

Area/Activity Assessed	School Reopening Risk Assessment – COVID-19	Date	13 th October 2020
Assessment Completed By	Lee D’Arcy/John Hutchinson	Person(s) Consulted	Rachel Davidson

Persons Exposed	Employees <input checked="" type="checkbox"/>	Contractor <input checked="" type="checkbox"/>	Young Person <input checked="" type="checkbox"/>	Expectant Mother <input checked="" type="checkbox"/>	Visitors and/or Public <input checked="" type="checkbox"/>	Trespassers <input type="checkbox"/>
Frequency of Exposure	Continually <input type="checkbox"/>	Hourly <input type="checkbox"/>	Daily <input checked="" type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Duration of Exposure	Less than 1hr <input type="checkbox"/>	1-2 hrs <input type="checkbox"/>	3-4 hrs <input type="checkbox"/>	5-6 hrs <input type="checkbox"/>	7-8 hrs <input type="checkbox"/>	More than 8 hrs <input checked="" type="checkbox"/>

Probability - (5=Very Likely, 4= Likely, 3= Quite Possible, 2= Possible, 1= Unlikely) Severity - (5=Catastrophic, 4=Major, 3=Moderate, 2=Minor, 1=Insignificant)	0-8 - Low risk No Action Required. 9-15 - Medium risk Ensure adequate controls are in use. 16-25 - High Risk Stop operation and implement adequate control measures
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No	Hazard	Initial			Existing Control Measures	Residual			Additional Controls
		Severity	Probability	Risk		Severity	Probability	Risk	
1	School reopening after lockdown	4	3	12	<ul style="list-style-type: none"> The school has been deep cleaned before reopening All staff are competent and instructed with regards to the procedures in place for the protection against infection from the risk of Covid-19. A school reopening plan has been created in line with current Government, Public Health and DfE guidelines. As part of the Governments guidelines (28/08/2020) All staff and children will have access to Coronavirus tests. If necessary, the school will liaise with Local Authority and Archdiocese if it cannot meet the government’s guidelines due to staff shortages or space within the school. 	4	3	12	Yes

No	Hazard	Initial			Existing Control Measures	Residual			Additional Controls
		Severity	Probability	Risk		Severity	Probability	Risk	
2	Social Distancing	4	3	12	<ul style="list-style-type: none"> • Rules on social distancing are shared, discussed and regularly reinforced positively. • All staff and Pupils must practice social distancing. This includes etc: <ul style="list-style-type: none"> ▪ Pupils desks are arranged in rows, facing the front of the room ▪ Movement around the school is kept to a minimum. ▪ Children and staff are placed into class groups and bubbles created ▪ Queuing 2 metres (6ft) apart ▪ Stagger drop-off and collection times ▪ Plan parents' drop-off and pick-up protocols that minimise adult to adult contact ▪ Practical lesson plans are reviewed to ensure social distancing can be maintained. ▪ Lessons and activities which can take place outdoors are encouraged ▪ Break times are staggered. ▪ Staff and pupils are discouraged from gathering in large groups. ▪ Walking in single file on the left-hand side of the corridors. One-way system in operation along the corridors ▪ If necessary, the school will liaise with Local Authority and Archdiocese if it cannot meet the government's guidelines due to staff shortages or space within the school. <p>See School Reopening Plan for further details on how the school are going to implement social distancing</p>	4	3	12	Yes

No	Hazard	Initial			Existing Control Measures	Residual			Additional Controls
		Severity	Probability	Risk		Severity	Probability	Risk	
3	Practicing Social Distancing with young people with an EHC plan.	4	3	12	<ul style="list-style-type: none"> Social Distancing rules are followed as far as reasonably practicable. Pupils are encouraged to practice social distancing. Parents/Carers are asked to reinforce this message at home. Lesson plans/play activities are reviewed with social distancing in mind. Teaching support staff are instructed to wash their hands regularly and to avoid touching their face. <p>Nappy or Pad Changing</p> <ul style="list-style-type: none"> Parents/carers are requested to ensure their child has a clean new nappy/pad on when they arrive at school. This is to minimise the number of nappy/pad changes throughout the day. Where possible staff are to stand side-on when changing nappies/pads and to wipe away from themselves. Suitable personal protective equipment is available Disposable gloves Fluid resistant type IIR surgical mask Only if you suspect the child may have coronavirus as you will be within the 2 metres social distancing rule. Once used all PPE is disposed of together with the nappy. Hands are washed before and after each nappy/pad change. Handwashing facilities are available i.e. hot water, soap, hand sanitiser, paper towels etc. Pregnant staff or staff with a low immune system must take care and use the precautions available when dealing with bodily fluids Where possible potty training should be implemented. 	4	3	12	Yes

