



Activities Covered by this Assessment	Schools Operation during COVID 19 Step 4 Based on Go	vernment guidance July 2021	
Site Address / Location	Woodstone Community Primary School	Department / Service / Team	Leicestershire LA

As part of planning for step 4 of the government's roadmap on the 19th July, it is a legal requirement that schools should review and update their risk assessments (building on the learning to date and the practices we have already developed), to consider the removal of restrictions and control measures in line with the roadmap out of the pandemic. We have reviewed and updated our wider risk assessments and considered the need for relevant revised controls in respect of their conventional risk profile considering the implications of coronavirus (COVID-19). We have ensured that we have implemented sensible and proportionate control measures which follow the health and safety hierarchy of controls to reduce the risk to the lowest reasonably practicable level.

Guidance for step 4 schools. We have referred to:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/999689/Schools guidance Step 4 update FINAL.pdf
Brief summary of changes for schools in Step 4

From 19th July (Step 4) school covid rules are lifted so that:

- Staggered start and finish times are no longer needed.
- Face coverings will no longer be required in classrooms and communal areas, or on dedicated transport or on public transport.
- Bubbles are no longer needed for school or summer school.
- · Whole school assemblies can resume.
- Normal lunch times can resume.
- School will no longer be required to carry out contact tracing.

From 16th August:

• Close contacts of a confirmed case under 18 (18yrs + 4 months) will no longer be required to self-isolate. However, they will be required to engage with test and trace and take a PCR test.

Schools should continue to:

- Exercise good hand hygiene.
- Exercise good respiratory hygiene, catch it, bin it, kill it principles.
- Use 'enhanced cleaning' regimes, particularly on frequently touched surfaces (minimum twice a day is suggested).





- Maintain good ventilation in occupied parts of the school, balancing ventilation with thermal comfort.
- Use PPE where appropriate to their setting or activity (link).
- Have systems in place to encourage all who have symptoms of Covid to self-isolate (including household siblings), engage with test and trace and follow PH advice.
- Engage with regular testing if attending summer school activities (pupils and staff) and 3 days prior to the start of the autumn term. (to be reviewed Sept 2021)

Outbreak Management:

From Step 4, close contacts will be identified via NHS Test and Trace. You may be contacted in exceptional cases to identify close contacts, as currently happens in managing other infectious diseases. You will continue to have a role in working with health protection teams in the case of a local outbreak Schools should ask parents and staff to inform them immediately of the results of a test: <u>'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'</u>

PPE:

Face coverings are not classified as PPE (personal protective equipment). 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 which covers your nose and mouth.

The majority of 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 1+ metres from others.

Additional PPE for coronavirus (COVID-19) is only required in a very limited number of scenarios, for example, when:

- a pupil becomes ill with coronavirus (COVID-19) symptoms, and only then if a 1+ metre distance cannot be maintained
- performing aerosol generating procedures (AGPs)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/999722/PPE in education childcare and childrens social care settings.pdf

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. The guidance on safe working in education, childcare and children's social care provides more information about preventing





and controlling infection. This includes:

- when and how PPE should be used
- what type of PPE to use
- how to source it

Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) Guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/999722/PPE in education childcare and childrens social care settings.pdf

Face Coverings:

From 19 July, in line with Step 4 of the roadmap, face coverings will no longer be recommended for pupils in classrooms or communal areas in all schools. Face coverings will also no longer be recommended for staff in classrooms.

The reintroduction of face coverings for pupils, students or staff may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. In all cases, any educational drawbacks should be balanced with the benefits of managing transmission. The Local Action Committee structure (bronze/silver/gold) should be used in such circumstances to re-introduce the use of face coverings. Immediate outbreak response (at the level of individual settings or a cluster of settings) remains for **local directors of public health** to advise on.

Domestic residential educational visits:

Domestic residential educational visits In line with the roadmap, schools can undertake domestic residential education visits, from 17 May. Bubbles are no longer required after 19th July.

International visits can resume after 19th July but are not recommended until the autumn term.





Any domestic and international residential educational visits must be conducted in line with relevant COVID-19 guidance and regulations in place at that time and for the country you are visiting. For international trips the foreign and commonwealth office (FCO) should be consulted before any trip is considered.

For international visits school will need to be mindful of the restrictions still in place regarding the red, amber and green list and be mindful that for amber countries there may be requirements for all participants to quarantine or self-isolate upon return.

Schools will also need to be mindful to check their insurance status for short notice cancellation.

