

	Establishment/Department: Whimble Primary	Establishment Risk Assessment	RA100 V2.8
	Address: School Hill, Whimble EX52TS		
Person(s)/Group at Risk Staff, Pupils, Visitors and Contractors	Date assessment completed: This document is to remain under constant review due to the fast-changing nature of DfE / Government guidance in response to the challenges posed by Covid-19.		Assessor(s): Carole Shilston, Hannah Clarke, Linden Best, Helen Mitchell
<p>This risk assessment explains the actions school leaders should take to minimise the risk of transmission of COVID-19 in their school Stage 4 Road Map September 2021 onwards. This includes public health advice, endorsed by UK Health Security Agency (UKHSA), or from the South West Directors of Public Health</p> <p>This risk assessment is generic and outlines control measures. Also included is brief information on additional measures that may be recommended by DfE/UKHSA SW or DCC Public Health if settings meet the threshold for further public health actions (as defined in the Contingency Framework for Education and Childcare settings). Each school is responsible for reviewing and amending to ensure it is applicable to their setting and the latest government guidance and must consult with their staff regarding the risks and control measures being implemented.</p>			
Up-date 04/01/2022 – changes to text to include new guidance (including updates 21/1/21)			

Significant Hazard Section	Control measures in place	Optional: School's comments re. mitigations put in place
	<i>Additional measures or actions not included in this column below should be put in the assessor's recommendations at the end of this document</i>	
Keep occupied spaces well ventilated		
Poorly ventilated spaces leading to risks of coronavirus spreading Ventilation to reduce transmission	<ul style="list-style-type: none"> Ventilation and AC systems working optimally. 	Willow – high windows open and door held open.

[Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak](#) and [CIBSE COVID-19 advice](#) provides more information. DfE is working with the Scientific Advisory Group for Emergencies (SAGE) and NHS England on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.

- Heating used as necessary to ensure comfort levels are maintained when the building is occupied.
- Keep windows open wide enough to provide some natural background ventilation and open internal doors to increase air flow.
- Open windows fully when rooms are unoccupied for longer periods to purge the air (e.g. lunch times and before and after school).
- Action taken to prevent occupants being exposed to draughts. For example, partially open high-level windows as oppose to low-level windows, close external doors and arrange the furniture if appropriate and possible.
- Use fans for good air circulation.
- Air conditioning systems that normally run with a recirculation mode set up to run on full outside air.
- Ventilation's system that removes and recirculates air to different rooms is turned off.
- Ventilation system remains on at all times, even when the building is unoccupied. The system set to operate at lower ventilation rates during evenings and weekends.
- Occupants encouraged to wear additional, suitable indoor clothing. (If they have to wear coats, scarves and other outdoor clothing the room would be considered too cold and the above steps must be considered).
- Ensure staff meetings and insets are in rooms with suitable and sufficient ventilation

A robust risk assessment process should include the following:

- How is each room in the establishment being ventilated?
- How many people are going to be using the room – more people greater the risk
- What activities are being done in that room – lots of people talking, shouting, more risk
- CO2 monitors are only a tool to identify poorly ventilated areas – they are not to be used as a mechanism to 'measure safe thresholds' and to be used with the HSE suitability chart.
- DfE guide [Ventilation - Google Drive](#)
- Risk assessment video link https://youtu.be/hkK_LZeUGXM
- Simple resource to support schools with ventilation and CO2 monitoring: [CoSchools - tools for healthy schools](#)

It is advisable to use a thermometer to monitor temperatures where opening windows and doors is being used as a mechanism to aid ventilation. For more

Beech - high windows open and door held open.
Oak – some windows slightly open on either side of the room.
Ash - some windows slightly open on either side of the room.
Elm - some windows slightly open on either side of the room.

