

Risk Assessment



NB: For further information and guidance please refer to the Risk Assessment Toolkit on the intranet.

A. Outline of activity or task to be assessed:

Form Number:

Directorate:

Workplace/Team:

Date of Assessment: Manager/Line Manager/Headteacher (PRINT):

Name of Assessor (PRINT): Signature:

Signature: Date for Re-assessment:

Hazard is something with the **potential** to cause **harm**. **Risk (R)** is the **likelihood** of someone being hurt multiplied by the **severity** of the occurrence.

B. RISK MATRIX - This section is used for guidance to complete Section C.

level of risk = likelihood x severity

5 x 5 RISK ASSESSMENT MATRIX

↑ Increasing consequence or severity	5	5 LOW	10 MED	15 MED	20 HIGH	25 HIGH
	4	4 VERY LOW	8 LOW	12 MED	16 MED	20 HIGH
	3	3 VERY LOW	6 LOW	9 LOW	12 MED	15 MED
	2	2 VERY LOW	4 VERY LOW	6 LOW	8 LOW	10 MED
	1	1 VERY LOW	2 VERY LOW	3 VERY LOW	4 VERY LOW	5 LOW
		1	2	3	4	5
		→ Increasing likelihood or probability				

PRIORITY OF ACTION

- HIGH** 17 - 25 **Unacceptable - Stop work or activity until immediate improvements can be made.**
- MEDIUM** 10 - 16 **Tolerable but need to improve within a reasonable timescale e.g. 1-3 months depending on the situation.**
- LOW** 5 - 9 **Adequate but look to improve by next review.**
- VERY LOW** 1 - 4 **Residual risk acceptable and no further action will be required all the time the controls measures are maintained.**

Score	Likelihood/Probability	Description
5	Very likely/Almost Certain	The event is expected to occur in most circumstances
4	Likely	The event will probably occur in most circumstances
3	Fairly likely/Possible	The event could occur at some time
2	Unlikely	The event is not likely to occur in normal circumstances
1	Very Unlikely	The event may occur only in exceptional circumstances

Score	Consequence/Severity	Description
5	Catastrophic/Severe/Fatality	Death or permanent disability to one or more persons
4	Major injury/ill health	Hospital admission required e.g. broken arm or leg
3	Moderate (over 3 day injury/ill health)	Medical treatment required, over three day injury
2	Minor injury/ill health	First Aid is required
1	Insignificant/no injury	Injuries not requiring first aid treatment

Longnor C.E Primary School

Risk Assessment for Covid-19 return to school (25.08.21)

This risk assessment is to be reviewed and updated if there are any significant changes to circumstances or guidance

What are the hazards?	Key Actions	Who is at risk and how	Likelihood	Severity	Risk Level	Who
Preparing the School						
H+S check of the building	Check, water, fire system, extinguishers in the demountable before opening and other classrooms if they are to be used. Check any new areas to be used. Continue regular fire checks. Weekly H+S checks continue to be carried out for the outdoor area.	Children, staff safety in buildings	1	4	V Low	LE, all staff
Cleanliness of school	The school is professionally cleaned at the end of every day. Hand sanitiser available in entrance, class bases and for outside activities. Soap and paper towels available for hand washing in toilets and classrooms.	Children, staff and families getting Covid -19	2	1 to 5	V Low to med	Cleaners all staff
Staff availability	Risk assessments carried out and reviewed regularly for more vulnerable members of staff. Staff to be referred to Occupational Health when needed. Current government guidance will be followed: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19	Staff and families	2	2 to 5	V Low to med	LE, RR

Ensuring safety of more vulnerable children	Individual risk assessments will be carried out and reviewed regularly for any vulnerable children.	Children, staff and families getting Covid -19	3	2 to 5	Low to med	LE
Mixing of adults from other schools	ActivSport will be teaching sessions on Monday to all classes. Lessons will be outside as much as possible. Individual music lessons with Shropshire Music Service – to be reviewed.	Children, staff and families getting Covid -19	3	1 to 5	V Low to med	LE, RR
Someone with symptoms arrives at school	Pupils, staff and other adults will not come into school if they are showing symptoms – recommend a PCR test. <ul style="list-style-type: none"> • Upon a negative test result, allow back into school. • Should a pupil, staff or another adult test positive they need to isolate as per the PHE guidelines for 10 days. Close contacts will be traced by NHS Test and Trace through liaison with parents. • Should a member of the same household tests positive for Covid, then there is no longer the requirement to self-isolate as long as they are fully vaccinated or below the age of 18 years and 6 months – PHE will contact and advise a PCR test. There is a sign on the front door to highlight the symptoms.	Children, staff and families getting Covid -19	1	1 to 5	V Low to low	LC, RR
Social Distancing						
Children mixing/socialising.	Children to be organised into classes. <ul style="list-style-type: none"> ➤ Lessons to be outside whenever possible Use own entrances ➤ Class 1 through the Little Owls gate ➤ Class 2 through the gate to the side of the hall and in through the back door of the classroom. ➤ Class 3 and 4 – go through the gate to the side of the hall and in through the back door ➤ Children who arrive after 9am to be signed in at the office. 	Children, staff and families getting Covid -19	3	2 - 5	V Low - med	All staff