For guidance refer to gov.uk or https://oeapng.info/

Hazard (Something with a potential to cause	Who might be	Existing Controls	Initial Risk Rating (S x L)			Further Controls Required	Final Risk Rating (S x L)			Action Required			
	Harmed & How?	(Consider Hierarchy of Control)	Severity	Likelihood	Risk Rating	(Consider Hierarchy of Control)	Severity	Likelihood	Risk Rating	Who (Initial)	Date By: (/)	Done ?	
Coming into contact with individuals who are unwell	Staff, pupils, visitors and contractors. Reduced infection control which may result in	 Staff, pupils, visitors and contractors do not come into the school if they have COVID19 symptoms or have tested positive in the last 10 days. Anyone developing COVID19 symptoms is sent home. 	н	L	M	 Engage with the NHS test and trace Regular reminders to staff about the existing controls in place LFT testing in place for staff – staff to test twice weekly 	H	L	М				





	COVID19	 Persons who have symptoms will isolate for at least 10 days and will not be in school. Persons with a negative test will remain in isolation for a period of 10 days from the date of the test. 				 and report results each time to the school office Staff who have a positive LFT test are instructed to go for a full PCR test Follow advice from PHE concerning returning to school 					
A pupil shows symptoms of Rec COVID19 whilst in	Staff, pupils, visitors and contractors. duced infection control which may result in	 A pupil awaiting to be collected, is moved, if possible, to a room where they can be isolated behind a closed door (depending on the age and needs of the pupil) with appropriate adult supervision if required. Windows are opened for ventilation. PPE is worn by staff caring for the pupil while they await collection if a distance of 1+ metres cannot be maintained. The area around the pupil with symptoms is cleaned and disinfected after they have left. (See cleaning hazard) Everyone washes their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. 	Н	L	M	 When wearing a mask: The mask must not be allowed to dangle as it must cover nose and mouth. It must not be touched once put on, except when carefully removed before disposal. It must be changed when moist or damaged. Parent of the child is advised to take the child for a PCR test Should child test positive, child must isolate for 10 days 	Н	L	М		





Visitors to site	Staff, pupils, parents/guardian, visitors and contractors. Reduced infection control which may result in spread of COVID19	 Visitors to site should be kept to a minimum, appointments preferred Visitors are asked if they have any symptoms of COVID19 or have had contact with anyone who has symptoms of COVID19, before they arrive on site. 		L	M	 Ensure all visitors to school have signed in and left contact information for track and trace Symptoms posters clearly displayed to ensure anyone displaying symptoms does not enter the site Clear signage on entry to the school building and in the foyer area to ensure visitors adhere to social distancing measures Visitors to wear disposable lanyard but lanyards are isolated for 72 hours after use Parents use other forms of communication e.g. telephone/email system to communicate with office staff and teachers Visitors to wear a mask whilst in the school building 	Н		M		
Carrying out first aid	First Aider Person being treated by the first aider. (Carrying out 1st	 A first aider should not be administering first aid treatment to a person who has the symptoms of COVID-19 unless life threatening condition and using St John's ambulance guidance (link 	н	L	M	A person with Covid symptoms will be isolated in the Covid19 first aid room immediately. The door will remain open for ventilation and a member of familiar staff will remain with	Н	L	M		





aid may require the 1+mtr social distancing rule to be broken)

This activity requires the 1+mtr social distancing rule to be broken. This could lead to either person involved in becoming infected with COVID-19 through close contact with an asymptomatic carrier, transmitting the virus through bodily fluids or respiratory droplets entering the persons eyes, nose or mouth.

- at end of document). Isolation care can be given.
- If a child presents symptoms of COVID-19 they will be isolated 1+m away from people and parents called to collect them.
- Persons who have symptoms will isolate for 10 days and will not be in school.
- The first aider will wash their hands for at least 20 seconds with soap and water before donning gloves.
- Nitrile Gloves conforming BSEN455 will be worn to deliver first aid.
- Latex gloves will be avoided to remove the risk of allergic reaction.
- The first aider will cover any cuts on their hands with waterproof plasters.
- The first aider will avoid putting their fingers in their mouth and touching their face.
- The first aider will avoid touching any part of a dressing that will come in contact with a wound.
- The first aider will wear goggles (if the person requiring first aid is showing signs of COVID19)

them for reassurance (maintaining 2M unless wearing PPE) GC, RB or PM to wear full PPE and will take care of any intimate needs e.g. if the patient is sick. The toilet (disabled toilet) next door to the medical room will be used for a suspected Covid patient. If the first aider is not near a sink (as in an incident which occurs outside) The first aider will use sterilising gel instead of washing hands before wearing gloves. An adequate supply of PPE has been procured. This will be stocked up through our usual supplier or the following channel: Leicester County: enquirylinequality&contracts@lei cs. gov.uk The medical room will be used as the first aid/ Covid room and should not be used for any other purpose