Other class spaces – windows and/or doors open when room in use (classes ventilated at break and lunchtimes. Doors and/or windows left open when rooms unoccupied unless a fire door)
Offices – windows and doors opened as required to aid ventilation.
CO2 monitors set up in all classroom spaces to support when extra ventilation required.

	information on suitable workplace temperatures see HSE: Guidance on temperature in the workplace	
Maintain appropriate cleaning regimes		
You should put in place and maintain an appropriate cleaning schedule.	<ul style="list-style-type: none"> • <i>Reduced clutter and removing difficult to clean items to make cleaning easier.</i> • <i>Cleaning using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices.</i> • <i>Surfaces that are frequently touched and by many people in common areas to be cleaned twice a day.</i> • <i>Avoid sharing work equipment by allocating it on a personal basis or put cleaning regimes in place to clean between each user.</i> • <i>Identify where you can reduce people touching surfaces, for example by leaving doors open (except fire doors) or providing contactless payment.</i> • <i>Keep surfaces clear to make it easier to clean and reduce the likelihood of contaminating objects.</i> • <i>Provide more bins and empty them more often.</i> • <i>Toilets and communal areas to be cleaned regularly, with a process of recording – displaying cleaning schedules.</i> • <i>Sanitising spray and paper towels to be provided in classrooms for use by members of staff. If using cloths – disposable or appropriate washing and drying process.</i> <p><i>Thorough cleaning of rooms at the end of the day. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.</i> <i>UKHSA has published guidance on the cleaning of non-healthcare settings</i></p>	<i>Timetabled spaces used by groups of children from different classes – adults to sanitise surfaces at end of their session.</i> <i>Equipment to be cleaned between use, e.g. Chromebooks</i>
Ensure good hygiene for everyone		
Hand & Respiratory hygiene	<p>Whilst DfE guidance removes the need for schools to use ‘bubbles’ UKHSA advice is if you can keep mixing to a minimum, it does reduce transmission along with:</p> <ul style="list-style-type: none"> • COVID-19 posters/ signage displayed. • Frequent and thorough hand cleaning is regular practice. 	<i>Remind staff on INSET day and teachers to teach and remind the children of how to stay clean and healthy. (Jan 22</i>

	<ul style="list-style-type: none"> • Pupils and staff to clean their hands when they arrive at school, when they return from breaks, when they change rooms and before and after eating. • Sufficient handwashing facilities are available. • Where there is no sink, hand sanitiser provided in classrooms. • Skin friendly skin cleaning wipes used as an alternative to hand washing or sanitiser. • Staff help is available for pupils who have trouble cleaning their hands independently (e.g. small children and pupils with complex needs). • Use resources such as “e-bug” to teach effective hand hygiene etc. • Adults and pupils are encouraged not to touch their mouth, eyes and nose. • Adults and pupils encouraged to use a tissue to cough or sneeze and use bins for tissue waste (‘catch it, bin it, kill it’). • Tissues to be provided. • Bins for tissues provided and are emptied throughout the day. <p>Respiratory hygiene The ‘catch it, bin it, kill it’ approach continues to be very important. The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene.</p> <p>Face Coverings in Classrooms</p> <p>From 04 January 2021, additional recommendation for schools, colleges and other settings for school staff and pupils/students in year 7 and above to wear face coverings in communal spaces and pupils in year 7 and above to also wear, face coverings in classrooms and teaching spaces.</p> <p>There are good hygiene measures that can be used in:</p> <p>https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/spotty-book-2021.pdf</p> <p>https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/schools-and-nurseries-guidance/</p> <p>DCC Health and Safety Arrangements: - Infection Control HS26</p>	
<p>Conditions for use of fluid resistant face mask and other equipment when dealing with a symptomatic child are clear and understood by staff.</p>	<p>If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home a face mask should be worn by the supervising adult if a distance of 2 meters cannot be maintained.</p>	

