

June 2020

Risk Assessments for the Wider Opening of Schools in June 2020, During the Covid-19 Infection

In preparing for the wider opening of schools, in June 2020, the Trust has taken account of all guidance provided by the Government in our preparations.

Before each academy was allowed to open for more children, a certificate for wider opening was signed by our Director of Learning Environment, the Headteacher and the CEO. That certificate is to confirm that our risk assessments and the necessary control measures identified in them had all been completed and the school had completed all of its preparations in line with the Trust's 'Estates Management for Academies Commencing Operation Beyond Providers of EduCare' and 'Personal Protective Equipment Guidance for Academies Commencing Operation Beyond Providers of EduCare' and 'Personal Protective Equipment Guidance for Academies Commencing Operation Beyond Providers of EduCare' at <u>https://www.reachsouth.org/covid-19</u>

The certificates for wider opening also set out the total capacity of the school (adults and children) and the maximum number of children that can be admitted. These numbers are calculated from the actual space available in our class bubbles while we maintain the strict 2m social distancing within them. No academy is permitted to exceed that number of children on site so that we can all be assured that the social distancing requirements will be maintained.

In order to ensure that academies were fully prepared for opening, a risk assessment process has been undertaken to identify the control measures required and implemented before the certificates for wider opening could be signed. The summary of the risk assessments and control measures, carried out at each academy, are provided in this document.

Title: Covid-19 PPE Requirements

Project: Covid-19 Internal Ref: RC32 External Ref: PPF



General Information

Assessment Date: 20/05/2020 Next Review Date: 25/06/2020

Affected Parties: » Visitors » Employees » Public

» Contractors » Pupils

Risk Matrix

5. Extreme	5 (LOW)	10 (MED)	15 (MED)	20 (HIGH)	25 (HIGH)
4. Major	4 (LOW)	8 (MED)	12 (MED)	16 (MED)	20 (HIGH)
3. Minor	3 (LOW)	6 (MED)	9 (MED)	12 (MED)	15 (MED)
2. Limited	2 (LOW)	4 (LOW)	6 (MED)	8 (MED)	10 (MED)
1. Trivial	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)
	1. Unlikely	2. Rarely	3. Occasional	4. Frequent	5. Inevitable

RATING HIGH RISK Intolerable - Do not start work Tolerable - Reduce ALARP. Review annually/change. LOW RISK Tolerable - Monitor. Review annually/change.

#1. Transmission of Covid-19 virus from administering general first aid treatment.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Consider preventing or rescheduling high-risk activities to reduce the threat of a serious accident.

» Wherever possible make sure you wash your hands for 20 seconds with warm water and soap or use an alcohol gel, before and after treating a casualty.

» First aider to wear appropriate PPE at all times when providing first aid as follows:

- » Disposable gloves, disposable apron, FFP3 or FFP2 disposable respirator and a re-usable face shield.
- » After treatment, all surfaces that have been touched must be cleaned and disinfected.

» Disposable PPE & wipes should be disposed of after each use, double bagged, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

» Under no circumstances should PPE be placed on a child.

L	S	R
2	5	10

• #2. Transmission of Covid-19 virus from administering CPR first aid treatment.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
4	5	20

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.

» The first person to react to a situation requiring CPR may have to do so without the use of PPE to ensure immediate safety of the individual. They should be relieved as soon as possible by a person wearing full PPE.

» Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.

» If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives.

» We accept that doing rescue breaths will increase the risk of transmitting Covid-19 virus, but take the position that the risk is small compared to the risk of the person needing CPR dying. With this in mind, those trained to carry out CPR must choose whether they feel comfortable in carrying out rescue breaths as part of the resuscitation. The Trust will support the decision of any first-aider who chooses to carry out rescue breaths where they deem it necessary.

» Under no circumstances should PPE be placed on a child.

» Disposable PPE, cloths, towels & wipes should be disposed of after each use, double bagged, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

» *See information: https://www.resus.org.uk/media/statements/resuscitation-council-uk-statementson-covid-19-coronavirus-cpr-and-resuscitation/covid-community/

Final RISK Scoring (Likeliness x Severity = Risk)			
L	S	R	
3	5	15	

• #3. Transmission of Covid-19 virus to people from used PPE, equipment or waste.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» When removing PPE worn or when cleaning an area, all materials should be disposed of by double bagging the removed PPE, then store it securely for 72 hours, then throw it away in the regular waste recepticle.

» Wash hands with soap and water for 20 seconds after removing gloves, aprons, masks, face shield and other protection used while administering first aid treatment.

» Clean re-usable face shield after each use by cleaning the inside and outside of the mask using a suitable disinfectant cleaning wipe.

