

# Schools Covid-19 Risk Assessment v01.4 September 2021



The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection as schools welcome pupils back to school for the Autumn term 2021

<https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings>  
[Actions for schools during the coronavirus outbreak - GOV.UK \(www.gov.uk\)](#)

**This is a generic risk assessment, which should be built upon to suit individual schools. Where schools wish to maintain control measures established earlier in the pandemic (such as staggered start and end to the school day, bubbles, one-way systems etc.), these should be included in the appropriate section(s) of the school risk assessment.**

It is a legal requirement that schools should revisit and update their risk assessments (building on the learning to date and the practices they have already developed). It is good practice to treat risk assessments as a “living document” which is kept under review, especially having regard to changing circumstances.

All other policies, procedures or risk assessments which will be impacted by the response to Covid-19 (e.g. fire safety, mental health and wellbeing for pupils and staff, lockdown, behaviour policy etc.) should be reviewed also.

Please ensure that your Fire Evacuation arrangements are reviewed and updated to reflect the current protective measures in place in school.

Adults includes staff who work at the setting, visiting staff, contractors, parents, volunteers, visitors and essential maintenance workers.

**This risk assessment should be used in conjunction with the PHE NW Resource booklet for schools. This document details procedures for dealing with suspected and confirmed cases of Covid-19 in schools and is updated regularly. Updates will be sent out via the Head Teacher’s bulletin.**

**Title / Activity: Lammack Community Primary School**

**Date completed: 01/09/21**

**Completed by: Paula Duckworth**

**Reviewed – ongoing**

**Monitored - weekly**

Key = **In Place** **Working on this** **Not in place**

Middle column – not highlighted = not applicable to primary school

Comment column – not highlighted = to be adjusted/put in place if an outbreak occurs.

## Control measures

### You should:

1. [Ensure good hygiene for everyone;](#)
2. [Maintain appropriate cleaning regimes;](#)
3. [Keep occupied spaces well ventilated;](#)
4. [Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.](#)

### Additional sections

5. [Use of PPE](#)
6. [Vulnerable groups within the school community](#)
7. [Educational visits](#)
8. [Wraparound care and extracurricular activities](#)
9. [Monitoring](#)

### Outbreak Management step up measures

- 1.1) [Face Coverings](#)
- 1.2) [Bubbles](#)
- 1.3) [Secondary schools](#)
- 1.4) [Primary schools](#)

What is the hazard?	Who might be harmed?		What are you doing about it?	Comment	Complete?
	Pupils	Adults			
1) Insufficient hygiene	✓	✓	1.1) Hand hygiene a) Ensure that pupils and staff clean their hands frequently and thoroughly using a combination of washing and/or sanitising. b) Follow established patterns of hand cleaning such as when they arrive at school, when they go and return from breaks, when they use the bathroom, when they change rooms and before and after eating etc.;	Maintain the routines established during 2020 -2021 academic year in each class. Children (and staff) wash hands at the start of the day, before and after break/lunch and before leaving school. Or use a combination of hand washing and sanitising.  All children to be reminded of the hand washing skills taught last year	

		<ul style="list-style-type: none"> <li>c) Where there are only a limited number of wash basins on site, schools may wish to consider installing more;</li> <li>d) Ensure access to soap, warm water, paper towels and hand sanitizer and skin friendly sanitizer wipes if appropriate in all classrooms and social areas;</li> <li>e) Pupils (and staff) wash hands for 20 seconds following PHE guidance. See "<a href="#">six steps to hand-washing</a>" poster in KS2 lesson and <a href="#">NHS video</a>;</li> <li>f) Staff to help small children and those with complex needs to wash their hands thoroughly;</li> <li>g) Have prominently displayed hand washing posters throughout the setting in order to build regular hand washing into the culture of the school;</li> <li>h) Allocate hand-sanitizing stations around school including in classrooms and communal areas where appropriate. Teach pupils the correct way to use hand sanitizer. See poster <a href="#">here</a></li> <li>i) Ensure hand sanitizer stations are located away from light switches, lift buttons and well clear of Bunsen burners in labs;</li> <li>j) Ensure use of hand sanitizer is supervised where necessary to avoid risk of ingestion;</li> <li>k) Increase the frequency at which bins are emptied regularly throughout the day if necessary</li> <li>l) Incorporate time for hand washing/sanitising in timetables or lesson plans if necessary;</li> <li>m) Ensure that staff working with pupils who spit uncontrollably to have more opportunities to wash their hands than other staff;</li> <li>a) Ensure Identify and clean frequently touched surfaces in the setting at least twice a day using standard cleaning</li> </ul>	<p>using the links in the central column of RA.</p> <p>Cleaning team to replenish stocks of cleaning products for class rooms and shared spaces.</p> <p>T/TA to monitor those children unable to wash own hands carefully.</p> <p>Handwashing posters/instructions to be displayed in all sink areas (classrooms/bathrooms).</p> <p>Staff and children to utilise the sanitising stations positioned around school.</p> <p>T/TA to monitor children using sanitiser if unable to be certain they can use it sensibly.</p> <p>Maintain the cleaning regime throughout school – reassess the areas which require additional emptying of bins etc.</p> <p>1-1 children – additional RA if necessary.</p>	
--	--	---	---	--