	<p>If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. Ensuring that fluid resistant face masks are available for all schools and that a supply is maintained.</p> <p>https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</p>	
Staff use of PPE	<p>Pupils whose care routinely already involves the use of PPE due to their intimate care needs will continue to receive their care in the same way. Follow guidance</p> <p>https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</p>	
Staff related issues		
Accessing testing arrangements for all staff	<p>Guidance on the new asymptomatic testing programmes taking place in schools are on a shared document platform hosted by DfE, including FAQ, webinars and step-by-step 'how to guides.</p> <p>For secondary schools - Resources - Google Drive.</p> <p>For primary schools - Primary Schools Document Sharing Platform - Google Drive.</p>	<i>LFD testing to continue twice weekly (Or more frequently if requested due to individual circumstances) Kits held in school office for collection.</i>
Symptoms	<p>Deliver strong messaging about signs and symptoms of Covid-19, isolation advice and testing to support prompt isolation of suspected cases</p>	
Vaccination	<p>Where staff are not fully vaccinated, they would be required to self-isolate for 10 days if they have close contact with a positive case during their isolation period to prevent potential transmission. Staff who are not vaccinated should be encouraged to take up the offer of vaccination (contact details for staff in the NHS who can offer supportive conversations with anyone who is hesitant are included in the PH Devon Schools toolkit).</p>	
Dealing with confirmed case/cases and outbreak.	<p>Case (possible vs confirmed case)</p> <p>Possible: anyone with either a high temperature, a new, continuous cough or a loss of, or change to, your sense of smell or taste (and awaiting a test)</p> <p>Confirmed: PCR or LFD test positive case of COVID-19 with or without symptoms. For asymptomatic positive LFD results, confirmatory PCR tests</p>	

	<p>are to be temporarily suspended from Tuesday 11 January. This will mean that anyone who receives a positive LFD test result will be required to self-isolate immediately and will not be required to take a confirmatory PCR test.</p>	
<p>Who to isolate</p>	<p>Possible case: (Isolate and send home to take a PCR test if still at your setting) if they have a new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)</p> <p>Confirmed case: LFD or PCR COVID-19 positive person with or without symptoms</p> <p>Partially or unvaccinated close contacts Aged over 18 years and 6 months of age (unless medically exempt from vaccination)</p> <p>10 days isolation from onset of symptoms (or positive test if asymptomatic). You can take an LFD test from 6 days after the day your symptoms started (or the day your test was taken if you did not have symptoms), and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result. These LFD results should be reported to the NHS here Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk) 2 x consecutive negative LFDs are required 24 hours apart to end isolation before the 10 days period.</p> <p>In the case of a close contact for unvaccinated adult – self-isolate 10 days from last contact with a case</p>	
<p>Close Contact requirements</p>	<p>NHS Test and Trace will interview cases and will contact individuals who have had close contact where they have contact details to let them know that they have been identified as a contact and check whether they are legally required to self-isolate.</p>	

<p>Cases -staff</p>	<p>If you are a fully vaccinated (two doses) and a contact of someone who tested positive for Covid, you do not have to self-isolate, but should take daily lateral flow tests (LFTs) for seven days. This also applies to people under the age of 18 years and six months.</p> <p>Close contacts of a positive case who are not double-jabbed have to isolate for the full 10 days immediately</p> <p>The school should continue to support the identification of staff-to-staff close contacts and establish vaccination status to ascertain whether self-isolation is required.</p> <p>Schools no longer routinely need to report contacts to the self-isolation hub where cases are able to identify these to NHS test and trace. However, to support staff to access support payments this may still be necessary if self-isolation is needed and cases are not able to identify close contacts to NHS Test and Trace (e.g., temporary staff, supply contractors etc who may not have contact details of people in school).</p> <p>Schools should report only these to the NHS Test and Trace self-isolation hub on 0203 7436715. NHS Test and Trace will follow-up directly with contacts to provide testing and isolation advice. You will need to have the 8-digit CTAS number sent to your positive case / member of staff</p>	
<p>Self-Isolation rules (SI)</p>	<p>Confirmed case: 10 days isolation from onset of symptoms (or positive test if asymptomatic). You can take an LFD test from 5 days after the day your symptoms started (or the day your test was taken if you did not have symptoms), and another LFD test on the following day. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result. These LFD results should be reported to the NHS here Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk) 2 x negative LFDs on consecutive days are required to end isolation before the 10 days period.</p> <p>This applies to all adults and children of all ages, including under 5s, with LFD testing at parental or guardian discretion.</p>	