	Movement around the school will be monitored, especially at pinch points					
Moving about the school	<p>Children to go to the toilet during class time one at a time per class to reduce the number in the corridor and toilets.</p> <p>Teachers are aware of who has left room to use the toilet.</p> <p>Toilet trips monitored.</p> <p>Hold regular fire practices with the whole school.</p> <p>Adults coming out of the staffroom or office to be vigilant. Stagger morning break times for KS1 and KS2 to reduce the number of staff in the staff room:</p> <ul style="list-style-type: none"> • KS1 – 10:15 – 10:30am • KS2 – 10:30 – 10:45am <p>Stagger end of break for classes 3 and 4 by two minutes to manage social distancing by locker area.</p>	Children, staff and families getting Covid -19	2	1 to 5	V low to med	All staff
Admin staff to respect distance from adults coming to the school	<p>Deliveries to be taken to the kitchen.</p> <p>Recommend parents communicate with office via telephone and email.</p> <p>Visitors use the doorbell and intercom on the outside of the school to gain entrance</p> <p>Teachers to do own dinner register on ParentPay.</p> <p>Recommend hand sanitiser to be used by all visitors/contractors etc before leaving reception.</p> <p>Hand sanitiser recommended following use of photocopier.</p> <p>Electronic document where possible, limit shared paper documents to minimum.</p>	Admin staff getting Covid-19	3	2-5	V low to med	LC, RR
When to consider extra action						
Substantial increase in positive cases in school.	<p>Should either:</p> <ul style="list-style-type: none"> • An outbreak occur within an education setting – 2 or more children, pupils, students or staff with confirmed positive PCR cases within the same group of onset dates within 14 days. • 5 children, pupils, students or staff, who are likely to have mixed closely (a group), test positive for COVID-19 within a 10-day period; or • 10% of children, pupils, students or staff who are likely to have mixed closely (a group) test positive for COVID-19 within a 10-day period. <p>Then:</p>	Children, staff and families getting Covid -19	1	1 to 5	V Low to low	LE, RR

	<p>Review and reinforce the testing, hygiene and ventilation measures school already has in place.</p> <p>Seek additional public health advice if concerned about transmission in the setting, either by phoning the DfE helpline (0800 046 8687, option 1) or in line with other local arrangements. Director of public health will then judge whether additional action should be taken.</p>					
	<p>Contingency plans should there be a substantial increase in positive cases:</p> <ul style="list-style-type: none"> • Testing – revise the frequency of testing agreed with DsPH should this be required. • Face coverings – revise the use of face coverings in communal areas and/or classrooms for adults only. • Shielding – this would be reintroduced only by national government should a major outbreak pose a significant risk. • Visitors to setting – limit visitors to school should there be a substantial increase in positive cases. • Attendance restrictions – face-to-face education is a government priority. In the case of an outbreak attendance restriction by DfE would only be considered as a short-term measure and as a last resort. High quality remote education using Seesaw and Tapestry to communicate with home environment, as per lockdown, would resume. Vulnerable children monitored attendance with remote learning and risk assessed separately in this instance. <p>Update made 24/9/21 at a regional level. Schools, following guidance from PHE, may implement a 2 day circuit break closure to disrupt virus transmission can be considered if one of the following criteria is met:</p> <ul style="list-style-type: none"> • 30% of a class are confirmed positive through PCR tests • 15% of a school are confirmed positive through PCR tests 					
Health and Hygiene						
Contamination on surfaces	Wash hands when entering school, after breaktime, before eating, after lunch break and if you cough or sneeze. Wash for 20 seconds with running water and soap, dry thoroughly on paper towels that are then thrown away. Remind the children of how to wash hands correctly.	Children, staff and families getting	3	1 to 5	V low to Med	Children all staff