			<p>products and document. One of these times should be at the beginning or the end of the working day;</p> <p>n) that pupils who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' have more opportunities to wash their hands and risk assess individually.</p> <p><b>1.2) Respiratory Hygiene</b></p> <p>a) Promote the <a href="#">catch it, kill it, bin it</a> approach – display posters prominently in classrooms and around school to continue to embed this into the culture of the school;</p> <p>b) Ensure all rooms are well ventilated;</p> <p>c) Ensure there are sufficient stocks of tissues in place for pupils and staff to use;</p> <p>d) Ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day;</p> <p>e) Schools should ensure young children and those with complex needs receive appropriate support to be able to effectively “catch it, bin it, kill it”.</p> <p style="text-align: center;"><a href="#">Back to top</a></p>	<p>Remind all children about respiratory hygiene. Sneezing into elbows/catch it, kill it bin it etc. (Use links – display posters).</p> <p>Windows to still be kept open as much as possible – especially when children out on break.</p> <p>Cleaning team to replenish where necessary. If short email site supervisor 1-1 children reminded about the respiratory hygiene as necessary and within their understanding. Link to individual RA.</p>	
<p>Ot 2) Transmission of virus through insufficient cleaning of surfaces</p>	<p>✓</p>	<p>✓</p>	<p>b) Follow the <a href="#">Covid-19: cleaning in non-healthcare settings guidance</a>;</p> <p>c) Keep surfaces clutter free to facilitate regular cleaning;</p> <p>d) Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and how often they access handwashing and hand-sanitising facilities;</p> <p>e) Clean bathrooms regularly throughout the day and document;</p>	<p>Cleaning team to revisit this guidance. Tables/Desks/Surfaces to be clear at the end of each day to enable sufficient cleaning.</p> <p>Cleaning team to maintain the touch point cleaning throughout the day. Revisit and reduce the amount necessary.</p> <p>Identify the main areas necessary of cleaning throughout the day (handles etc).</p>	

			<p>f) Clean communal kitchens regularly throughout the day and document;</p> <p>g) Clean soft toys and furnishings frequently and according to manufacturer's instructions;</p> <p>h) All staff should know how to safely put on and take off PPE, please see PHE links to <a href="#">donning and doffing of PPE</a>. Refresh regularly and document;</p> <p>i) All staff should complete the <a href="#">Me Learning</a> course 'Infection Prevention Control for Frontline Workers'. Refresh regularly and document;</p> <p>j) Bins used to dispose of cleaning materials such as sanitizing wipes and paper towels should be lidded. Dispose of routine waste as normal, placing any used cloths or wipes in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away;</p> <p>k) Cleaning materials supplies should be monitored and ordered in good time;</p> <p>l) Consider identifying the <b>most</b> frequently touched surfaces such as door release buttons, door plates, handles etc. with coloured stickers as a visual reminder for frequent cleaning.</p> <p style="text-align: center;"><a href="#">Back to top</a></p>	<p>Continue to clean and record bathroom cleaning routines. Revisit the number of times daily cleaning takes place. Cleaning team to document cleaning of staffroom/kitchen</p> <p>Existing staff have already completed this course – New staff must complete both courses and give the main office a copy of their certificates by the end of week 1 in September.</p> <p>Cleaning team to review and monitor.</p> <p>Signs already in place. Refresh – review during Autumn 1.</p>	
<p><b>3) Transmission of virus through insufficient ventilation</b></p>			<p>a) Identify any poorly ventilated spaces (making use of CO2 meters provided by DfE in September 2021) and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, e.g. award</p>	<p>All air flow management systems must be in place at all times. Open all doors during breaks/lunch. CO2 monitor to be used once arrives in school</p>	

			<p>assemblies. Information to help with this is available from the <a href="#">HSE</a> and <a href="#">CIBSE</a></p> <ul style="list-style-type: none"> <li>b) Adjust mechanical ventilation systems to increase the ventilation rate wherever possible. Maintain in accordance with the manufacturers recommendations;</li> <li>c) Check to confirm that their normal operation meets current guidance (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);</li> <li>d) If school has a centralised ventilation system that removes and circulates air to different rooms it is recommended that the recirculation function is turned off and a fresh air supply is used;</li> <li>e) Air conditioning systems that mix some of the extracted air with fresh air and return it to the room do not need to be adjusted as this increases the fresh air ventilation rate;</li> <li>f) Systems in individual rooms or portable units do not need to be adjusted as these operate on 100% recirculation. You should still however maintain a good supply of fresh air ventilation in the room.</li> <li>g) In cooler weather, open windows enough to provide constant background ventilation at all times when classrooms are in use;</li> <li>h) Open windows more fully during all breaks to purge the air in the space;</li> <li>i) Wedge internal doors open (with the exception of fire doors) to create a throughput of air, but ensure they can't slam shut and cause injury to staff or children;</li> </ul>	<p>Maintain as 2020-21 academic year.</p> <p>Maintain open windows as much as possible and in particular during breaks.</p> <p>Internal doors wedged open where possible. Main reception doors to revert back to closed and only open through codes etc.</p> <p>Classes to use outside doors for ventilation but to not leave open during times when the room is empty/unattended.</p> <p>Office spaces/classrooms to not use fan heaters.</p>	
--	--	--	--	--	--