<p>SI Calculation:</p>	<p>It is important that schools consider the following Government guidance (Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk)) states, to further reduce the chance of passing COVID-19 on to others, staff who end their self-isolation period before 10 full days they are strongly advised:</p> <ul style="list-style-type: none"> • to limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces • to work from home if you are able to • in addition to venues where it is a legal requirement, to wear a face covering in crowded, enclosed or poorly ventilated spaces and where you are in close contact with other people • to limit contact with anyone who is at higher risk of severe illness if infected with COVID-19 • to follow the guidance on how to stay safe and help prevent the spread <p>Providing they have 2 x negative LFDs on day 6 and then day 7 24 hours apart, and the day 7 test is before attending school they can return on day 7. In terms of the 2 x negative tests – it is 2 x consecutive negative tests 24 hours apart, so if positive on day 7, but negative on day 8 and day 9 then you would end isolation there.</p> <p>As the LFDs pick up current infection and people can be reinfected, the guidance now says once you have ended 10-day isolation regular asymptomatic testing can start again – and no longer wait 90 days.</p> <p>All individuals who receive a positive result on the LFD test should self-isolate and follow national guidance. The national guidance for confirmatory PCR is under review and schools should continue to follow published guidance.</p>	
<p>Cases- pupils</p>	<p>Children who are unwell should not attend the setting and should remain at home until their acute symptoms resolve (+24 hours for a fever).</p> <ul style="list-style-type: none"> • IF these symptoms develop into cough, temperature, changes to taste and smell, should isolate and test. • IF test negative to COVID-19, still need to remain at home until at least 24 fever free and acute symptoms resolved. <p>Parents and settings should not try and ‘second guess’ diagnosis – if have the key symptoms, isolate and test.</p>	

	<p><i>Examples of acute symptoms with which children should not attend school/nursery include fever, muscle aches, hacking cough.</i></p> <p>Follow public health advice on managing confirmed cases of COVID-19 see Schools COVID-19 operational guidance - GOV.UK (www.gov.uk)</p> <ul style="list-style-type: none"> • Ensure the case isolates for 10 days • Household of the case isolates for 10 days (unless fully vaccinated or aged under 18 years and 6 months) • If positive case came from an LFD test, case should take a confirmatory PCR test within 48hrs of the LFD • Following a pupil PCR positive NHS Test and Trace will speak to the case (or parent/carer) to identify close contacts and advice on isolation as required and to get a PCR test • Staff and pupils who do not need to isolate should continue to attend school as normal • Clean and disinfect rooms the case was in, using appropriate PPE • Case and any isolating contacts can return once isolation period is completed, as long as they are well <p>Escalation criteria: If you have any infection control concerns or questions call the DfE Coronavirus helpline on 0800 046 8687 for advice. If your setting meets the following thresholds for extra action (outlined in the Contingency Framework), the DfE helpline will escalate to the SW UKHSA Health Protection Team when a risk assessment is required. DCC Public Health Team can also assist.</p>	
Case Thresholds	<p><u>For most education and childcare settings:</u></p> <ul style="list-style-type: none"> • 5 children, pupils, students or staff, <u>who are likely to have mixed closely</u>, test positive for COVID-19 within a 10-day period. • 10% of children, pupils, students or staff <u>who are likely to have mixed closely</u> test positive for COVID-19 within a 10-day period. • There are any admissions to hospital for COVID-19. • You are having problems implementing the control measures OR you have applied the control measures and are still seeing a significant rise in cases. <p><u>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</u></p> <ul style="list-style-type: none"> • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. 	
	Schools are required to update their contingency plan (or outbreak management plan) and describe how they will respond if children, pupils, or staff test positive for COVID-19, how they will operate if they are advised to reintroduce any measures to help break chains of transmission. Such	