The first aider	conforming BSEN 166.1b.3 to
	prevent bodily fluids being
may have an	splashed into the eyes.
allergic reaction	
to latex gloves.	A fluid-resistant surgical face mask will be aware but to a first siden if
	will be worn by the first aider, if
	the person is presenting with
	COVID19 symptoms. The surgical
	masks used conform to BS EN
	14683:2019 Type IIR.
	After each first aid treatment is
	given all equipment and surfaces,
	including goggles and visor used
	will be cleaned down using a
	detergent solution. This is
	followed by disinfection using a
	solution that contains 1000 parts
	per million (1000 ppm av.cl.). The
	goggles and visor are rinsed with
	clean water after being
	disinfected to remove any
	chemical residue.
	After using the face masks, aprons
	and gloves they will be correctly
	doffed and placed straight into a
	bag and the bags tied.
	NHS hand washing posters have
	been installed above sinks to give
	information on good hand
	washing techniques.
	Face masks and gloves will only be





		used for 1 treatment of first aid they will not be used to treat a second person requiring first aid. First aiders have been given information on how to correctly don and doff their PPE. No food will be stored or eaten in the first aid room. After first aid treatment is given and cleaning has been completed the first aider will wash their hands with soap and water for at least 20 seconds before commencing any further work. There is a dedicated room for first aid that will be used solely for first aid treatment to help prevent bodily fluids contaminating other parts of the building. The first aid room is well ventilated at all times.									
Intimate care	Staff, pupil	The staff member providing the intimate care will wash hands thoroughly before and after providing intimate care, using soap and water for at least 20	н	L	M	 Ensure a stock of surgical face masks that conform to BS EN 14683:2019 Type IIR are procured. 	I	L	M		





seconds. Use alcohol-based hand sanitiser if soap and water is not available. NHS hand washing posters have been installed above sinks to give information on good hand washing techniques.	 Ensure aprons and nitrile disposable gloves are procured. Where possible staff will not administer intimate care – parents will be contacted to collect the child
 Children, young people and students 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, using the same PPE as they have always done for this task. 	
 If contact with the unwell child or young person is necessary, then nitrile disposable gloves, a disposable apron and a fluidresistant surgical face mask should be worn by the supervising adult. If a there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. The room is well ventilated at all times. 	





Insufficient Cleaning	Reduced infection control which may result in spread of COVID19	•	A detailed cleaning schedule will be implemented throughout the site, ensuring that contact points, e.g. worksurfaces, door handles, taps etc. are all thoroughly cleaned and disinfected regularly. A record of each cleaning / disinfecting activity is recorded to include what has been cleaned, by who, when and how. Hard surfaces are cleaned with soap and water/standard detergent prior to disinfecting. Hard surfaces to be cleaned with soap and water prior to disinfecting. Disinfecting should be performed using either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a household detergent followed by a disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) the googles and visor will be rinsed with clean water after being disinfected. Extra attention is to be given to frequently touched areas and surfaces, e.g. doors, toilets, door	Н	L	М	•	All classrooms, toilet areas and communal areas to be cleaned every lunchtime Training provided to ensure all cleaning staff aware of cleaning products to use and which areas to pay particular attention to Toilets, door handles, taps, staffroom areas to be cleaned at lunchtime	Н	L	M			
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handles, phones, light switches			
and door fobs, etc. at least twice a			
day with one of those times being			
either at the start or end of the			
day. Refer to the school's cleaning			
risk management matrix for			
further details.			
NOTE: The school's cleaning risk			
management matrix should align			
with the schools cleaning plan and			
cleaning record.			
 Hand towels and hand wash are to 			
be checked and replaced as			
needed by the Premises Officer			
and cleaning staff.			
 Enhance the cleaning regimes for 			
toilet facilities, particularly door			
handles, locks and the toilet flush,			
etc.			
 Only cleaning products supplied 			
by the school are to be used. Staff			
are told not to bring cleaning			
products from home.			
Please refer to the school's COSHH			
risk assessments for further			
control measures in relation to			
cleaning chemicals used.			
 PPE required for cleaning will be 			
noted in the outcome of the			
COSHH risk assessments			
conducted for cleaning chemicals			





		 bins are waste bins are mad cleaning complet docume record. 	ers are used in all bins and emptied into the external in/skip regularly. In monitoring spot checks le by the SLT to confirm gractivities are being ted. This will be formally ented on the cleaning										
Poor Ventilation / Lack of Ventilation Thermal Discomfort in colder months	Staff, pupils, visitors, contractors. Reduced infection control which may result in spread of COVID19. COVID-19 transmitting through mechanical ventilation ducts that link between rooms.	 opening weather just eno backgro Window fully to p Natural opening would n and/or f Furnitur where p drafts. Heating as necession 	ventilation is provided by a windows. In cooler windows will be opened ough to provide constant und ventilation. It will be opened more purge the air in the space. Ventilation is provided by a external doors where this lot create a safeguarding fire risk. The has been re-arranged possible to avoid direct will be used and adjusted asary in occupied spaces to be ensure thermal comfort	M	L	L	TM to ensure windows are opened when arriving at school in the morning Await delivery of CO2 monitors and follow instructions	М	L	L	TM	Daily	





