

Schools Covid-19 Risk Assessment v01.5 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 on 1 September 2021. It should be updated in line with guidance from the UK Government:

<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 \(www.gov.uk\)](https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings)

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: Newfield School

Date completed: Updated 23.8.21

Completed by: Newfield Senior Leadership Team

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?	RAG	Comment	Complete?
	Pupils	Adults				
1) Insufficient hygiene	✓	✓	1.1) Hand hygiene <ol style="list-style-type: none"> 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.; c) Where there are only a limited number of wash basins on site, schools may wish to consider installing more; 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; e) Pupils (and staff) wash hands for 20 seconds following PHE guidance. See "six steps to hand-washing" poster in KS2 lesson and NHS video; 		Posters to be displayed Letters sent to families Reminders to staff through weekly briefings and emails	

			<ul style="list-style-type: none"> f) Staff to help small children and those with complex needs to wash their hands thoroughly; g) Have prominently displayed hand washing posters throughout the setting in order to build regular hand washing into the culture of the school; 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 here i) Ensure hand sanitizer stations are located away from light switches, lift buttons and well clear of Bunsen burners in labs; j) Ensure use of hand sanitizer is supervised where necessary to avoid risk of ingestion; k) Increase the frequency at which bins are emptied regularly throughout the day if necessary; l) Incorporate time for hand washing/sanitising in timetables or lesson plans if necessary; m) Ensure that staff working with pupils who spit uncontrollably to have more opportunities to wash their hands than other staff; n) Ensure 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>1.2) Respiratory Hygiene</p> <ul style="list-style-type: none"> a) Promote the catch it, kill it, bin it approach – display posters prominently in classrooms and around school to continue to embed this into the culture of the school; b) Ensure all rooms are well ventilated; c) Ensure there are sufficient stocks of tissues in place for pupils and staff to use; d) Ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day; 		Remind new staff of guidance during induction	
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			<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>Back to top</p>			
<p>2) Transmission of virus through insufficient cleaning of surfaces</p>	✓	✓	<p>a) Follow the Covid-19: cleaning in non-healthcare settings guidance;</p> <p>b) Keep surfaces clutter free to facilitate regular cleaning;</p> <p>c) Identify and clean frequently touched surfaces in the setting at least twice a day using standard cleaning products and document. One of these times should be at the beginning or the end of the working day;</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>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 donning and doffing of PPE. Refresh regularly and document;</p> <p>i) All staff should complete the Me Learning 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>Practices in places as follows:</p> <p>Hand washing posters in all bathrooms/ child friendly/ symbol versions</p> <p>Handwashing after every sneeze and cough and visit to the bathroom and every time a person changes rooms or enters building and before lunch.</p> <p>Children with are supervised washing hands/using hand sanitiser to ensure correct usage.</p> <p>Sanitizer in each classroom and by all entrance doors and in public areas of school-</p> <p>Bins with lids in each classroom and public areas. These are</p>	

			<p>l) Consider identifying the most frequently touched surfaces such as door release buttons, door plates, handles etc. with coloured stickers as a visual reminder for frequent cleaning.</p> <p>Back to top</p>		<p>emptied at least daily and more if needed as indicated by frequency of use.</p> <p>Staff to be reminded of all above in training</p>	
3) Transmission of virus through insufficient ventilation			<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 assemblies. Information to help with this is available from the HSE and CIBSE</p> <p>b) Adjust mechanical ventilation systems to increase the ventilation rate wherever possible. Maintain in accordance with the manufacturers recommendations;</p> <p>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);</p> <p>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;</p> <p>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;</p> <p>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.</p>			

			<p>g) In cooler weather, open windows enough to provide constant background ventilation at all times when classrooms are in use;</p> <p>h) Open windows more fully during all breaks to purge the air in the space;</p> <p>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;</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&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>Back to top</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"> • IIR Face mask if a distance of 2 metres cannot be maintained; • Disposable gloves, disposable plastic 			<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 when to self-isolate and what to do;</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 COVID-19 symptoms, 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>At Newfield School we acknowledge that, due to the support needs of the vast majority of our pupils, it is not possible for staff to social distance from pupils. Parents are made aware of this. Where appropriate pupils are taught about social distancing, the need for it and how to do it if they can.</p>	