No	Hazard	Initial			Existing Control Measures	Residual			Additional Controls
		Severity	Probability	Risk		Severity	Probability	Risk	
4	Staff/Pupils showing signs of an Infectious Disease (coronavirus COVID-19)	4	2	8	<ul style="list-style-type: none"> Staff, Visitors and Contractors are instructed not to attend school if they are displaying Coronavirus symptoms. Parents/Carers are instructed to monitor their child's health and should refrain from sending their child to school if they or themselves are displaying Coronavirus symptoms. Staff and Parents are asked to follow the advice of their GP and should self-isolate for 7 to 14 days. The infected person will be tested before being allowed to return to work/school. 	4	1	4	
5	Staff/Pupil confirmed of having an Infectious Disease.	4	3	12	<ul style="list-style-type: none"> Staff and Parents/Carers are asked to notify the school immediately. The school will contact Public Health England as soon as a member of staff or pupil has tested positive. The school will follow Public Health England's advice. Staff who have caught the infection will refrain from attending school and should self-isolate for 7 to 14 days. Parents/Carers are asked to keep their child off school and should self-isolate for 7 to 14 days. Staff and Parents are asked to follow the advice of their GP and/or Public Health England. Where possible the infected person will be tested before being allowed to return to work/school. 	4	2	8	
6	Staff/Pupils displaying symptoms during school hours	4	3	12	<ul style="list-style-type: none"> The Headteacher and/or SLT will be notified immediately. Staff displaying symptoms of Coronavirus will be sent home Parents/Carers will be contacted to arrange for their child to be collected. The child will be isolated away from other staff and pupils in the room opposite SONAS Staff and pupils who have been in contact with the ill person will wash their hands thoroughly for 20 seconds. A 'suspected coronavirus' letter will be sent home with each child and parents/cares are asked to monitor the health of their child. 	4	2	8	Yes

7	Stopping the virus from spreading Personal Hygiene	4	3	12	Transmission <ul style="list-style-type: none"> • The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs or sneezes. • This virus can be readily isolated from respiratory secretions. • There are two routes by which COVID-19 can be spread: directly from close contact with an infected person (within 2 metres) where respiratory secretions can enter the eyes, mouth, nose or airways - this risk increases the longer someone has close contact with an infected person who has symptoms. • Secondly, indirectly by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching one's own mouth, nose, or eyes. 	4	1	4	
					Handwashing <ul style="list-style-type: none"> • Handwashing is one of the most important ways of controlling the spread of infections, • The recommended method is the use of liquid soap, warm water and paper towels. • Always wash hands after using the toilet, before eating or handling food. Coughing and sneezing <ul style="list-style-type: none"> • Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Tissue to be disposed of in a bin with a lid. • Wash hands after using or disposing of tissues. • Spitting should be discouraged. Personal protective equipment (PPE). <ul style="list-style-type: none"> • The correct PPE should be used when handling cleaning chemicals. • PPE is worn as per the cleaning chemicals COSHH risk assessment or MSDS. 				

8	Stopping the virus from spreading General Cleaning	4	3	12	<p>School Environment</p> <ul style="list-style-type: none"> • Wall-mounted hand sanitizer dispensers are installed around the school building. • 250ml hand sanitizer gels are located in every classroom/office • Cleaners/site manager will be on-site during school hours ensuring that areas (door handles, stairwells etc.) are continually wiped. <p>Cleaning of the environment,</p> <ul style="list-style-type: none"> • The school is cleaned with normal household disinfectant. • All surfaces will be cleaned and disinfected, including: <ul style="list-style-type: none"> • Objects which are visibly contaminated with body fluids. • All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells • Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings. <p>Cleaning of blood and body fluid spillages.</p> <ul style="list-style-type: none"> • All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). • When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer’s instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. • Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills. 	4	1	4	

No	Hazard	Initial			Existing Control Measures	Residual			Additional Controls
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9	Failure to Deep Clean the school after a member of staff or child is suspected of having coronavirus COVID-19	4	3	12	<p>Deep Cleaning.</p> <ul style="list-style-type: none"> The school is cleaned with normal household disinfectant after someone with the suspected coronavirus COVID-19 has left to reduce the risk of others being infected. Where possible the area is closed and secure for 72 hours before the commencement of the deep cleaning. Suitable personal protective equipment is available <ul style="list-style-type: none"> Fluid resistant type IIR surgical mask Disposable gloves and apron Disposable eye protection (where there is a risk of splashing). Once used, all PPE is disposed of Hands are washed before and after cleaning for at least 20 seconds. Handwashing facilities are available i.e. hot water, soap, hand sanitiser, paper towels etc. Pregnant staff or staff with a low immune system must take care and use the precautions available when dealing with bodily fluids 	4	1	4	

10	<p>Stopping the virus from spreading Deep Cleaning</p>	4	3	12	<p>Cleaning of the environment,</p> <ul style="list-style-type: none"> • Public areas where individuals have passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. • All surfaces that individuals have come into contact with must be cleaned and disinfected, including: • Objects which are visibly contaminated with body fluids • All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells • Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below: • Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine • A household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants • If an alternative disinfectant is used within the school, this should be checked and ensure that it is effective against enveloped viruses • Avoid creating splashes and spray when cleaning. • Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. • When items cannot be cleaned using detergents or laundered, for example, • Upholstered furniture and mattresses, steam cleaning should be used. • Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of. • If possible, keep an area closed off and secure for 72 hours. After this time the amount of virus contamination will have decreased substantially, and you can clean as normal with your usual products. 	4	1	4	
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No	Hazard	Initial			Existing Control Measures	Residual			Additional Controls
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					<p>Clinical waste.</p> <ul style="list-style-type: none"> Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues): 1. Should be put in a plastic rubbish bag and tied when full. 2. The plastic bag should then be placed in a second bin bag and tied. 3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours. If the individual tests negative, this can be put in with the normal waste If the individual tests positive, then store it for at least 72 hours and put in with the normal waste If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment. 				