	measures should be considered in addition to the day-to-day control measures being implemented by schools, UKHSA SW Health Protection Team have defined 4 levels: Contingency framework: education and childcare settings Actions for schools during the coronavirus outbreak	
Visitors to the school	Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.	
Pupil /staff related issues		
Vulnerable groups who are clinically, extremely vulnerable.	<i>All CEV children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their GP or clinician not to attend. Further information is available in the guidance on supporting pupils at school with medical conditions.</i> <i>Whilst attendance is mandatory, we recommend that leaders in education work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person</i> FAQ	
Assessment of all staff, including high risk staff with vulnerable / shielding family member, underlying health conditions or other risk factors	A risk assessment should be undertaken with clinically extremely vulnerable and clinically vulnerable. A risk assessment should also be undertaken (or reviewed/updated if one was previously undertaken) with staff who may be anxious about returning to school and/or due to the increased numbers. The 'Risk assessment for all staff including vulnerable groups' can be used to aid and record this assessment - https://devoncc.sharepoint.com/:w:/s/PublicDocs/Education/ESoXeZkAQyILupPG5VVG6yQB2iEFDD4pgkko5qBbtOSEkw?e=040Qiy	
Pregnant staff	Coronavirus (COVID-19): advice for pregnant employees - GOV.UK (www.gov.uk) - should have a risk assessment in place: Coronavirus (COVID-19) infection and pregnancy (rcog.org.uk) can support risk assessment. - a more precautionary approach advised for those >28 weeks pregnant or for individuals with underlying health conditions that place them at greater risk.	
Transport		
Travel and quarantine	Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to travel legislation , details of which are set out in government travel advice . Additional guidance has been issued	

	on the quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England.	
Curriculum considerations		
Educational visits	You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP) .	
Resources		
	<p>DfE daily email- DfE - COVID daily email subscription service (office.com)</p> <p>Posters and promotional material - https://coronavirusresources.UKHSA.gov.uk/back-to-school/resources/</p> <p>NHS resources and videos</p> <ul style="list-style-type: none"> 🕒 Handwashing for teachers 🕒 Handwashing for children 🕒 Coronavirus factsheet for kids 🕒 PPE Donning and Doffing advice <p>Other resources and videos</p> <ul style="list-style-type: none"> 🕒 COVID-19: the facts Scouts 🕒 eBug https://e-bug.eu/ 🕒 UKHSA webcast - Breaking the chain of infection 	
Oversight of the governing body		
Lack of governor oversight during the COVID-19 crisis leads to the school failing to meet statutory requirements	<p>The governing body continues to meet regularly via online platforms. The governing body agendas are structured to ensure all statutory requirements are discussed and school leaders are held to account for their implementation. The Headteacher's report to governors includes content and updates on how the school is continuing to meet its statutory obligations in addition to covering the school's response to COVID-19.</p> <p>Regular dialogue with the Chair of Governors and those governors with designated responsibilities is in place.</p> <p>Minutes of governing body meetings are reviewed to ensure that they accurately record governors' oversight and holding leaders to account for areas of statutory responsibility.</p>	

Section	List Actions / Additional Control Measures	Date action to be carried out	Person Responsible
Hand and respiratory hygiene	Teachers to explain routines and procedures to all children.	ongoing	Class teachers – Headteacher to check
Testing arrangements for staff	Remind staff of the procedure to receive and report LFD tests and encourage all staff to participate.	ongoing	Carole Shilston/SLT
Testing arrangements for pupil	Update parents with new requirements regarding testing and isolation, include reporting requirements to school – place in CONTACT newsletter/update website	Ongoing as changes are made	Carole Shilston/ administrator

Signed: Headteacher/Head of Department: C Shilston **Date 23rd January 2022**

The outcome of this assessment should be shared with the relevant staff and Governing Body.
A copy of the completed assessment to be kept on file and copied to the Health & Safety Co-ordinator.