

Task / Activity:	Full Opening of Schools – September 2021 (Covid-19)	Ref:	
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This risk assessment should be produced in conjunction with the current government guidance as highlighted below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999689/Schools_guidance_Step_4_update_FINAL.pdf

Directorate:	Schools	Date of Assessment:	Reviewed 25.08.21
Business Unit:		Manager Responsible for Basic Activity:	C Storr & K Wordsworth
Service / Function:	Primary & Secondary Schools	Lead Risk Assessor for Basic Activity:	J Milliner
Location:	Athersley North Primary School	Risk Assessment Team Members ((e.g. employees, supervisors, managers, safety reps etc)	C Storr, K Wordsworth & J Milliner

Amendments – Infection Control and Stepping Measures Up and Down

Hazard	Risks	Control Measures	Actions Required	Person Responsible and Target Date
Schools Premise	Personal injury Fire Legionella Infection of coronavirus	<ul style="list-style-type: none"> Undertake a workplace inspection to ensure adequate working environment, equipment, fire safety and emergency arrangements are in place. Fire Risk Assessment to be reviewed and the Fire log-book is up to date. Legionella checks are to be up to date. Electrical, gas and ventilation systems checks are up to date. Increased cleaning regime. 		

Ventilation	Concentration of the virus in the air	<ul style="list-style-type: none"> • Good ventilation reduces the concentration of the virus in the air, which reduces the risk from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied and enclosed area. • When school is in operation, it is important to ensure it is well ventilated and a comfortable teaching environment is maintained • These can be achieved by: <ul style="list-style-type: none"> - mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply - natural ventilation – opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air - natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so <p>The Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak and CIBSE coronavirus (COVID-19) advice provides more information.</p> <p>To balance the need for increased ventilation while maintaining a comfortable temperature, consider:</p>		

		<ul style="list-style-type: none"> • opening high level windows in colder weather in preference to low level to reduce draughts • increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused) • providing flexibility to allow additional, suitable indoor clothing • rearranging furniture where possible to avoid direct draughts <p>Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied space.</p>		
Infection Control	<p>Infection of coronavirus</p> <p>Dealing with direct transmission (e.g. close contact with those sneezing/coughing) and indirect transmission (e.g. touching contaminated surfaces)</p>	<p>Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts.</p> <p>Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.</p> <p>School may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close</p>		

contact of someone with COVID-19, and any of the following apply:

- they are fully vaccinated
- they are below the age of 18 years and 6 months
- they have taken part in or are currently part of an approved COVID-19 vaccine trial
- they are not able to get vaccinated for medical reasons

Instead, individuals will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a [PCR test](#). We would encourage all individuals to take a PCR test if advised to do so.

Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.

Schools will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see [Stepping measures up and down](#) section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

		<ul style="list-style-type: none"> • Clean hands thoroughly more often than usual. Coronavirus (COVID-19) is an easy virus to kill when it is on skin. This can be done with soap and running water or hand sanitiser. Schools must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future • School to have sufficient hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly. • Supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative. • Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach. • As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them. • Introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach. 	<p>Possible project on handwashing and UV light used to promote effective hand hygiene.</p> <ul style="list-style-type: none"> • School to provide tissues and bins available in the school to support pupils and staff to follow this routine. 	
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Child/staff member becomes unwell at school with coronavirus symptoms, or have someone in their household	Transmission of coronavirus	<ul style="list-style-type: none"> Ensure that pupils, staff and other adults do not come into the school if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home. If anyone in the school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow '<u>stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</u>', which sets out that they must self-isolate and should <u>arrange to have a test</u> to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate (in accordance with the current government guidance) from when the symptomatic person first had symptoms. Pupils, staff and other adults must not come into school if they are required to quarantine having recently visited countries outside of the common travel area https://www.gov.uk/uk-border-control/self-isolating-when-you-arrive 	<ul style="list-style-type: none"> As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital. 	

		<ul style="list-style-type: none"> • Individuals must immediately cease to attend and not attend for at least 10 days from the day after: <ul style="list-style-type: none"> - the start of their symptoms - the test date if they did not have any symptoms but have had a positive test (whether this was a Lateral Flow Device (LFD) or Polymerase Chain Reaction (PCR) test) • Where a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. • If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else. • PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE) guidance. 	<ul style="list-style-type: none"> • Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance. • Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19). 	
Bubbles	Supress the virus	At Step 4 it is no longer recommend that it is necessary to keep children in consistent groups ('bubbles').		