			<p>j) External opening doors may also be used (as long as they are not fire doors and where safe to do so);</p> <p>k) Ensure internal office spaces are well ventilated at all times. Keep doors open to allow airflow. Do not use fan heaters or desk fans when the office is occupied. Review occupancy levels with H&amp;S provider;</p> <p>l) Open high level windows to reduce draughts where possible;</p> <p>m) Balance the need for increased ventilation while maintaining a comfortable temperature;</p> <p>n) Use fan heaters only when rooms are unoccupied, switch off when children and staff are in.</p> <p style="text-align: center;"><a href="#">Back to top</a></p>		
<p>4) Transmission of virus through contact between individuals</p> <p>The PPE that should be used when caring for someone with symptoms of coronavirus (COVID-19) is:</p> <ul style="list-style-type: none"> <li>● IIR Face mask if a distance of 2 metres</li> </ul>			<p>4.1) When an individual develops COVID-19 symptoms or has a positive test</p> <p>a) Pupils, staff and other adults should follow public health advice on <a href="#">when to self-isolate and what to do</a>;</p> <p>b) Pupils, staff and other adults should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (e.g., they are required to quarantine);</p> <p>c) If anyone in school develops <a href="#">COVID-19 symptoms</a>, however mild, send them home and they should follow public health advice;</p> <p>d) If a pupil is awaiting collection, move them to a room where they can wait on their own or with appropriate adult supervision if required;</p> <p>e) Open a window for ventilation if possible;</p>	<p>Child with symptoms – send home, keep isolated in the meeting room whilst waiting for collection. KS1 children to wait in purple room to be collected from Y1 door. KS2 children to wait in meeting room. Rooms to be cleaned once child leaves -signage on door and inform cleaning team. PPE to be worn whilst monitoring child/waiting for collection.</p>	

<p>cannot be maintained;</p> <ul style="list-style-type: none"> <li>• Disposable gloves, disposable plastic apron and IIR face mask if contact is necessary;</li> <li>• Eye protection if a risk assessment determines that there is a risk of fluids entering the eye e.g. from coughing, spitting or vomiting.</li> </ul> <p>N.B. A cloth face covering is NOT regarded as PPE.</p>			<p>f) PPE (see left) should be worn by staff caring for the pupil if close contact is necessary. They should follow the <a href="#">donning and doffing</a> guidance. More information on PPE use in education can be found <a href="#">here</a>;</p> <p>g) If a separate room is not available, move them to an area that is at least 2 metres away from other people. If they need to go to the bathroom, it should be cleaned and disinfected using standard cleaning products before being used by anyone else;</p> <p>h) All PPE worn by the supervising adult should be removed as per the <a href="#">donning and doffing</a> guidance. This, along with disposable cleaning cloths and tissues, should be put in a plastic rubbish bag and tied when full. Place the plastic bag in a second bin bag and tie it. Put it in a suitable and secure place marked for storage for 72 hours, safely and securely kept away from children. Do not put the waste in communal waste areas until the waste has been stored for at least 72 hours;</p> <p>i) Anyone who has been in close contact with the case should wash their hands thoroughly for 20 seconds;</p> <p>j) Any rooms the symptomatic person has used should be cleaned after they have left;</p> <p>k) Anyone with symptoms should avoid using public transport and, wherever possible, be collected by a member of their family or household;</p> <p>l) The household (including any siblings) should follow the <a href="#">PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>.</p> <p>m) Identify individuals who have mixed closely (see <a href="#">Contingence Framework p19-20</a>) with a confirmed positive case and send a template letter home advising them to have a PCR test. They can still attend school</p>	<p>Toilet identified for use by children awaiting collection (with symptoms). One cubicle in Y6 toilets. (KS1?) Wash hands thoroughly after dealing with child with symptoms. Classrooms must be cleaned as last year (area around the child main focus- depends on length of time child has been in the room. Sign to indicate).</p> <p>PPE to be disposed of in plastic waste bag in the yellow bins in disabled toilet.</p> <p>Follow information from Edresponse team. Close contacts = class, group of friends, group in after school club, sports club etc. Letter issued to close contacts advising of a PCR test. Office to complete the new MDS form (green) Monitor any other cases within the group over the next 10 days. 5 cases within the group within 10 days = outbreak. Staff member positive = contact isolation hub. Edresponse team will guide us through situation.</p>	
---	--	--	--	---	--