<p>apron and IIR face mask if contact is necessary;</p> <ul style="list-style-type: none"> • Eye protection if a risk assessment determines that there is a risk of fluids entering the eye e.g. from coughing, spitting or vomiting. <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 donning and doffing guidance. More information on PPE use in education can be found here;</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 donning and doffing guidance. This, along with disposable cleaning cloths and tissues, should be put it 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 PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection.</p> <p>m) Identify individuals who have mixed closely (see Contingence Framework p19-20) with a confirmed positive case and send a template letter home advising them to have a PCR test. They can still attend school 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 edresponseteam@blackburn.gov.uk as soon as possible;</p>		<p>All pupils have Individual Infection Control Risk Assessments (IICRA). This indicates when staff should wear PPE to support the pupils and what PPE they should wear for each type of support. Staff MUST wear PPE as indicated in the risk assessments but are at liberty to wear full PPE (ensuring they follow their training) for sessional use if they chose to do so. Staff are all trained in donning and doffing procedures with additional support from the school nursing team. All PPE is provided by school and is compatible with PHE and NHS recommendations. Staff should refrain from wearing their own face coverings whilst working with the children.</p>	
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			<p>o) Monitor all positive cases within 10-days in order to establish when threshold for seeking additional Public Health (see Contingency Framework p8) advice has been met. Contact edresponseteam@blackburn.gov.uk 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>In exceptional circumstances</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"> • use a vehicle with a bulkhead or partition that separates the driver and passenger; • the driver and passenger should maintain a distance of 2 metres from each other; • the driver should use PPE, and the passenger should wear a face covering if they are old enough and able to do so. <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>4.3) Confirmatory PCR tests</p> <p>a) Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance;</p> <p>b) They will need to get a free PCR test ;</p> <p>c) While waiting for the PCR test result, they should continue to self-isolate;</p>		<p>If staff are using public transport they are responsible for storing their face covering securely and out of reach of children during the school day</p>	
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			<p>d) If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil/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 here.</p> <p>4.4) Transport</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 (unless exempt);</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>4.5) Self-Isolation for close contacts</p> <p>From 16 August, close contacts do not need to self-isolate if any of the following apply:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>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;</p> <p>b) Staff do not need to inform school if they are a close contact but are exempt from self-isolation;</p> <p>c) Where staff <i>do</i> 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</p>		
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			<p>Trace workplace guidance (this applies to staff close contacts only):</p> <ul style="list-style-type: none"> • 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. <p>Back to top</p>			
<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"> • IIR Face mask if a distance of 2 metres cannot be maintained; • Disposable gloves, disposable plastic apron and IIR face mask if contact is necessary; • Eye protection if a risk assessment determines that there is a risk of fluids entering the eye e.g. from 	✓	✓	<p>a) All staff should know how to safely put on and take off PPE (refresh regularly and document), please see PHE links to donning and doffing of PPE.</p> <p>b) All staff should complete the Me Learning 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"> • cover both nose and mouth; • not be allowed to dangle around the neck; • not be touched once put on, except when carefully removed before disposal; • be changed when they become moist or damaged; • be worn once and then discarded - hands should be cleaned after disposal. <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 Section 4.1 f) above;</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 here;</p>		<p>All staff completed donning and doffing training</p> <p>School has implemented procedure where staff/ SEN advisory visitors advised to wear visors when working within 2m of child is unavoidable for learning in addition to hand hygiene measures.</p> <p>SEN advisory visitors follow school Co-vid Guidelines</p> <p>School has good stocks of all hygiene items including tissues and hand sanitiser.</p>	

coughing, spitting or vomiting. N.B. A cloth face covering is NOT regarded as PPE.			<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>i) Additional PPE is needed if aerosol generating procedures (AGPs) are carried out in school.</p> <p>Back to top</p>			
6) Risks to vulnerable groups within the school population	✓	✓	<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 clinically extremely vulnerable to follow the advice set out in the letter.</p> <p>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 clinically extremely vulnerable (CEV)</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>d) Further information is available in the guidance on supporting pupils at school with medical conditions.</p> <p>6.2) Staff who are clinically extremely vulnerable</p> <p>a) Staff who are Clinically Extremely Vulnerable (CEV) should follow current government advice available here;</p> <p>b) A robust risk assessment must be carried out using the Covid 19 People Risk Assessment – Education (Appendix 1). Contact: health.safety@blackburn.gov.uk for the latest version;</p>			