		<p>As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and no longer need to make alternative arrangements to avoid mixing at lunch.</p> <p>You should make sure your outbreak management plans cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.</p>	<p>Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.</p>	
Asymptomatic testing in schools	<p>Supress the virus</p> <p>Asymptomatic Testing at Home</p> <p>Supress the virus</p>	<p>Rapid testing using Lateral Flow Devices (LFD)s will support the return to face-to-face education by helping to identify people who are infectious but do not have any coronavirus (COVID-19) symptoms.</p> <ul style="list-style-type: none"> As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term. Schools may commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this. Pupils should then continue to test twice weekly at home until the end of September, when this will be reviewed. Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed. Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home. 		

Asymptomatic testing in schools		<ul style="list-style-type: none"> There is no need for primary age pupils (those in year 6 and below) to test over the summer period. They will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances. 		
PCR Tests	Supress the virus	<ul style="list-style-type: none"> Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance. They will also need to get a free PCR test to check if they have COVID19. Whilst awaiting the PCR result, the individual should 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 COVID-19 symptoms. Additional information on PCR test kits for schools and further education providers is available: 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 	<p>In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others. If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.</p>	
Face Coverings	Spread of infection (coronavirus)	<ul style="list-style-type: none"> Face coverings will no longer be advised for pupils, staff and visitors either in classrooms or in communal areas. You can find more information on the use of face coverings including when to wear one, exemptions and how to make your own. Face coverings are also no longer recommended to be worn on dedicated transport to school or college and are no longer legally required on public transport. 		

	<p>Correct and safe wearing of face coverings</p> <p>Face visors, shields and/or transparent face coverings</p>	<ul style="list-style-type: none"> • In circumstances where face coverings are recommended If you have an outbreak in your school, a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils 6 staff and visitors, unless exempt). • School should make sure the outbreak management plans cover this possibility. In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. • Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. • Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles. • The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth. • Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller 		
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		<p>respiratory particles when used without an additional face covering.</p> <ul style="list-style-type: none"> • They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately. • The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings. You have a duty to make reasonable adjustments for disabled pupils to support them to access education successfully. 		
Personal Protective Equipment (PPE)	Spread of infection (coronavirus)	<ul style="list-style-type: none"> • PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type that covers your nose and mouth. • Most staff in education, childcare and children’s social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. • If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used. <p>During the coronavirus (COVID-19) outbreak, additional PPE is only required in a very limited number of scenarios:</p> <ul style="list-style-type: none"> • if an individual child, young person or student becomes ill with coronavirus (COVID-19) symptoms 		

		<p>and only then if a distance of 2 metres cannot be maintained</p> <ul style="list-style-type: none"> when performing <u>aerosol generating procedures (AGPs)</u> 		
Remote Learning	Spread of infection	<ul style="list-style-type: none"> Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools subject to the remote education temporary continuity direction are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19. You should maintain your capacity to deliver high quality remote education for next academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad. 		
Dedicated School & Public Transport	Spread of infection	<ul style="list-style-type: none"> On dedicated transport, it is no longer recommended that children and young people aged 11 and over wear a face covering, but they may wear one if they wish Maximising distancing and minimising mixing, but unnecessary risks such as overcrowding should be minimised. 		
Equipment	Spread of infection (coronavirus) via use of shared equipment	<ul style="list-style-type: none"> For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared. 		

		<ul style="list-style-type: none"> • Pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed. • Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources. 		
Pupils with education, health and care plans or on SEN support	Spread of infection (coronavirus)	<ul style="list-style-type: none"> • Pupils with SEND (whether with education, health and care plans or on SEN support) will need specific help and preparation for the changes to routine that this will involve. • Teachers and special educational needs coordinators are to plan to meet these needs. 		
Clinically extremely vulnerable pupils	Increased susceptibility of infection	<ul style="list-style-type: none"> • Clinically Extremely Vulnerable 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. You should ensure that key contractors are aware of the school's control measures and ways of working. 		
Clinically Vulnerable staff		<ul style="list-style-type: none"> • Clinically vulnerable staff can continue to attend school. While in school they should follow the sector-specific measures in this document to minimise the risks of transmission. 		