		<p>while awaiting the result unless they develop symptoms of Covid 19;</p> <p>n) When notified of a positive case, complete the Appendix 3 MDS and send to <a href="mailto:edresponseteam@blackburn.gov.uk">edresponseteam@blackburn.gov.uk</a> as soon as possible;</p> <p>o) Monitor all positive cases within 10-days in order to establish when threshold for seeking additional Public Health (see <a href="#">Contingency Framework</a> p8) advice has been met. Contact <a href="mailto:edresponseteam@blackburn.gov.uk">edresponseteam@blackburn.gov.uk</a> in the first instance;</p> <p>p) Where a member of staff tests positive, contact the Self-Isolation Service Hub on 020 3743 6715;</p> <p>q) If cases amongst staff mean the setting meets the threshold (see o) above), the Self-Isolation Service Hub will ask for the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts.</p> <p><b>In exceptional circumstances</b></p> <p>a) Consider allowing the pupil to walk, cycle or scoot home if age-appropriate, safe to do so, and with the consent of parents/carers;</p> <p>b) If school needs to take responsibility for transporting a pupil home, do one of the following:</p> <ul style="list-style-type: none"> <li>• use a vehicle with a bulkhead or partition that separates the driver and passenger;</li> <li>• the driver and passenger should maintain a distance of 2 metres from each other;</li> </ul>	<p>Parents to be reminded about the stay at home guidance for those with symptoms in household.</p> <p>New procedures to run through with the office. New MDS form to complete for anyone testing positive (children or staff) GREEN FORM. Send details to edresponse team.</p> <p>Keep a record of cases within classes or year group bubbles. 5 cases within 10 days amongst contacts = outbreak. Resulting in an outbreak meeting and possible step up of restrictions and processes, instructed by the edresponse team.</p> <p>Only to be considered for y6 pupils and with parental consent.</p> <p>SLT responsible for this.</p>	
--	--	---	--	--

		<ul style="list-style-type: none"> <li>• the driver should use PPE, and the passenger should wear a face covering if they are old enough and able to do so.</li> </ul> <p>c) Contact the LA to help source a suitable vehicle that would provide appropriate protection for the driver, who should be made aware that the individual has tested positive or is displaying symptoms.</p> <p>4.2 = Secondary testing</p> <p><b>4.3) Confirmatory PCR tests</b></p> <p>a) Staff and pupils with a positive LFD test result should self-isolate in line with <a href="#">the stay at home guidance</a>;</p> <p>b) They will need to <a href="#">get a free PCR test</a> ;</p> <p>c) While waiting for the PCR test result, they should continue to self-isolate;</p> <p>d) If the PCR test is taken <b>within 2 days</b> of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil/staff member can return to school, as long as they don't have COVID-19 symptoms;</p> <p>e) Further information on PCR test kits for schools is available <a href="#">here</a>.</p> <p><b>4.4) Transport</b></p> <p>a) Advise parents/carers that the government expects and recommends that face coverings will be worn by pupils in Year 7 and above if they come to school on public transport (<a href="#">unless exempt</a>);</p> <p>b) Advise parents/carers that the government expects and recommends that face coverings will be worn by pupils in Year 7 and above if they come to school on dedicated school transport (unless exempt).</p> <p><b>4.5) Self-Isolation for close contacts</b></p>	<p>Staff members positive = report to the self-isolation hub 020 3743 6715</p> <p>Refresh the list of those carrying out the LFD test weekly testing– complete an additional single question questionnaire.</p> <p>Positive LFD test requires a PCR test afterwards before attending school.</p> <p>See edresponse flow chart for further information regarding this.</p>	
--	--	---	---	--

From 16 August, close contacts do not need to self-isolate if any of the following apply:

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

Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine.

- a) Contacts who are exempt from self-isolation from 16 August will still be advised to take a PCR test, but will not be required to self-isolate while they wait for the result;
- b) Staff do not need to inform school if they are a close contact but are exempt from self-isolation;
- c) Where staff *do* inform school that they are a close contact, they may have been advised to consider implementing the following controls until 10 days after their most recent contact with the positive case (particularly if they are a close contact of a household member), as outlined in [NHS Test and Trace workplace guidance](#) (this applies to staff close contacts only):
  - Limit close contact with people outside their household, especially in enclosed spaces;
  - wear a face covering in enclosed spaces and where they are unable to maintain social distancing;
  - limit contact with anyone who is clinically extremely vulnerable;
  - take part in regular lateral flow testing.