			<ul style="list-style-type: none"> 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; 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; 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; f) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace. g) Where staff have characteristics that put them more at risk (see Covid-19: review of disparities in risks and outcomes report) and are concerned about returning to work, discuss concerns and risk assess individually; 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>6.3) Pregnant staff (classed as clinically vulnerable)</p> <ul style="list-style-type: none"> 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: health.safety@blackburn.gov.uk for the latest version. <p style="text-align: right;">Back to top</p>			
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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>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>Back to top</p>			
8) Wraparound provision and extra-curricular activity	✓	✓	<p>a) Follow Covid 19: Actions for Out Of School Settings and risk assess separately according to activities offered.</p> <p>Back to top</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 health.safety@blackburn.gov.uk for any support required. If not, please contact your Health and Safety provider.</p> <p>Back to top</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>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.</p> <p>1.1) In the first instance:</p> <ul style="list-style-type: none"> a) Review and reinforce the testing, hygiene and ventilation measures already in place making any proportionate changes necessary; b) Consider whether any activities could take place outdoors, including exercise, assemblies, or classes; c) Consider ways to improve ventilation indoors, where this would not significantly impact thermal comfort; d) Consider one-off enhanced cleaning focussing on touch points and any shared equipment; <p>1.2) Face coverings</p> <ul style="list-style-type: none"> a) Face visors or shields should not be worn as an alternative to face coverings. Use after carrying out a risk assessment for the specific situation and clean appropriately according to manufacturer's instructions; 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; 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 unless exempt; 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 link for instructions to staff, children and young people on how to put on, remove, store and dispose of face coverings; 			
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			<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 is here;</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 safe working in 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>			
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			<ul style="list-style-type: none"> j) Transparent face coverings can be worn to assist communication with someone who relies on lip reading, clear sound or facial expression to communicate; 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. l) Have a small contingency supply of face coverings in school for people who are unable to access them for any reason, have forgotten to bring one to school or where a face covering has become damp, soiled or unsafe. <p style="text-align: center;">Back to top</p> <p>1.3) Bubbles</p> <ul style="list-style-type: none"> a) 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; b) Keep bubbles apart from one another where possible; c) Limit interaction, sharing of rooms and social spaces between groups as much as possible; d) Allow mixing for specialist teaching, transport and wraparound care; e) All teachers and other staff can operate across different classes and year groups to facilitate the delivery of the timetable and specialist provision; f) Where staff move between groups, they should try and keep 2m distance from pupils and other staff as much as they can; g) Try to minimise the number of interactions or changes wherever possible; h) 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; i) Arrange classrooms with forward facing desks with pupils seated side by side and facing forwards, rather than face to 			
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			<p>face or side on. This might include moving unnecessary furniture out of classrooms to make more space;</p> <ul style="list-style-type: none"> j) Depending on the age of the children, and their needs, staff should maintain 2 meters distance as much as possible; k) Staff maintain 2 metres distance from each other as much as possible; l) Limit interaction and the sharing of rooms and social spaces between groups as much as possible. <p>Back to top</p> <p>1.4)Secondary schools</p> <ul style="list-style-type: none"> 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); 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; c) Consider year group bubbles to facilitate the full range of specialist teaching at KS4 and 5; d) If it is possible to be able to deliver the full range of curriculum subjects, consider smaller bubbles; 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; f) Keep pupils in one bubble separate from pupils in another where possible; g) Ask pupils to keep their distance from each other where possible; 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. <p>Back to top</p>			
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			<p>1.5)Primary schools</p> <p>Increase use and frequency of LFD testing by staff;</p> <ul style="list-style-type: none"> 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. <p>1.6)Shielding</p> <ul style="list-style-type: none"> a) Reintroduction of shielding will be a decision made by national government only. Be aware of staff and students on the Shielded Patient List (SPL) and plan for reintroduction if advised. <p style="text-align: center;">Back to top</p> <p>1.7) Restricted Attendance</p> <ul style="list-style-type: none"> a) This will be advised only as a last resort with priority given to vulnerable children and the children of critical workers; b) Have plans in place to move to restricted attendance at short notice; c) Ensure that highquality remote education is provided to all pupils or students not attending. <p style="text-align: center;">Back to top</p> <p>1.8)Other measures</p> <ul style="list-style-type: none"> a) Limit residential educational visits. Contact: julie.hemingway@blackburn.gov.uk for support; b) Limit open days; c) Limit transition or taster days; 			
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			d) Limit parental attendance in settings; e) Limit live performances; f) Move from whole school/year group assemblies to online delivery in classrooms. e)			
			Back to top			

Head Teacher Signature: Rik Robinson **Date:** 08.03.2021 **Date of Review:** 23.08.2021

Chair of Governors/Trust CEO: Sara Barr-Frost **Date:** 08.03.2021 **Date of Review:** 23.08.2021

Local Authority/Trust CEO: **Date:** **Date of Review:**

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.