			levels are maintained.										
After school clubs (see separate section for Woody's)	Staff, pupils, parents/guardian, visitors and contractors. Reduced infection control which may result in spread of COVID19	•	Individual Covid risk assessments are be available for activities taking place out of school hours.	M	L	L	Lead teacher to ensure COVID measures continue to be adhered to during after school clubs	М	L	L			
Residential visits / off-site visits	Staff, pupils, parents/guardian/ public/volunteers Reduced infection control which may result in spread of COVID19	•	A COVID risk assessment will be created for each off-site visit. Any educational visits will be conducted in line with relevant COVID-19 guidance and regulations in place at that time both domestically and internationally. OEAP and government guidance will be followed during the visits and will be used to help develop risk assessments for the visits.	M	L	L	Visit leader to obtain COVID-19 risk assessment from visit destination(s) detailing specific COVID measures	М	L	L	Visit leader	Prior to visit	
Poor Hand Hygiene	Reduced infection control which may result in spread of COVID19	•	Pupils and staff to wash their hands with soap and water for at least 20 seconds on arrival at school, before eating and after breaks.	M	L	L	TM to ensure hand soap dispensers are filled up and checked on a daily basis	М	L	L	TM	Daily	
Poor Respiratory Hygiene	Reduced infection control which may result in spread of COVID19	•	Tissues provided in every classroom. Lidded bins provided in all classrooms and in communal areas. Relay the "catch it, kill it, bin it" approach to all staff and pupils.	M	L	L	Bins to be emptied both at lunchtime and after school	М	L	L	TM	Daily	





Woody's	Staff, pupils, parents/carers, visitors and contractors. Reduced infection control which may result in spread of COVID19		•	Before and after school club will take place in the school hall and the area will be cleaned thoroughly before and after use. Equipment for before and after school to be kept in zones or to be cleaned before moving to another zone Before and after school staff will be responsible for the cleaning of club equipment after use. Separate equipment to be used for morning club and after school club and stored separately Parents will only use the back door to the hall (from our back playground) Parents will wait (socially distanced) on the back playground and	Н	L	M		
				the back playground and the children will be taken to them					

To add more rows to the risk assessment, place the cursor within the last row right click and select insert row below.





Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999722/PPE_in_education_childcare_and_childrens_social_c are_settings.pdf

Guidance for full opening: schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/999689/Schools guidance Step 4 update FINAL.pdf

Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999758/OOSS_Provider_Guidance_PDF_Step_4.pdf

Air conditioning and ventilation during the coronavirus outbreak

https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm

Contacts: PHE health protection teams

https://www.gov.uk/guidance/contacts-phe-health-protection-teams

Source NHS:

https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/

COVID-19: cleaning in non-healthcare settings:

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in

St. John Ambulance Covid-19: advice for first aiders:

https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/





Operational guidance for SEND in Step 4:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999741/SEND_update_guidance_Step_4.pdf

Risk Assessor (s) Name(s):	Risk Assessor(s) Signature (S):	
Authorised By:	Authoriser Signature:	Initial
Date Conducted:	Date of Next Review:	
	Date of Review:	
	Date of Review:	
	Date of Review:	
	Date of Review:	

Potential Severity of Harm	High Death, long term serious ill health.	Medium	High	High
	Medium Illness requiring further medical assistance.	Low	Medium	High
	Low Mild illness requiring self-isolation only	Low	Low	Medium





Low The event is unlikely to happen.	Medium It is fairly likely to happen.	High It is likely to happen.
	Likelihood of Harm Occurring	

Risk Rating Definitions				
Low	This is an acceptable level of risk. No further controls are required as the risk rating cannot be reduced any further. However, it is advised that continual monitoring occurs in order to ensure that no changes / deviation of control measures occur.			
Medium	It is advised that further controls are implemented to reduce the risk rating to as low a level as possible. If the risk cannot be reduced to lower than a medium, then on site monitoring should occur to ensure that all stipulated controls are being adhered to.			
High	This is an unacceptable risk rating. Urgent interim controls should be implemented to reduce the risk so far as is reasonably practicable. If the risk rating cannot be reduced to lower than a High , then a documented safe system of work should be implemented to control the activity. It may be necessary to seek further professional advice. Serious considerations should be given to the validity of carrying out the activity at all. Regular monitoring of the activity should occur.			