

The Coppice Primary School

COVID-19 Risk Assessment: School, Pupil

and Staff

May 2020
(updated July 2020)

RISK CALCULATOR

		Likelihood		
		Unlikely 1	Possible 2	Likely 3
Consequence	Slightly harmful 1	Very Good 1	Good 2	Moderate 3
	Harmful 2	Good 2	Moderate 4	Substantial 6
	Extremely harmful 3	Moderate 3	Substantial 6	Extreme 9

Hazard Observed	Who may be harmed?	Risk rating before controls	Control measures/notes	Risk rating after controls	Control measures by (Initial)
Children/staff become infected with coronavirus	Children and staff (and anyone in contact with the above)	6	<ol style="list-style-type: none"> 1. Regular hand-washing/sanitising (on entry into school, after break times, after toilet visits, before lunch) 2. Clear messages and protocols about use of tissues (dispose of immediately in lined bins) 3. Where home-schooling is working, parents encouraged to keep children at home. 4. Break time and lunchtime, drop off/pick up times to be staggered to avoid groups of children and adults being in close proximity. 5. System for pick up and drop off in place to ensure no gatherings of adults. (see planning document for more information). Allocated places for children to be picked up and dropped off 6. Children bring their own sandwiches and eat them in their classrooms (FSM provided for, on request, by AiP) 7. Staff manage their breaks in a staggered way, ensuring social distancing at all times 8. School has sufficient disinfectant spray and sanitising hand gel that meets with WHO standards 9. Boxes of tissues to-hand wherever groups are 10. Restrictions on the number of adults in school (only enough to adequately ensure provision) 11. Regular reminders of how we hand-wash (videos, demonstrations, posters etc.) 12. Children taught to cough and sneeze into their elbow and away from the direction of other children and adults if they do not have a tissue. 13. Robust programme of cleaning (especially high-use areas (door handles, light-switches, toilet flush, taps etc.); all the cleaners to read the government guidance document and sign to say they have done this. 14. Group sizes limited to 15 pupils at most (ideally 12) 15. Group to be kept strictly separate (including staff) and wherever feasible, social distancing optimised (staff to spend their time in school with the same colleagues, including classroom work, breaks and lunch). 16. Markings and posters applied to remind parents of social distancing at drop off/ collection points. 17. Play equipment provided for each group and cleanliness ensured. 18. Staff and children must take their breaks with the same consistent group and try to stay within the same consistent room. 19. No more than 12 adults in the staffroom at any one time (suitably 'social distanced'). In 	4	All staff and children.

- other circumstances, staff must use their judgement on whether a room is too full for them to keep a safe distance, moving to another room if necessary.
20. Sprays and cloths readily available.
 21. Moving around school only when absolutely necessary. When moving around school, as normal, children will walk on the left-hand side. Children walk with their hands behind their backs, refraining from touching surfaces.
 22. Staff are diligent with email communication, using this and checking in frequently during the day.
 23. Visitors will not be allowed in school unless absolutely essential and then they must strictly observe social distancing protocol (checking in with Head Teacher)
 24. Only one adult to drop off and pick up a child or children who live together.
 25. Children's temperature monitored daily (using remote forehead thermometer).
 26. Anyone exhibiting symptoms of coronavirus to be isolated immediately and supervised by a member of staff with PPE and parents contacted straightaway for pickup
 27. Staff in school must follow the government guidelines given on the NHS site <https://www.nhs.uk/conditions/coronavirus-covid-19/> if they are experiencing the signs and symptoms on this site. Inform Billy Hutt immediately and follow the school procedures for sickness absence. Staff are now able to self-refer themselves for testing, either via a drive through test or a home testing kit – the aim of this is to find out if they have COVID. If negative, staff can return to work when they deem themselves to be sufficiently well. This is not an anti-body test so it could be negative and then a staff member get COVID 19 at a later date. If the test is positive, all members of the class would be required to self isolate for 14 days, including any staff who had come into contact with that child or adult.
 28. Staff and children who are in school should stay at home if they are experiencing signs of illness outlined on the NHS website <https://www.nhs.uk/conditions/coronavirus-covid-19/>
 29. Latex-free Personal Protective Equipment (PPE) to be provided in each classroom and area of the school that has or may have children or adults in at any point, including the front entrance, the office, medical room, hall and outside areas. These to be used if a child or an adult show signs or symptoms of Coronavirus (headache, high temperature, coughing, generally unwell), requires intimate (toileting) care, first aid or medical treatment requiring close contact.
 30. Staff need to access video from PHE on how to safely put on and take off PPE (link: https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be)
 31. PPE to be:

