ 21  1/9/21  Weekly |
| ***CV19 infection***   1. ***Poor ventilation*** | **Employees, agency, Pupils, visitors**  Poor ventilation transmission causing severe infection/disease, sickness, and death | 1. **Keep occupied spaces well ventilated**  * 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 * We open windows and/or increase/operate air flow building management systems when the school buildings are first opened * CO2 monitors are being used in our ventilation review to assist in our risk control measures * We have completed assessments with our ventilation contractor on our mechanical ventilation systems to ensure that only fresh outside air is being circulated – and that only single rooms only have recirculated air supported by outdoor air supply * All ventilation systems have been serviced and maintained as per statutory/manufacturer requirements * 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) * As the winter months approach 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 purge the air in the space. Opening higher level windows in preference to lower level to reduce draughts * We continue to use air conditioning, turning off recirculated air and switching to fresh air supply | MED | Discuss ventilation  Communicate to stakeholders. | PrTeam  EHT/ EHoS | By 3/9/21  1/9/21 |
| ***CV19 infection***  ***4.Poor management of cv19 confirmed cases*** | **Employees, agency, Pupils, visitors**  Poor management of CV19 symptoms, confirmed cases, attributing to transmission causing severe infection/disease, sickness, and death | 1. **Following public health advice on testing, self-isolation and managing cases of COVID-19**  * Pupils/staff/others will follow the PH advice on when to self-isolate, link [covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/) * Anyone with cv19 symptoms must not come into school, we promote this instruction and information on CV19 symptoms with staff, contractors, visitors, pupils and parents * Anyone with a positive test or have been told to quarantine must not come into school * The school must be notified of any cv19 symptoms, and confirmed test results as soon as possible * Anyone in school that develops these symptoms however mild, will be sent home and must follow public health advice, avoiding public transport wherever possible and be collected by a member of their family or household (re: pupil with symptoms) * A designated room to locate suspected cv19 individual with protocol in place, good ventilation, good space separation, whilst still being looked after, if close contact required we use face mask FP2, full visor, and disposable gloves * Staff must book a test on the day on which the symptoms are reported * Designated staff have been trained in the control and management of those with identified cv19 symptoms and have a supply of PPE * The school refuse pupil entry to school if we believe they present an infection control risk such as having symptoms but their parents still insisting to send into school * We will support remote work and education for those isolating and able to complete work/studies, link [remote-education](https://www.gov.uk/government/publications/remote-education-temporary-continuity-direction-explanatory-note) * We follow the education recovery where necessary link [education-recovery-support](https://www.gov.uk/government/publications/education-recovery-support)  1. **When to self-isolate**  * Self-isolate straight away and get a [PCR test (a test that is sent to the lab) on GOV.UK](https://www.gov.uk/get-coronavirus-test) as soon as possible if you have any of these 3 symptoms of COVID-19, even if they are mild: * a high temperature * a new, continuous cough * a loss or change to your sense of smell or taste   **You should also self-isolate straight away if:**   * you've tested positive for COVID-19 – this means you have the virus * someone you live with has symptoms or tested positive (unless you are not required to self-isolate – check below if this applies to you) * you've been told to self-isolate following contact with someone who tested positive – [find out what to do if you're told to self-isolate by NHS Test and Trace or the NHS COVID-19 app](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/if-youre-told-to-self-isolate-by-nhs-test-and-trace-or-the-covid-19-app/)   Information:  You may need to quarantine when you arrive in England from abroad. [Check the quarantine rules when entering England on GOV.UK](https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england)   1. **When you do not need to self- isolate**  * If someone you live with has symptoms of COVID-19, or has tested positive for COVID-19, you will **not need** to self-isolate **if any** of the following apply: * you're fully vaccinated – this means 14 days have passed since your final dose of a COVID-19 vaccine given by the NHS * you're under 18 years, 6 months old * you're taking part or have taken part in a COVID-19 vaccine trial * you're not able to get vaccinated for medical reasons   **Even if you do not have symptoms, you should still:**   * get a [PCR test on GOV.UK](https://www.gov.uk/get-coronavirus-test) to check if you have COVID-19 * follow advice on [how to avoid catching and spreading COVID-19](https://www.nhs.uk/conditions/coronavirus-covid-19/how-to-avoid-catching-and-spreading-coronavirus-covid-19/) * consider limiting contact with [people who are at higher risk from COVID-19](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/)  1. **Asymptomatic testing**   Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.  Staff should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged.  There is no need for primary age pupils (those in year 6 and below) to test.   1. **Confirmatory PCR tests**  * Staff and pupils with a positive LFD test should self-isolate in line with the stay at home guidance, link [stay-at-home-guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) and should get a free PCR test. Link to test <https://www.gov.uk/get-coronavirus-test> * Whilst awaiting PCR test, you must continue to self-isolate * If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school as long as the individual doesn’t have any cv19 symptoms * Additional info on PCR test kits, link [covid-19-home-test-kits-for-schools](https://www.gov.uk/government/publications/coronavirus-covid-19-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers) | MED | Ensure procedures are followed as advised here.  Communicate to stakeholders | EHT/ EHoS  EHT/ EHoS | On-going  1/9/21 |