New and Expectant Mothers

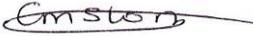
- This includes taking particular care to observe good hand and respiratory hygiene, minimising contact and maintaining social distancing in line with the provisions set out in section 6 of the 'prevention' section of this guidance. This provides that ideally, adults should maintain 2 metre distance from others, and where this is not possible avoid close face to face contact and minimise time spent within 1 metre of others. While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children and adolescents.
- Pregnant women are in the 'clinically vulnerable' category and are generally advised to follow the above advice, which applies to all staff in schools.
- All pregnant women should take particular care to practise frequent thorough hand washing, and cleaning of frequently touched areas in their home or workspace, and follow the measures to minimise the risks of transmission.
- A new and expectant mothers risk assessment should be carried out to consider any risks (for example, from working conditions, or the use of physical, chemical or biological agents). Any risks identified must be included and managed as part of the risk assessment. As part of their risk assessment, employers should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks.
- Employers should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any gestation, may be at greater risk of severe illness from coronavirus (COVID-19). This is because, although pregnant women of any gestation are

		<p>at no more risk of contracting the virus than any other non-pregnant person who is in similar health, for those women who are 28 weeks pregnant and beyond there is an increased risk of becoming severely ill, and of pre-term birth, should they contract coronavirus (COVID-19).</p> <ul style="list-style-type: none"> This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness from coronavirus (COVID-19). <p>Read more guidance and advice on coronavirus (COVID-19) and pregnancy from the Royal College of Gynaecologists.</p>		
Supply teachers, peripatetic teachers and or temporary staff	Movement around schools - spread of infection (coronavirus)	<ul style="list-style-type: none"> Supply teachers, peripatetic teachers and/or other temporary staff can move between schools. They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. School to consider how to manage other visitors to the site, such as contractors, and ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school hours, they should. A record is to be kept of all visitors. 		
Outdoor playground equipment	Spread of infection (coronavirus)	<ul style="list-style-type: none"> Outdoor playground equipment to be more frequently cleaned. After use of equipment children are to clean hands thoroughly. 		

<p>Extra-curricular provision e.g. breakfast/afterschool clubs, holiday clubs etc</p>	<p>Spread of infection (coronavirus)</p>	<ul style="list-style-type: none"> • School to consider resuming any breakfast and after-school provision, from the start of the autumn term. • For further information on summer holiday clubs, see <u>Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak</u> in order to plan extra-curricular provision. 		
<p>Educational visits and journeys</p>	<p>Transmission of infection</p>	<ul style="list-style-type: none"> • Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place. • From the start of the new school term schools can go on international visits that have previously been deferred or postponed and organise new international visits for the future. • Schools should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and schools must comply with international travel legislation and should have contingency plans in place to account for these changes. • Schools should speak to either their visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' 		

		<p>Association (BIBA) or Association of British Insurers (ABI).</p> <ul style="list-style-type: none"> Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits. School 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). 		
Contractors/Visitors	Transmission of infection (coronavirus)	<p>Contractors working on site</p> <ul style="list-style-type: none"> Obtain Contractor's Covid-19 Risk Assessment Ensure any Contractor's work is organised where there is minimum/no contact to both staff/pupils e.g. out of school hours Ensure Contractor signs in/out of the premises Adequate control measures in place to ensure social distancing/barrier off system Allocated welfare facilities (where required) and increase of cleaning regime <p>Visitors</p> <p>Where possible arrange to meet visitors via on-line system (e.g. Teams, Zoom etc)</p>		

Stepping Measures Up and Down	Outbreak of Covid-19	<p>School should have contingency plans (sometimes called outbreak management plans) outlining what school would do if children, pupils, students or staff test positive for COVID-19, or how it would operate if school were advised to take extra measures to help break chains of transmission.</p> <p>Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.</p> <p>For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the contingency framework.</p> <p>The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.</p>	Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.	
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Manager's Assessment Acceptance Statement	
I accept the details of the assessment and will ensure that the risk control measures identified, any risk control actions identified and monitoring requirements are acted upon within the given time scales.	
Manager's Signature	

Date	26.8.21
Date of planned review (not to exceed 12 months)	31.12.21 or sooner if required
Date of planned full re-assessment (not to exceed 24 months)	31.12.21 or sooner if required