» The Public Health England guidance 'COVID-19: cleaning in a non-healthcare setting' can be found at https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

L	S	R
2	5	10

• #4. Transmission of Covid-19 virus when carrying out a physical restraint.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Personal risk assessments to be carried out by the school to determine whether the behaviour of an indivual may pose a threat to others in the classroom environment in this current pandemic state, indivuiduals considered to be high risk in this respect may be required to home school.

» The first person to react to a situation requiring restraint may have to do so without the use of PPE to ensure immediate safety of the individual. They should be relieved as soon as possible by a person wearing full PPE, including disposable gloves, disposable apron, FFP3 or FFP2 disposable respirator and a re-usable face shield.

» Wherever possible make sure you wash your hands for 20 seconds with warm water and soap or use an alcohol gel, after a physical restraint.

» Under no circumstances should PPE be placed on a child.

» Disposable PPE & wipes should be disposed of after each use, double bagged, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

L	S	R
2	5	10

• #5. Transmission of Covid-19 virus when carrying out intimate care.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» After removal of PPE make sure you wash your hands for 20 seconds with warm water and soap or use an alcohol gel, after carrying out intimate care.

- » Wear appropriate PPE at all times when carrying out intimate care as follows:
- » Disposable gloves, disposable apron, FFP3 or FFP2 disposable respirator and a re-usable face shield.
- » When changing nappies:

» Children in nappies must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed.

» Hand washing facilities must be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.

- » Wipe changing mats with soapy water and sanitise after each use.
- » Materials containing bodily fluids must be treated and disposed of as clinical waste.
- » Under no circumstances should PPE be placed on a child.

» Disposable PPE & wipes should be disposed of after each use, double bagged, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

L S R	Elikeliness x severity =	T(ISI()	
	L	S	R
	2	5	10

• #6. Transmission of Covid-19 virus when supervising isolated pupils.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Only use designated isolation spaces for isolation purposes.

»

» Wear appropriate PPE at all times when supervising isolated pupils as follows:

» - Disposable gloves, disposable apron, FFP3 or FFP2 disposable respirator and a re-usable face shield.

» Make sure you wash your hands for 20 seconds with warm water and soap or use an alcohol gel, after removing PPE.

» Supervisor to ensure pupil is supervised at all times, ensure a 2 metre distance is maintained wherever possible.

» Dedicated toilet facilities waste such as hand towels must be disposed of by double bagging, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

» Where there has been a symptomatic or suspected symptomatic person, all surfaces that they have touched must be cleaned and disinfected.

» Parents or carers to be contacted to collect child as soon as possible.

» Under no circumstances should PPE be placed on a child.

» Disposable PPE & wipes should be disposed of after each use, double bagged, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

L	S	R
2	5	10

#7. Transmission of Covid-19 virus when carrying out health questions on admittance.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Admitance staff to wash hands for 20 seconds with warm water and soap or use an alcohol gel, before and after receiving pupils, parents and guardians through reception area.

» Wear appropriate PPE at all times when carrying out health questions as follows:

» FFP3 or FFP2 disposable respirator.

» Disposable PPE should be disposed of after each use, double bagged, then stored securely for 72 hours, then throw it away in the regular waste recepticle.

» Important - remember social distancing is the most effective way of preventing transmission of the virus. Keep a 2 metre distance between you and other people whilst carrying out this task (and under no circumstance should you touch children).

» Floor markings will be used to manage seperation distance.

Final Risk Scoring (Likeliness x Severity = Risk)

L	S	R
2	5	10

• #8. Incorrect PPE, or incorrect use of PPE.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Employees issued with PPE must don and doff the PPE in accordance with the Reach South PPE guidance document.

» All PPE not issued and authorised by the school MUST be taken off prior entry to the school, and must be disposed of as a contaminated waste.

Final Risk Scoring (Likeliness x Severity = Risk)

L	S	R
2	5	10

Title: Covid-19 Transmission by Proximity

Project: Covid-19 Internal Ref: RC33 External Ref: Social Distancing

General Information

Risk Matrix

5. Extreme	5 (LOW)	10 (MED)	15 (MED)	20 (HIGH)	25 (HIGH)
4. Major	4 (LOW)	8 (MED)	12 (MED)	16 (MED)	20 (HIGH)
3. Minor	3 (LOW)	6 (MED)	9 (MED)	12 (MED)	15 (MED)
2. Limited	2 (LOW)	4 (LOW)	6 (MED)	8 (MED)	10 (MED)
1. Trivial	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)
	1. Unlikely	2. Rarely	3. Occasional	4. Frequent	5. Inevitable

» Visitors » Employees » Public

» Contractors » Pupils

RATING

HIGH RISKIntolerable - Do not start workMED RISKTolerable - Reduce ALARP. Review annually/change.LOW RISKTolerable - Monitor. Review annually/change.