| ***CV19 infection***  ***5. Those previously considered CEV children*** | **Employees, agency, Pupils, visitors**  Individual medical conditions may be at higher risk of infection causing severe infection/disease, sickness, and death | * 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](https://www.gov.uk/coronavirus) 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](https://www.gov.uk/government/publications/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 * All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can access the vaccine via some walk-in COVID-19 vaccination sites. * You can find out more about the in-school vaccination programme in COVID-19 vaccination programme for children and young people guidance for schools. * You should ensure that key contractors are aware of the school’s control measures and ways of working. | MED | 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 | SLT  EHT/ EHoS | As appropriate  1/9/21 |
| ***CV19 infection***  ***6.Contractors*** | **Employees, agency, Pupils, visitors**  Poor contractor infection control standards causing severe infection/disease, sickness, and death | * 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 | LOW | Contractors to work outside pupil hours and follow school risk assessment measures.  Communicate to stakeholders | PM | As appropriate |
| ***CV19 infection***  ***7.School workforce*** | **Employees, agency, Pupils, visitors**  Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death | 1. **Adults that were previously considered CEV staff**  * Should, as a minimum, continue to follow the same [COVID-19 guidance](https://www.gov.uk/coronavirus) as everyone else. It is important that everyone adheres to this guidance but people previously considered CEV may wish to consider taking extra precautions. 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. * 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](https://www.hse.gov.uk/coronavirus/working-safely/protect-people.htm), including advice for employers and employees on [how to talk about reducing risks in the workplace](https://www.hse.gov.uk/coronavirus/working-safely/talking-to-your-workers/index.htm).  1. **Pregnant Staff**  * We complete risk assessments for new or expectant mothers * We recognise that some pregnant workers will be at greater risk of severe illness from coronavirus and this forms part of our individual risk assessment * If we cannot put the necessary control measures in place, such as adjustments to the job or working from home, we would review if we need to suspend the pregnant worker on paid leave. This is in line with normal requirements under regulation 16(3) of the Management of Health and Safety at Work Regulations 1999.  1. **Vaccination**  * We encourage vaccine up take as a recognised major control measure, and any staff that are unsure or need further information should speak to the senior leadership staff | MED | 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 wellbeing where apprpriate  Communicate to stakeholders | SLT  EHT/ EHoS | As appropriate  1/9/21 |
| ***CV19 infection***  ***8.Pupil wellbeing concerns*** | **Employees, agency, Pupils, visitors**  Lack of pupil support leading to anxiety and stress, ill health | * 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](https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges) | MED | SLT to pupil health & wellbeing needs on a case-by-case basis in Inclusion meetings  Communicate to stakeholders | IncTm | Fortnightly |
| **CV19 infection**  **9.School meals, catering** | **Employees, agency, Pupils, visitors**  Use of contractors serving food and interacting in an unsafe manner causing severe infection/disease and death | * 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 * We recognise that face coverings and face visors are no longer required under law | LOW | Liaise with School Cook and Contract Services | EHT/ EHoS | Weekly |
| ***CV19 infection***  ***10. Educational visits*** | **Employees, agency, Pupils, visitors**  Poor off site infection control standards causing severe infection/disease, sickness, and death | International visits  Other educational visits  All aspects of the educational visit are reviewed and arranged in line with the systems of control outlined in this risk assessment including spending as much time outdoors as possible:   * You have considered and worked with the venue in relation to any additional factors needed for children (and staff) with SEND and medical conditions to comply with COVID-19 safety measures at the venue. * You have developed contingency plans to respond to symptoms developing in the group or someone needing to self-isolate * You have an appropriate level of insurance cover for the visit * The venue has provided the school with visitor information and briefings, including details of their COVID-19 arrangements Testing Consideration should be given to how to utilise and encourage testing before and after visits for school staff and volunteers such as parents. You may also wish to seek assurance from the venue about their staff participating in regular testing. |  | No international visits to take place.  Staff planning educational visits are to consider these control measures.  Communicate to stakeholders | EHT/ EHoS | 6/10/21 |