[Back to top](#)

<p>5) Transmission of virus due to ineffective use of PPE</p> <p>The PPE that should be used when caring for someone with symptoms of coronavirus (COVID-19) is:</p> <ul style="list-style-type: none"> <li>• IIR Face mask if a distance of 2 metres cannot be maintained;</li> <li>• Disposable gloves, disposable plastic apron and IIR face mask if contact is necessary;</li> <li>• Eye protection if a risk assessment determines that there is</li> </ul>	<p>✓</p>	<p>✓</p>	<p>a) All staff should know how to safely put on and take off PPE (refresh regularly and document), please see PHE links to <a href="#">donning and doffing of PPE</a>.</p> <p>b) All staff should complete the <a href="#">Me Learning</a> course 'Infection Prevention Control for Frontline Workers'. Refresh regularly and document;</p> <p>c) Face masks (type IIR) should:</p> <ul style="list-style-type: none"> <li>• cover both nose and mouth;</li> <li>• not be allowed to dangle around the neck;</li> <li>• not be touched once put on, except when carefully removed before disposal;</li> <li>• be changed when they become moist or damaged; • be worn once and then discarded - hands should be cleaned after disposal.</li> </ul> <p>d) Staff should wear PPE where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at school, and only then if a distance of 2 metres cannot be maintained as in <b>Section 4.1 f) above</b>;</p> <p>e) Staff should wear PPE where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used;</p> <p>f) Staff should wear PPE as per BwD guidance for First Aiders in Appendix A.</p> <p>g) For more specific guidance on the use of PPE in education, click <a href="#">here</a>;</p> <p>h) When working with children and young people who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only any PPE that would be routinely worn, should be worn;</p>	<p>All staff to familiarise themselves with the donning and doffing of PPE. Follow link.</p> <p>New staff to complete the infection prevention course and give certificate to main office.</p> <p>All classrooms to have PPE in place for use if necessary. If running low inform site supervisor via email.</p> <p>1-1 children to be looked at individually through RA.</p>	
--	----------	----------	--	---	--

<p>a risk of fluids entering the eye e.g. from coughing, spitting or vomiting.</p> <p>N.B. A cloth face covering is NOT regarded as PPE.</p>			<p>i) Additional PPE is needed if <a href="#">aerosol generating procedures (AGPs)</a> are carried out in school.</p> <p><a href="#">Back to top</a></p>		
<p>6) Risks to vulnerable groups within the school population</p>	<p>✓</p>	<p>✓</p>	<p>Blackburn with Darwen Borough Council in line with Government guidance is advising those who have received a letter from the NHS advising them they are <a href="#">clinically extremely vulnerable</a> to follow the advice set out in the letter. Employees and pupils who are clinically extremely vulnerable are required to share the letter they have received with the Head Teacher, so appropriate action can be taken.</p> <p>a) School should be aware of any pupil, staff or family member with a serious underlying health condition.</p> <p>6.1) Pupils who are <a href="#">clinically extremely vulnerable (CEV)</a></p> <p>a) All pupils and students should continue to attend education settings from the start of the Autumn Term 2021 unless they are under paediatric or other NHS care and have been advised by their GP or clinician not to attend an education setting;</p> <p>b) Communicate Covid-19 control measures in place in school to provide reassurance to families where pupils relatives are CEV;</p> <p>c) Risk assess all CEV pupils able to access provision individually.</p>	<p>NA</p> <p>Review if there is an outbreak in particular classrooms.</p>	

		<p>d) Further information is available in the <a href="#">guidance on supporting pupils at school with medical conditions</a>.</p> <p><b>6.2) Staff who are clinically extremely vulnerable</b></p> <p>a) Staff who are Clinically Extremely Vulnerable (CEV) should follow current government advice available <a href="#">here</a>;</p> <p>b) A robust risk assessment must be carried out using the Covid 19 People Risk Assessment – Education (Appendix 1). Contact: <a href="mailto:health.safety@blackburn.gov.uk">health.safety@blackburn.gov.uk</a> for the latest version;</p> <p>c) The risk assessment will inform the Managers/Head Teachers if it is appropriate for the staff member to return to the workplace, and if so, what control measures are required;</p> <p>d) Following completion of a robust risk assessment, arrangements can be made to return to the workplace using a phased approach if appropriate to the individual. This may mean some days at home and some based in the setting where the job role allows;</p> <p>e) If after a robust risk assessment has been carried out and Covid secure measures and reasonable adjustments cannot be made to facilitate a safe return to the workplace, consideration needs to be taken to continue working from home and/or an alternative role/ roles/redeployment – the employee should continue to be paid as normal;</p> <p>f) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p>	NA	
--	--	--	----	--

			<p>g) Where staff have characteristics that put them more at risk (see <a href="#">Covid-19: review of disparities in risks and outcomes report</a>) and are concerned about returning to work, discuss concerns and risk assess individually;</p> <p>h) Where there are concerns about the mental wellbeing of those staff who are being advised to stay at home, we would recommend that you share the EAP support that is available to them through your school.</p> <p><b>6.3) Pregnant staff (classed as clinically vulnerable)</b></p> <p>a) Line managers/Head Teachers are required to undertake robust risk assessments with all pregnant employees, as per all the guidance in the Covid 19 People Risk Assessment –Education (Appendix 2). Contact: <a href="mailto:health.safety@blackburn.gov.uk">health.safety@blackburn.gov.uk</a> for the latest version.</p> <p style="text-align: center;"><a href="#">Back to top</a></p>	<p>Pregnant staff working from home or adjustments if not possible from 28 weeks.</p>	
7) Educational Visits	✓	✓	<p>a) Follow all Covid secure measures established in school whilst on a visit plus any in operation at the venue. Ensure this is included in the visit RA;</p> <p>b) When considering booking a new visit, whether domestic or international, you are advised to ensure that there is adequate financial protection in place;</p> <p>c) From the start of the Autumn Term, schools can go on international visits that have previously been deferred or postponed and organise new international visits for the future;</p> <p>d) 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;</p>	<p><b>NO TRIPS UNTIL SPRING 1 (at earliest)</b></p> <p><b>All handwashing routines etc to continue during visit in the same frequency as in school.</b></p> <p><b>All visits must be authorised by Headteacher before any plans put in place/communication sent home.</b></p>	