	<p>Supervise children who may struggle with handwashing correctly. Remind children not to touch their faces. Hand sanitiser in the entrance, class bases and available for outdoor lessons. Regular reminders to children to wash hands and support for younger children with handwashing. Ensure adequate soap and hand towels are available to children and staff, with a system for reporting when more are required. Hand washing posters in toilets and classrooms. Adequate cleaning materials in staff room and cleaning cupboard. Main toilet doors to be propped open. COSHH risk assessments to be carried out for cleaning materials.</p>	Covid -19				
Airborne virus particles	<p>Open windows and doors to the outside at break and lunch time. Ventilate rooms when needed throughout the day. Prop internal doors open to get air flowing through. Work outside as much as possible and ensure breaks are outside. Ensure children are aware of the correct respiratory process of 'Catch it, bin it, kill it' and remind them about coughing into their elbow. Tissues to go into lidded bins. Waste to be doubled bagged. Support children who need help with respiratory hygiene. Packs of tissues available in each teaching base.</p>	Children, staff and families getting Covid -19	3	1 to 5	V low to Med	All staff
Virus left on used tissues	<p>All tissues to go into lidded bins which are emptied daily by the cleaner. Daily cleaning of the bin lid.</p>	Children, staff and families getting Covid -19	1	1 to 5	V low to Low	Children all staff cleaner
Contamination on water fountain	<p>Water fountain not to be used, children to bring own water bottles.</p>	Children, staff and families getting Covid -19	1	1 to 5	V low to Low	Children all staff cleaner
Dealing with bodily fluids	<p>Child to deal with as much as possible. Call parents to send child home if necessary. PPE to be worn.</p>	Children, staff and families	3	1 to 5	V low to Med	All staff

	Maintain ample supplies of PPE. Used PPE to be double bagged when thrown away.	getting Covid -19				
Child becomes ill at school with Covid -19 symptoms: Cough High temperature Loss of taste or smell	Sit in the reception area supervised by an adult whilst waiting for their parents to collect them. If the weather is warm they could sit outside. If they need a toilet use the disabled toilet which will then receive a deep clean and have an out of order sign put on the door whilst waiting for the deep clean. Clean reception area and area in classroom once they have gone home. Adult supervising the child is to wear PPE. Phone parents to collect them immediately and ask them to do a PCR test. If test is negative they can return to school. If test is positive seek advice from the Local Health Protection Team and engage with the test and trace process. Parents to email confirmation of a negative result to the school. Advise the family of the child to follow the current government advice: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance	Children, staff and families getting Covid -19	3	1 to 5	V low to Med	All staff, cleaner
First aid	PPE to be worn if it is necessary to get close to the child or deal with bodily fluids. Child to do as much as possible themselves. Trained first aiders to be onsite at all times: <ul style="list-style-type: none"> • All occasions when CPR is required this will be carried out in accordance with current protocols from the Resuscitation Council the F/A needs assessment will identify any additional equipment and training needs. • Where there is a possible risk of infection all necessary precautions must be followed face, and eye protection and contact with the casualties airway must be avoided. Mouth guards could be used. Chest compressions and defibrillations must be applied while waiting for the ambulance and advance lifesaving care • For a Paediatric casualty – There is an acceptance that doing rescue breaths will 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. The advice from the Resuscitation Council (UK) is that rescue breaths should be undertaken as ventilations are crucial to the child’s chances of survival • Ensure first aiders are aware of new protocols regarding Covid 19 	Children, staff and families getting Covid -19	3	1 to 5	V Low to med	First Aiders