| ***CV19 infection***  ***11. Wrap around care after school clubs, breakfast club*** | **Employees, agency, Pupils, visitors**  Poor infection control standards causing severe infection/disease, sickness, and death | * Our standard CV19 control covers this area * Cleaning and ventilation of areas continues to be well managed * Outbreak management risk assessment will be followed | MED | Breakfast Club and some after school clubs, organised by bubbles, operate during periods of full school operation.  Communicate to stakeholders | SLT | 1/9/21 |
| **CV19 infection**  ***12. Water fountains causing easy transmission of cv19*** | **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 * 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 | Water fountains switched off.  Water access arrangements communicated to stakeholders. | PM  EHT/ EHoS | 1/9/21 |
| ***CV19 infection***  ***13. Poor communication*** | **Employees, agency, Pupils, visitors**  Poor communication causing severe infection/disease, sickness, and death | * We continue to communicate with staff, contractors, pupils, visitors, 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***  ***14. Not being prepared for changes, not having a contingency plan or outbreak risk assessment/plan*** | **Employees, agency, Pupils, visitors**  Lack of planning causing severe infection/disease, sickness, and death | * We are prepared to step up and down when infection rates and outbreak change the risk levels and actions required. * 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’ and ‘Prevention’ measures, with appropriate adjustments, in the 8th March Risk Assessment.  Communicate to stakeholders | EHT/ EHoS | 1/9/21 |
| ***CV19 infection***  ***15. No assessment of potential occupational disease/transmission caused by work*** | **Employees, agency, Pupils, visitors**  Causing severe infection/disease, sickness, and death | * An assessment of exposure to be completed for each confirmed case, the local PH team to be advised * 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 * Inform Juniper with full details of confirmed covid-19 case without delay | MED | Documents to be completed by appropriate body | (SLT/ PM etc.) | As needed. |
| ***CV19 infection***  ***16. Increased chemical risk to pupils and others*** | **Employees, agency, Pupils, visitors**  Use of sanitisers and cleaning products being located around the school, classrooms – pupils accidently ingesting the chemical or having a reaction to the substance | * 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 | PM | By 3/9/21 |
| ***CV19 infection***  ***17.Transport*** | **Employees, agency, Pupils, visitors**  Use of school arranged transport | 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.  Schools operating their own minibuses must ensure that:   * 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. Pupils and parents should be advised by settings that some transport providers may continue to require the use of face coverings. | LOW | At present we do not use LA or own school transport. This measure will be kept under review. | EHT | 6/1021 |
| ***CV19 infection***  ***18.Visitors (including key contractors)*** | **Employees, agency, Pupils, visitors**  Use of school arranged transport | 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 separating chairs further, avoiding sitting face to face, by having a walking meeting outside. Information about the visit should be communicated. All visitors should:   * Be encouraged to participate in asymptomatic testing programmes where it is age appropriate. * 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.   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. | MED | Continue visitor arrangements including:  Visitor sign in and information sheet, hand washing/ sanitiser, social distancing etc. | SLT | 6/10/21 |
| ***CV19 infection***  ***19. Events*** | **Employees, agency, Pupils, visitors**  Having more people coming together in enclosed spaces with the potential spread of CV19 and sickness, illness, death | Events should be planned on a reduced capacity basis for visitors, enabling respectful space to be given. 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.  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. | MED | This guidance will be followed for school events. Where any variation is proposed a event-specific risk assessment will be produced | EHT | 6/10/21 |

**Summary of key infection control measures**

**1. Regular testing – and isolation**

Asymptomatic testing will help to identify anyone who does not have symptoms but does have the virus so they can take appropriate action and isolate to prevent passing the virus onto others. Staff and pupils with a positive lateral flow test (LFD) will need to get a PCR test and self-isolate.

Anyone who has symptoms of cv19 should obtain a PCR test and follow the stay at home guidance.

**2. 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

**3. 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](https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/). 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

**4. 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.

**5. Respectful space**

Whilst school bubbles and social distancing has been removed, any measures that minimise the number, the proximity, and duration of person to person contact reduces the risk of transmission. In addition, it is important to consider that increased mixing will lead to increased cases and therefore staff absence. You should follow the current guidance of not using bubbles, but it is advisable to consider within your risk assessments the following:

* Staff areas, staff rooms, keeping staff apart where possible
* Meeting outdoors, or in larger well-ventilated rooms
* Continue to virtual meetings as this just eliminates the potential of cv19 transmission
* How to create better space in offices, rooms, by moving furniture or rearranging work stations, and creating a large space separation of staff

**6. PPE**

Having the correct PPE for the correct situation, with staff training in place, this may include close contact/ confirmed cv19 symptoms.

**How COVID is transmitted**