			<p>e) Travel lists may change during a visit and schools must comply with international travel legislation. Contingency plans should be in place to account for these changes.</p> <p><a href="#">Back to top</a></p>		
8) Wraparound provision and extra-curricular activity	✓	✓	<p>a) Follow <a href="#">Covid 19: Actions for Out Of School Settings</a> and risk assess separately according to activities offered.</p> <p><a href="#">Back to top</a></p>	<p>Breakfast club and after school club to return to KS1 hall – utilise the KS1 playground/muga as much as possible.</p> <p>Activities to resume as precovid – children to wash hands on arrival to the club.</p> <p>Equipment to be wiped down after use. Year group zones. Rota larger equipment such as pool table etc. year group each day.</p> <p>Monitor children attending wrap around care if we have a positive case and send letters to contacts.</p>	
9) Monitoring	✓	✓	<p>a) The HT should have mechanisms in place to ensure regular monitoring of the implementation of control measures in this risk assessment;</p> <p>b) Where schools have purchased the Health and Safety SLA from the LA, please contact <a href="mailto:health.safety@blackburn.gov.uk">health.safety@blackburn.gov.uk</a> for any support required. If not, please contact your Health and Safety provider.</p> <p><a href="#">Back to top</a></p>	<p>SLT to monitor implementation and record using weekly record sheets. Teachers/Tas to send weekly tick sheet to HT/DHT.</p>	

## Outbreak management step-up measures once a threshold has been reached

Please read in conjunction with the [Contingency Framework](#)

The decision to step-up will be made by the Blackburn with Darwen Director for Public Health (DPH) if there is an outbreak in a school, or central government if the case rate for the an area or the borough is high.

This is *not* a decision a school can make independently.

<p>1) Increased transmission risk due to high case rate or school outbreak</p>	✓	✓	<p><b>Discussions will be held with schools individually if a threshold has been reached. Schools may be asked to introduce one, some or all of the following control measures, and should plan to be able to introduce them immediately.</b></p> <p><b>1.1) In the first instance:</b></p> <ul style="list-style-type: none"> <li>a) Review and reinforce the testing, hygiene and ventilation measures already in place making any proportionate changes necessary;</li> <li>b) Consider whether any activities could take place outdoors, including exercise, assemblies, or classes;</li> <li>c) Consider ways to improve ventilation indoors, where this would not significantly impact thermal comfort;</li> <li>d) Consider one-off enhanced cleaning focussing on touch points and any shared equipment;</li> </ul> <p><b>1.2) Face coverings</b></p> <ul style="list-style-type: none"> <li>a) <b>Face visors or shields should not be worn as an alternative to face coverings.</b> Use after carrying out a risk assessment for the specific situation and clean appropriately according to manufacturer's instructions;</li> <li>b) Staff and adult visitors in both primary and secondary schools should wear cloth face coverings (unless exempt) where 2m social distancing from other adults cannot be maintained, for example, in corridors and communal areas. The same process for removal should be followed as in the link in 1.1d) below;</li> </ul>	<p>Meeting will be held with edresponse as necessary and direction taken from them.</p> <p>Revisit hand hygiene with every class through a virtual whole school assembly/key stage assembly led by HT/DHT. Return to fully virtual assemblies</p> <p>Face masks must be worn on corridors. Teachers moving across classrooms will require face masks. 2m distance between adults to be reinstated. Visitors will wear facemasks in school. Pupils will not be required to wear facemasks.</p>
--	---	---	--	---

			<p>c) Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained <a href="#">unless exempt</a>;</p> <p>d) Communicate expectations regarding the wearing, and the process for removing a face covering clearly to all pupils, staff and visitors. Make adjustments for pupils with SEND. Follow the <a href="#">link</a> for instructions to staff, children and young people on how to put on, remove, store and dispose of face coverings;</p> <p>e) Consider having a stock of plastic bags available for any pupil who does not have one with them for their face covering. National guidance for Face Coverings in Education <a href="#">is here</a>;</p> <p>f) Pupils in Year 7 and above do not need to wear a face covering outside or where it would impact on their ability to take part in exercise or strenuous activity, for example in PE lessons.</p> <p>g) Children in primary school and early years settings should not wear face coverings. Pupils arriving at these settings wearing a face covering must be instructed not to touch the front of their face covering during use or when removing it. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin (do not put in with recycling) or place reusable face coverings in a sealable plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on <a href="#">safe working in</a></p>		
--	--	--	--	--	--