- Disposable gloves for examining or treating children or adults in school or exposure to bodily fluids and chemicals (such as detergents); also to be used when working around equipment or objects that may be contaminated. They must be changed for a new pair after each episode or change of child.
- Surgical face masks loose-fitting surgical masks for pupils and adults in school who show symptoms of Coronavirus.
- Disposable plastic aprons to be used when examining or treating children or staff in school, or to protect clothing from chemicals such as detergents; also to be used when working around equipment or objects that may be contaminated. To be changed for a new apron after each episode or change of child.
- If a child/adult is suspected of having contracted Coronavirus (i.e. exhibiting signs) then the agreed flowchart, detailing processes, must be followed.

32. Children in school must be isolated in the medical room (BMA) and be supervised with a member of staff position outside the door and sent home through usual school procedures if they are experiencing the signs and symptoms of Covid-19 as given in NHS website <https://www.nhs.uk/conditions/coronavirus-covid-19/> or staff have noticed these signs and symptoms.

33. When a child or staff member has shown symptoms, areas and static equipment and furniture that has been used by the child/adult must be cleaned immediately and, where possible removed from that room. After the end of the school day, a deep clean will take place. This applies to the medical room and toileting facilities, as well as the classroom.

34. When a child or staff member has shown symptoms, any items of school equipment

35. (e.g. toys, books, writing utensils, cutlery etc.) that have been used by the child/adult should be disinfected/ sanitised so far as possible.

36. If an adult had been in contact with any other adults or children and is now displaying symptoms others must follow the guidelines on the NHS website.

37. The self-referral system is quick and can be found here: <https://self-referral.test-for-coronavirus.service.gov.uk/>

38. Reminders on the signs and symptoms and links to the government and NHS websites will be sent out regularly and when changes have occurred in their guidance.

39. Letters sent to parents regularly to remind them that of the latest information from the above-mentioned two websites regarding the signs and symptoms, and how they need

			<p>to respond, including if a member of their family is experiencing signs and symptoms.</p> <p>40. LA to reassure Schools that Test, Track and Trace capabilities in local area are operating effectively before any decision is made to re-open School to wider numbers of pupils.</p> <p>41. Staff returning from shielding clinically vulnerable dependents or having clinically vulnerable dependents will have the safest available onsite role (as per guidance). This will be agreed with these staff on an individual basis.</p>		
School will be unable to open either as a whole school (except key workers and vulnerable) or to class groups due to insufficient staffing levels.	Staff, children, families	6	<ol style="list-style-type: none"> Staff have been organised into 'pods' with 15 children (or less) in each pod, with the intention of preventing the spread around the school. If a staff member becomes unwell or develops symptoms they must go home immediately and arrange for testing. A deep clean of the environment will be arranged. HT/DHT will ensure that absent staff are covered as required. If a replacement teacher cannot be arranged, that 'pod' will be unable to attend school until adequate staffing is in place. Any key worker/vulnerable/EHCP children will be accommodated. Parents will be informed as soon as possible if their child is unable to attend. This will be communicated via text. 	6	All staff, parents, children.
Children will transmit infection to the home environment from school	Family members (including, those who are vulnerable).	6	<ol style="list-style-type: none"> Children will also wash their hands before leaving school at the end of the day. Children must bring their own named water bottle which needs to be sent home and cleaned each night. Only the child whose name is on the bottle should handle the bottle, including collecting and filling it in school. Used tissues to be placed by the child in a lined bin. Children will wear non-uniform to school allowing children to wear freshly laundered clothes to school each day. Any learning packs will stay at school and, if pupils attend on a part time basis, if required, a duplicate pack will be produced. No school reading books will be sent home. 	4	All staff and children
Infection may be transmitted via the school environment	Children Staff Family members	6	<ol style="list-style-type: none"> The school to be kept sterile by the cleaners, and objects and surfaces to be frequently wiped using the wipes and sprays provided by the school. Items that are not possible to be cleaned throughout the day, such as soft toys, soft furnishings, dressing-up clothes, toys/games with small components, will not be made available to staff and children in school. Such items will be stored away in boxes. Doors and windows to outside areas need to be kept open to encourage good 	4	Cleaners, Children