#1. Transmission of Covid-19 virus from person to person by being in close proximity.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
4	5	20

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Establish occupancy levels of teaching spaces. Agreed Trust methodology is divide the floor area of the space (measured in square metres) by four to get the number of occupants permitted. Calculated maximum occupancy to be communicated by signage on each entrance door to the space which it serves.

» Teaching spaces to have floor markings for 2 metre x 2 metre boxes to give a simple visual guide of suitable spacings for room users.

» When using corridors, the wall must be on your left hand side, and only travel in single file, with a minimum spacing of 2 metres between the person in front and behind. The corridors will also have floor markings to aid keep a seperation distance of 2 metres between the two flow of pedestrian traffic. Where two way traffic in not possible due to narrow corridors, a give way system will be used. The control directly below will also minimise the risk of groupd meeting.

» Timetables to be adjusted to stagger entry and exit times for school users. Classroom changes also to be scheduled to limit movement through the school to a single class group at any one time.

» Reception desks to be fitted with temporary protective screens, where not already in place.

» Pupils and teaching staff to bring packed lunches, which are to be eaten in the classroom environment.

- » Teaching groups (bubbles) to be organised in such a way as to prevent mixing of groups.
- » Where practicable, teaching groups to use the same classroom.
- » Children to be assigned a chair and desk, and to use them whenever they are in that classroom.
- » Clothes and bags to be stored at desks, in such a way as to not create trip hazards (coats can be hung off the backs off chairs, and bags to be stored under the desk).

» During an emergency evacuation, social distancing measures may be ignored until persons arrive safely at the muster point. Once at the muster point, social distancing measures to be re-established. Floor markings will be laid to assist.

» Food brought from home will be eaten at the desk, or will be eaten outside with suitable social distancing (supervised).

» IMPORTANT - SOCIAL DISTANCING IS OUR MOST EFFECTIVE WAY TO PREVENT THE SPREAD OF THIS VIRUS. MAINTAINING A 2 METRE SEPERATION DISTANCE IS VITAL.

Final	Risk	Scoring	(Likeliness x Severity = Risk)
-------	------	---------	--------------------------------

L	S	R
2	5	10

Title: Covid -19 Presence of infected persons

Project: Covid-19 **Internal Ref:** RC34 **External Ref:** Infection Prevention and Management

General Information

Risk Matrix

5. Extreme	5 (LOW)	10 (MED)	15 (MED)	20 (HIGH)	25 (HIGH)
4. Major	4 (LOW)	8 (MED)	12 (MED)	16 (MED)	20 (HIGH)
3. Minor	3 (LOW)	6 (MED)	9 (MED)	12 (MED)	15 (MED)
2. Limited	2 (LOW)	4 (LOW)	6 (MED)	8 (MED)	10 (MED)
1. Trivial	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)
	1. Unlikely	2. Rarely	3. Occasional	4. Frequent	5. Inevitable

» Visitors » Employees » Public

» Contractors » Pupils

RATING

HIGH RISKIntolerable - Do not start workMED RISKTolerable - Reduce ALARP. Review annually/change.LOW RISKTolerable - Monitor. Review annually/change.

• #1. Presence of Covid-19 infected person in the school environment

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» All persons will be asked simple questions relating to their current state of health (specific to know Covid-19 symptoms), at the point of entry to the school. A visual assessment to be made for obvious visible symptoms of the virus. Parents or guardians of younger pupils may be also asked as whether their child has been in contact with anyone suspected of having the virus. If there is a real concern regarding the fitness of the person, they will be refused entry to the school. A uniform procedure will be issued to the schools in this respect.

» Each school to allocate three designated isolation spaces (in some cases due to space limitation it may not be possible to allocate 3 spaces. The minimum acceptable is 1 space). Isolation spaces must have their own dedicated toilet/hand washing facility, ideally located close to the isolation space.

» Should any person (that previously appeared well) develop Covid-19 symptoms whilst in the school premises, they must immediately be moved to an isolation space. Adults will be permitted to make their own way home if well enough (otherwise an abulance to be called). Where the person is a pupil, contact will be made with their parent/guardian to facilitate their collection.

» Should any person be diagnosed as Covid-19 positive, they must report this to the school office (parents/guardians to report on behalf of children).

» Upon receiving confirmation that a person that attended school has been diagnosed with Covid-19, the school will make immediate contact with the Trust, who in turn will make contact with Public Health England (PHE) and other local sources, and will seek guidance with regards to the appropriate action to be taken.