			<p>education, childcare and children's social care provides more advice.</p> <p>h) BwDBC acknowledges that some staff working in schools may wish to consider cloth face coverings as a wellbeing consideration as part of their risk assessment. Therefore, if teaching can take place with this individual measure in place and the colleague provides their own face coverings then this would seem reasonable. Colleagues would need to ensure they have completed training of donning and doffing of face coverings. Disposal of any cloth face coverings would also need to be done in the appropriate way. It would also be advised that we remind the individual that this would not replace the regularity required for hand hygiene measures and routines;</p> <p>i) In primary schools where schools or staff would prefer that face coverings are worn e.g. during 1:1 work, a face visor or shield may be worn in addition to a face covering but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth.</p> <p>j) Transparent face coverings can be worn to assist communication with someone who relies on lip reading, clear sound or facial expression to communicate;</p> <p>k) Where a face covering becomes damp, it should be replaced carefully. Once removed, reusable face coverings should be stored in a sealable plastic bag. Single use face coverings should be disposed of in a residual waste bin. They must not be put in a recycling bin.</p> <p>l) Have a small contingency supply of face coverings in school for people who are unable to access them for any</p>	
--	--	--	---	--

			<p>reason, have forgotten to bring one to school or where a face covering has become damp, soiled or unsafe.</p> <p style="text-align: center;"><a href="#">Back to top</a></p> <p><b>1.3) Bubbles</b></p> <ul style="list-style-type: none"> <li>a) Increase use and frequency of LFD testing by staff;</li> <li>b) Implement 'bubbles' of an appropriate size to achieve the greatest reduction in contact and mixing, making sure this will not affect the quality and breadth of teaching or access for support and specialist staff and therapists;</li> <li>c) Keep bubbles apart from one another where possible;</li> <li>d) Limit interaction, sharing of rooms and social spaces between groups as much as possible;</li> <li>e) Allow mixing for specialist teaching, transport and wraparound care;</li> <li>f) All teachers and other staff can operate across different classes and year groups to facilitate the delivery of the timetable and specialist provision;</li> <li>g) Where staff move between groups, they should try and keep 2m distance from pupils and other staff as much as they can;</li> <li>h) Try to minimise the number of interactions or changes wherever possible;</li> <li>i) Children who are old enough, able to self-regulate their behaviours without distress and with less complex SEND needs should be supported to maintain distance and not touch staff where possible;</li> <li>j) Arrange classrooms with forward facing desks with pupils seated side by side and facing forwards, rather than face to face or side on. This might include moving</li> </ul>	<p>Return to class bubbles.  No classes to mix inside or outside.  Zones reinstated on the yards.  Fully staggered lunch to resume again.  Children sitting facing one direction at a time, tables cleaned fully between bubbles.  Return tables back into rows in classrooms.  Interventions to only have children from one bubble.  After school club to return to bubbles.  Keep 2m between all staff.  No assemblies in the hall – all virtual.  Staff to report LFD tests in school.  Ensure sneezeguards in place.  Minimise visitors and volunteers.</p>	
--	--	--	--	---	--

			<p>unnecessary furniture out of classrooms to make more space;</p> <p>k) Depending on the age of the children, and their needs, staff should maintain 2 meters distance as much as possible;</p> <p>l) Staff maintain 2 metres distance from each other as much as possible;</p> <p>m) Limit interaction and the sharing of rooms and social spaces between groups as much as possible.</p> <p style="text-align: center;"><a href="#">Back to top</a></p> <p><b>1.4) Secondary schools</b></p> <p>a) Staff can operate across classes to deliver the timetable, and stay at the front of the class maintaining a distance of 2m from pupils and colleagues. Face coverings should be worn where this is not possible (see 3f);</p> <p>b) Where volunteers are used to support the work of the school, mixing of them across groups should be kept to a minimum, and they should remain 2 metres from pupils and staff. They should wear face coverings where this is not possible;</p> <p>c) Consider year group bubbles to facilitate the full range of specialist teaching at KS4 and 5;</p> <p>d) If it is possible to be able to deliver the full range of curriculum subjects, consider smaller bubbles;</p> <p>e) Consider class bubbles at KS3 if the full range of curriculum subjects can be delivered. Where this is not possible, consider year group bubbles;</p> <p>f) Keep pupils in one bubble separate from pupils in another where possible;</p> <p>g) Ask pupils to keep their distance from each other where possible;</p>	<p>T/TA to monitor handwashing. LA/national guidance on shielding staff and pupils. Return to blended learning. (Remote learning offer is statutory for 2021-22) All children Y2-6 will be offered live lessons every day. Yr Rec/Y1 will be offered a combination of live and recorded lessons. All year groups will also use Oak Academy and Purple mash activities to supplement live learning. Cancel open days – have virtual instead Only meet parents outside</p>	
--	--	--	--	--	--

- h) Reduce the sharing of rooms and social spaces where possible;
- i) Clean subject specific rooms between bubbles;
- j) Ensure good ventilation at all times;
- k) Reinforce hand and respiratory hygiene at all times.