ACTION ARISING FROM RISK ASSESSMENT					
No	Risk Rating	Action Required:	Person (s) Responsible	Target Date	Date Completed
1	Med	<p>School is advised to create a reopening plan in line with current Government, Public Health and DfE guidelines. This Must include ways in which</p> <ul style="list-style-type: none"> ▪ Social Distancing can be maintained, ▪ How Practical Lessons can be taught safely ▪ The care of pupils on EHC plans or children of EYFS age can be maintained. ▪ How EHC/EYFS lessons or play activities can be taught safely. ▪ Deep Cleaning ▪ Action Plan to deal with suspected Coronavirus cases. 	Head Teacher and SLT	Before school reopens	
1	Med	Staff Training – The school is advised to provide staff training and instruction to all staff before the school is reopened to pupils. This training should be recorded to verify staff attending the training/instruction fully understand.	Head Teacher and SLT	Before school reopens	1/9/2020
2	Med	Social Distancing – The school is advised to create a set of social distancing rules that all staff and pupils should follow.	Head Teacher and SLT	Before school reopens	
3	Med	Social Distancing EHC plan or EYFS – The school is advised to liaise with the pupils, teaching, support staff and the pupils' parents to ensure all the child's needs are met.	Head Teacher and SLT	Before school reopens	
6	Low	Communication with Parents – The school is advised to create a Suspected Coronavirus Letter which should be sent out to all parents/carers if a member of staff or pupil were to take ill in school and was displaying Coronavirus symptoms. Parents/cares should be asked to monitor their child's health and to self-isolate if their child was to develop symptoms.	Head Teacher and SLT	Before school reopens	

Appendix 1

COVID 19 RISK ASSESSMENT REVIEW

By: Lee D'Arcy	Date: 13.10.2020
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In light on Liverpool City Region entering Tier Three local restrictions on Wednesday 14 October, a review of the Covid 19 Risk Assessment (28.08.2020) has been carried out.

- 1/8 School cleaning continues to be thorough and competently carried out by the cleaning team.
- 2/3/7 Social Distancing – at morning drop-off and at end of school day, any adults collecting children who are accessing school grounds **MUST** wear a face covering/mask/visor – staff on duty enforce this. Any staff who are on duty or staff dismissing children, must wear a face covering/mask/visor to model good practice. Any adult who is unable to wear a face covering is asked to remain outside school grounds and a member of staff brings their child to them. Bubbles – each class is it's own 'bubble' with Teacher, TA and lunchtime supervisory assistant assigned. Lunchtimes are on a two-week rota basis with Reception, Y1 and Y2 eating lunch in the Hall on Week A and Y3-Y6 eating in the Hall on Week B, on the alternate weeks, children will eat lunch in their classroom, supervised by their assigned lunchtime supervisory assistant. Additional outdoor space for play has been created in the staff car park, with staff parking off-site. Children sanitise their hands upon entering school building, before/after breaks and lunchtime and good handwashing technique/practice is encouraged by adults.
- 4 Staff/pupils upon showing symptoms are instructed not to attend school and advised to have a test.
- 5/6 Staff/pupils with confirmed/positive test result – MUST isolate at home along with the rest of their household. See below for isolation periods:
- You must self-isolate for at least 10 days if:*
- *you have symptoms of coronavirus and you tested positive, had an unclear result or did not have a test*
 - *you tested positive but have not had symptoms*
- If you have symptoms, the 10 days starts from when they started.*

If you have not had symptoms, the 10 days starts from when you had the test. But if you get symptoms after your test, self-isolate for a further 10 days from when your symptoms start.

Stop self-isolating after 10 days if you feel OK

You can stop self-isolating after 10 days if either:

- *you do not have any symptoms*
 - *you just have a cough or changes to your sense of smell or taste – these can last for weeks after the infection has gone*
- Keep self-isolating if you feel unwell***

Keep self-isolating if you have any of these symptoms after 10 days:

- *a high temperature or feeling hot and shivery*
- *a runny nose or sneezing*
- *feeling or being sick*
- *diarrhoea*

Only stop self-isolating when these symptoms have gone.

*If you have diarrhoea or you're being sick, stay at home until 48 hours after they've stopped.
(NHS guidance, 13.10.20)*

The Risk Assessment will continue to be updated in line with national/local developments.