			<p>ventilation, when not too cold to do so. Wherever possible, entry into the classroom should be via external doors.</p> <ol style="list-style-type: none"> 4. Internal doors and windows to be kept open to avoid them being touched too often. 5. Small equipment/maths equipment like counters etc to be left in a Milton bath overnight and then drained and put on paper towels next morning to dry (teacher in charge to ensure). 6. Children will not be allowed to share the food with anyone 7. Areas in which children and adults are spending time, needs to have easy access to sterile wipes. Staff need to take these with them if they move around the school with children (which should be infrequent) to wipe objects and surfaces. Also provided is disinfectant spray and cloths for the purpose of wiping door handles, chairs, objects, etc. as required. 8. Avoid bringing in any additional items from home into the school environment unless these are absolutely necessary and are appropriately treated before being distributed. 9. Children should work in as small groups as possible. The groups need to be consistent as possible in terms of the same children, the same adults, the same classroom and the same equipment used. 10. Children should work/play outside as often as this is possible (with appropriate caution) 11. If not outside children should be in small groups in well ventilated areas seated in spaces with at least one seated space in between them 12. Children should know to use only the designated toilets. 13. Children should be actively encouraged and reminded to observe social distancing 14. Adults should wear latex gloves when performing any medical or care routines with children 		
Fear of contracting corona virus / reassuring stakeholders.	Children (and staff)	6	<ol style="list-style-type: none"> 1. Power Point presentation giving the children the facts in child-friendly language shown to the children when they come into school during the first day and then referred to if they have questions; shows the ways in which everyone in the school is keeping safe; procedures in school to be clearly given in the presentation so they are clear on what they need to do or not do. 2. Child-safe hand sanitisers placed in relevant areas and shown the presentation so the children know to use them. 3. Nurture activities to support children in expressing their worries or concerns, including 'worry eaters'. 4. Routines and behaviour expectations reinforced to ensure consistency and bring some 'normality' to proceedings. 	4	Staff

			<ol style="list-style-type: none"> 5. Staff/SLT at drop off points to greet children warmly to ensure they feel safe coming to school. Communication with parents maintained, <u>via just phone and email</u> to ensure any worries or concerns can be addressed at school. 6. All staff to be conscience that relationships with children need to be re-established and make extra efforts to chat to children and be available at the beginning and at the end of each day by being on the playground and chatting to parents and children (with strict social distancing adhered to). 		
Feeling of loss of control/trust through not understanding controls in place	Staff	6	<ol style="list-style-type: none"> 1. Presence of SLT in school 2. Open door policies in school to SLT 3. Regularly sharing of information, risk assessments, government links 4. SLT reiterating the message to staff that they need to follow procedures and concerns need to be discussed with SLT rather than with other members of staff so that anxieties can be addressed and questions answered by SLT whilst also reducing the risk of spreading the anxiety among staff. 	4	SLT