[Back to top](#)

#### 1.5) Primary schools

- a) Have bubbles of an appropriate size to achieve the greatest reduction in contact and mixing, making sure this will not affect the quality and breadth of teaching or access for support and specialist staff and therapists;
- b) Staff can operate across classes, but this should be minimised as much as possible. Where staff do need to move between groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults;
- c) Where volunteers are used to support the work of the school, mixing of them across groups should be kept to a minimum, and they should remain 2 metres from pupils and staff where possible;
- d) With younger children, reinforce good hand and respiratory hygiene and maintain an enhanced cleaning schedule.

[Back to top](#)

#### 1.6) Shielding

- a) Reintroduction of shielding will be a decision made by national government only. Be aware of staff and

			<p>students on the Shielded Patient List (SPL) and plan for reintroduction if advised.</p> <p><a href="#">Back to top</a></p> <p><b>1.7) Restricted Attendance</b></p> <p>a) This will be advised only as a last resort with priority given to vulnerable children and the children of critical workers;</p> <p>b) Have plans in place to move to restricted attendance at short notice;</p> <p>c) Ensure that high quality remote education is provided to all pupils or students not attending.</p> <p><a href="#">Back to top</a></p> <p><b>1.8) Other measures</b></p> <p>a) Limit residential educational visits. Contact: <a href="mailto:julie.hemingway@blackburn.gov.uk">julie.hemingway@blackburn.gov.uk</a> for support;</p> <p>b) Limit open days;</p> <p>c) Limit transition or taster days;</p> <p>d) Limit parental attendance in settings;</p> <p>e) Limit live performances;</p> <p>f) Move from whole school/year group assemblies to online delivery in classrooms.</p>		

Head Teacher Signature: 

Date: 01/09/21

Date of Review: 30/09/21

Chair of Governors/Trust CEO: 

Date: 08/09/21

Date of Review: 30/09/21

# Appendix A

## **Advice for First Aiders in Schools/Early Years Settings during Covid-19**

We recognise that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. We have put together the below advice for first aiders so that you can continue to support others where required and keep yourself safe.

Government guidance on first aid response during Covid-19 can be found [here](#).

### **Keep yourself safe**

During the Covid-19 pandemic, it is recommended that you wear gloves and a facemask for all first aid incidents. Eye protection and an apron may also be required, where there is a risk of coming into contact with bodily fluids. PPE can be found with/in first aid kits.

Please see Public Health guidance on how to safely put on ([don](#)) and take off ([doff](#)) PPE, advice posters should be located with first aid kits. It is recommended that employees who are first aiders familiarise themselves with safe use of PPE as soon as possible, so they are able to keep themselves and the casualty safe, when they respond to a first aid incident.

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Avoid touching your mouth, eyes and/or nose.

Ensure that you do not cough or sneeze over a casualty when you are treating them, if you need to cough, do this into your elbow.

- Do not lose sight of other cross contamination that could occur that is not related to COVID-19.
- Wear gloves at all times
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely – double bag and place in a bin
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound

### **Cardiopulmonary resuscitation (CPR) – Adults**

*Full statement from the Resuscitation Council can be found [here](#)*

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment” at the time) and adopt appropriate precautions for infection control.

Do not go down close to the casualty to check breathing just look at the chest and abdomen. Ring 999, ensure you are wearing a mask and start compressions.

For adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; **perform chest compressions only**. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on isolation.

### **Cardiopulmonary resuscitation (CPR) – Paediatric Advice**

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child’s chances of survival. However, for those not trained in paediatric resuscitation, **the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation, call 999 immediately.**

**The importance of calling an ambulance and taking immediate action cannot be stressed highly enough.** If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

### **Paediatric First Aid Ratios and Validity**

Current guidance states that if children aged 2-5 are within a setting, providers must use their 'best endeavours' to ensure one person with a full PFA certificate is on-site. If after using best endeavours they are still unable to secure a member of staff with full PFA to be on site then they must carry out a risk assessment and ensure that someone with a current First Aid at Work or Emergency PFA Certification is on site at all times children are on premises.

'Best endeavours' means to identify and take all the steps possible within your power, which could, if successful, ensure there is a Paediatric First Aider on site when a setting is open, as per the usual EYFS requirement on PFA.

New entrants (levels 2 and 3) will not need to hold a Paediatric First Aid (PFA) certificate within their first 3 months in order to be counted in staff: child ratios, during the COVID-19 outbreak.

Additionally, if PFA certificate requalification training is prevented for reasons associated directly with COVID-19, or by complying with related government advice, the validity of current certificates can be extended by up to 3 months. This applies to certificates expiring on or after 16 March 2020.

**Providers remain responsible for ensuring all children in their care are kept safe at all times.**