PPE	<p>PPE supplied for first aid and intimate care.</p> <p>If staff feel more confident wearing PPE they will be supported in their request to wear it.</p> <p>Children are not required to wear PPE.</p> <p>If a child becomes unwell with symptoms the adult supervising them should wear PPE</p> <p>Staff trained in the correct use of PPE - https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be</p>	Children, staff and families getting Covid -19	2	1 to 5	V low to med	All staff
Emotional distress of staff, including anxiety	<p>Include staff in decision making at all stages and risk assessing.</p> <p>Ensure staff are feeling comfortable with what they are being asked to do, mitigate risk as far as possible.</p> <p>Ensure a space away from children is available for breaks.</p> <p>Make details of counselling available to staff e.g. NOSS.</p> <p>Referral to Occupational Health for clarity on circumstances someone in school should be working under depending on health.</p> <p>Mental health, including anxiety is a recognised medical health need and should be treated in the same way as other medical needs by seeking additional information and working with staff member to ensure risks are reduced.</p>	Staff mental health	3	1 to 3	V low to Low	LE, RR, all staff,
Emotional distress of pupils	<p>Tailor the curriculum to the needs of the children – more PSHE and mental health activities. Teach in the outdoors as much as possible.</p> <p>Time for ‘Reach for the Top’ sessions for children who need it.</p> <p>Sign-post parents to external support where necessary.</p> <p>SEN pupils - review assessments to be able to further assist pupils who will not understand the changes.</p>	Children’s mental health	3	1 to 3	V low to Low	All staff
Positive asymptomatic Covid test	<p>Recommend, following DfE guidance, that staff should be testing twice weekly using a lateral flow test. Staff to inform RR should the test:</p> <ul style="list-style-type: none"> • positive lateral flow • void test • they choose not to complete a lateral flow test 	Children, staff and families getting Covid -19	1	1 to 5	V low to med	All staff
Cleaning						
Contamination from sharing	<p>Wash hands carefully after using the toilet, for 20 seconds and drying hands correctly</p> <p>Regular cleaning of toilets at the end of each day.</p>	Children, staff and	3	1 to 5	V low to	Children Cleaners

toilets	Only one child per class to go the toilet at a time during lesson time. Monitor use of toilets.	families getting Covid -19			Med	all staff
Surfaces of furniture contaminated	Daily cleaning at the end of the day. Adequate supply of cleaning materials. If a child coughs or sneezes wipe down the area with sanitiser- gloves and sanitiser stored in staff room.	Children, staff and families getting Covid -19	3	1 to 5	V Low to med	All staff Cleaners
Visitors						
Other adults in school	Parents remain outside and the children go to them. Staff to speak to parents outside or after school in classrooms. Any contractors appointments to be made to work in school when the children are not here if possible. All visits are timetabled to manage numbers. Visits can be made remotely or in person. When hosting visitors keep windows and doors open to ensure appropriate ventilation. Avoid visitors during drop off and pick up time. Maintain record of visitors – record visitors on the iPad. Visitors to be issued with a badge.	Children, staff and families getting Covid -19	2	1 to 5	V Low to med	LC, RR
Transport/Buses						
Travelling to and from school	Bus companies to consider implications. Children to hand sanitise as they get onto the bus.	Children, staff and families getting Covid -19				Bus companies
Communication						
Parents	Once ratified by governors this risk assessment will be sent to parents and put on the front page of the school website. This will be updated regularly.					LE, governors

Governors	Regular discussions with governors. Governors to ratify risk assessment.					LE governors
Staff meetings	Staff meetings to be held in person on Wednesday 3.45 – 5.00pm. Briefing meeting to be held in person on Tuesdays at 2:45 – 3pm. Messages emailed as much as possible.	Teachers	1	1-5	V.low-low	All staff
Curriculum						
School closure due to localised outbreak. Isolation of a group due to five positive tests.	Work will be set using Seesaw and Tapestry, this will follow the planned curriculum that would have been taught in school. Children will post their work back to these platforms for feedback. Printed resources will be supplied when necessary. Catch-ups with children via Seesaw, Tapestry, email, phone or Teams. Teacher explanations of activities could be recorded and put on Seesaw and Tapestry along with any worksheets needed for the children at do at home. Catch-up sessions on Teams or recorded explanations could be offered to support children with any misconceptions.	Children missing education	3	2 to 5	Low to med	All staff
Children self-isolating	Work to be set on Seesaw /Tapestry for each day of isolating.	Children missing education	3	2 to 5	Low to med	All staff
PE	To be taught outside where possible.	Children, staff and families getting Covid -19	2	1 to 5	V.low to med	Teaching staff TAs
Music	To be taught outside where possible. If it is inside ensure good ventilation. Singing – outside where possible. When inside, all children facing the same direction (position children side by side) with maximum ventilation – doors and windows open.	Children, staff and families getting Covid -19	2	1 to 5	V.low to med	Teaching staff TAs

Wrap Around Clubs

Parents collecting	Parents come to the main entrance and the children are brought through to them.	Children, staff and families getting Covid -19	1	1 to 5	V Low to low	Office staff
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01/09/2021 Amendments to risk assessment following PD day meeting today.

09/09/2021 Amendments to risk assessment due to updated SOP from Shropshire LA.

24/09/2021 Amendments to risk assessment due to update from Shropshire LA.