L	S	R
2	5	10

Title: Covid-19 Prevention by Cleaning

Project: Covid-19 Internal Ref: RC36 External Ref: Cleaning

General Information

Risk Matrix

5. Extreme	5 (LOW)	10 (MED)	15 (MED)	20 (HIGH)	25 (HIGH)
4. Major	4 (LOW)	8 (MED)	12 (MED)	16 (MED)	20 (HIGH)
3. Minor	3 (LOW)	6 (MED)	9 (MED)	12 (MED)	15 (MED)
2. Limited	2 (LOW)	4 (LOW)	6 (MED)	8 (MED)	10 (MED)
1. Trivial	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)
	1. Unlikely	2. Rarely	3. Occasional	4. Frequent	5. Inevitable

» Visitors » Employees » Public

» Contractors » Pupils

RATING

HIGH RISKIntolerable - Do not start workMED RISKTolerable - Reduce ALARP. Review annually/change.LOW RISKTolerable - Monitor. Review annually/change.

• #1. Transmission of Covid-19 virus to people from surfaces within the school environment.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» Cleaner to wear appropriate PPE when cleaning. Where there is no suspicion of persons having Covid-19, then follow the findings of your normal cleaning risk assessment. In cases where someone suspected of having Covid-19 in the area, then wear disposable gloves and an apron for cleaning. Where an area has been heavily contaminated (such as visible bodily fluids), from a person with Covid-19, then use eye protection and a FFP3 disposable mask (in addition to the gloves and apron).

» Remove non-essential fabric items (such as soft toys) from the area, that are difficult to clean. Note toys that are cleanable between uses are permissable, but effective cleaning must be monitored.

» For cleaning areas where a person showing Covid-19 symptons has been, use disposable cloths or paper roll and disposable mop heads. First clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.

» Where there has been a symptomatic person, all surfaces that they have touched must be cleaned and disinfected.

» The Public Health England guidance 'COVID-19: cleaning in a non-healthcare setting' can be found at https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

I find Kisk Sconing (Likeliness Sevency - Kisk)				
L	S	R		
2	5	10		

#2. Transmission of Covid-19 virus to people from used PPE, cleaning equipment or waste.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
3	5	15

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» When removing PPE worn for cleaning an area where someone with suspected Covid-19 has been, this should be disposed of by double bagging the removed PPE, then store it securely for 72 hours, then throw it away in the regular waste receptacle.

» Waste cleaning materials from cleaning an area where someone with suspected Covid-19 has been, should be disposed of by double bagging, then store it securely for 72 hours, then throw it away in the regular waste receptacle.

» Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

L	S	R
2	5	10

Title: Covid-19 Transmission by Proximity - In Emergency Situations

Project: Covid-19 Internal Ref: RC37 External Ref: Evacuation and Lockdown

General Information

Risk Matrix

5. Extreme	5 (LOW)	10 (MED)	15 (MED)	20 (HIGH)	25 (HIGH)
4. Major	4 (LOW)	8 (MED)	12 (MED)	16 (MED)	20 (HIGH)
3. Minor	3 (LOW)	6 (MED)	9 (MED)	12 (MED)	15 (MED)
2. Limited	2 (LOW)	4 (LOW)	6 (MED)	8 (MED)	10 (MED)
1. Trivial	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)
	1. Unlikely	2. Rarely	3. Occasional	4. Frequent	5. Inevitable

» Employees » Pupils

 RATING

 HIGH RISK
 Intolerable - Do not start work

 MED RISK
 Tolerable - Reduce ALARP. Review annually/change.

 LOW RISK
 Tolerable - Monitor. Review annually/change.

 #1. Transmission of Covid-19 virus from person to person by being in close proximity during emergency evacuation or lockdown.

Pre Control Scoring (Likeliness x Severity = Risk)

L	S	R
4	5	20

Consequence

Consequence may differ from person to person, severity ranging from being asymptomatic to death. Severity rating scored based on worst case outcome.

Control Measures

» During an emergency evacuation, social distancing measures may be ignored until persons arrive safely at the muster point. Once at the muster point, social distancing measures to be re-established. Floor markings will be laid to assist. When it is deemed safe to re-enter the building, social distancing must be maintained.

» Should an incident occur that requires a lockdown to be initiated, initially all pupils and teaching staff are to remain in their classroms (maintaining social distancing) unless told otherwise by the head teacher. The head teacher must ensure that the police are informed at the earliest opportunity, and their advice is followed. When it is safe to do so, the head teacher must ensure that the Trust are notified of the incident.

L	S	R
2	5	10