

Full Opening of Schools from September 2020 Covid-19 Risk Assessment v01 03/07/2020



The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection as schools welcome all pupils back in September 2020. 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>

Also see <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#contents>

This is a generic risk assessment, which should be built upon to suit individual schools. All actions should be immediate and reviewed in line with guidance updates.

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.

New fire evacuation procedures should be practiced within the first week after full opening.

Adults includes staff who work at the setting, visiting staff, contractors, parents, volunteers and essential maintenance workers. Visitors should be only those necessary for the safe operation of the establishment.

Title / Activity: Newfield School

Date completed: 9th July 2020 updated 1st October 2020

Completed by: Newfield Senior Leadership Team

The “system of control” which should be at the heart of how the school operates is in two parts and is as follows:

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school;
- 2) clean hands thoroughly more often than usual;
- 3) ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach;
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach;
- 5) minimise contact between individuals and maintain social distancing wherever possible by putting in place measures that suit the individual schools particular circumstances;
- 6) where necessary, wear appropriate personal protective equipment (PPE) in specific circumstances as identified below

POINTS 1 TO 4 MUST BE IN PLACE IN ALL SCHOOLS ALL OF THE TIME.

Response to any infection:

- 7) engage with the NHS Test and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the school community
- 9) contain any outbreak by following local health protection team advice

NUMBERS 7 TO 9 MUST BE FOLLOWED IN EVERY CASE WHERE THEY ARE RELEVANT.

Actions

Letter

Parents/carers notify school ***immediately*** if either their child or someone in the child’s household is displaying symptoms of Covid-19 and follow the PHE “Stay at Home” guidance as above and arrange to have a test. Ensure a letter has been sent home informing them of symptoms and a link to the [guidance](#)

- Send out parent reminder before start of term
- 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 it 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.

Prevention

What is the hazard?	Who might be harmed?		What are you doing about it?	RAG	Comment	Complete?
	Pupils	Adults				

A)System of control not being embedded in operational practice.	X	X	Repeat and emphasise the system of control in staff meetings, written briefings, posters displayed in school in 'easy read' format, other languages etc to maximise accessibility. Isolate, wash hands, good respiratory hygiene, cleaning, distance, PPE. This risk assessment will also be revisited weekly by SLT		Posters to be displayed	✓
1)Contact with individuals who are unwell - ensure that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school;	X	X	<p>1.1) Child or adult with symptoms outside school</p> <p>a) Staff (and other adults working in the school) notify school immediately if either they or someone in their home is displaying symptoms of Covid-19 infection and follow the PHE stay at home guidance which sets out that they must self-isolate for at least 7 days and should arrange to have a test to see if they have coronavirus (Covid-19).</p> <p>b) Parents/carers notify school immediately if either their child or someone in the child's household is displaying symptoms of Covid-19 and follow the PHE "Stay at Home" guidance as above and arrange to have a test. Ensure a letter has been sent home informing them of symptoms and a link to the guidance. This includes the children of key workers;</p> <p>1.2) Child or adult who develop symptoms in school</p> <p>a) If it is a member of staff and they can drive themselves home, they should do so immediately;</p> <p>b) All areas they have been should be cleaned down using schools usual cleaning materials following PHE guidance;</p> <p>c) Decide on rooms within the setting which can be used as isolation rooms and identify with appropriate signage if in use;</p> <p>d) Where an adult needs to be collected, they should be removed to a room where they can be isolated with the door closed and a window open for ventilation.</p> <p>e) If a child is awaiting collection, they should be moved, if</p>		<p>Remind staff of guidance on training day 31st August.</p> <p>HT to send out reminder of guidance to parents before start of Autumn term.</p> <p>These practices already in place and appropriate cleaning products purchased and available for use by all staff. Daily cleaning schedules with times, dates and cleaning actions in operation. Isolation room marked and known to all staff.</p>	

			<p>possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child and with appropriate adult supervision if required.</p> <p>f) PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). They must follow the donning and doffing guidance. Ideally, a window should be opened for ventilation. More information on PPE use can be found here.</p> <p>g) If it is not possible to isolate them, move them to an area that is at least 2 metres away from other people. If they need to use the toilet, a separate one to the rest of the school population should be used if possible.</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 in a plastic rubbish bag and tied it 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) The supervising adult should wash their hands thoroughly for 20 seconds with soap and warm water. At this point, they do not need to go home.</p> <p>j) Record which staff have looked after/had contact with the symptomatic child;</p> <p>k) In an emergency, call 999 if the person is seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.</p> <p>l) The isolation room, bathroom and anywhere else the symptomatic person has been should be cleaned after they have left following PHE guidance;</p> <p>m) Consider removing the rest of the children and staff to a different part of the school while cleaning takes place.</p> <p>n) The symptomatic pupil or adult should be tested for Covid-19.</p>		<p>All staff completed Donning and Doffing training (May 2020)</p> <p>All bubbles have PPE bins with instructions regarding disposal attached.</p> <p>First aid book used for this purpose</p>	
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					Staff to be reminded of these procedures on training day 31 st August.	
2) Transmission of virus due to insufficient hand hygiene	x	x	<ul style="list-style-type: none"> a) Schools must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating; b) Wash bowls to be provided to enable children in wheelchairs to access handwashing regularly. The water must not be shared between pupils and must be disposed of into the sink. c) Ensure access to soap, warm water, paper towels and hand sanitizer and skin friendly sanitizer wipes if appropriate in all classrooms and social areas; d) Pupils (and staff) wash hands for 20 seconds following PHE guidance. See "six steps to hand-washing" poster in KS2 lesson and NHS video; e) Staff to help small children and those with complex needs to wash their hands thoroughly; f) Include hand washing in lessons and specifically teach the skill if appropriate for the pupils g) Have prominently displayed hand washing posters throughout the setting in order to build regular hand washing into the culture of the school; h) Ensure hand sanitizer stations are located away from light switches, lift buttons i) Ensure use of hand sanitizer is supervised where necessary to avoid risk of ingestion; j) Ensure bins emptied regularly throughout the day. 		<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</p>	✓

					<p>areas. These are 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 31st August.</p>	
3) Transmission of virus due to insufficient respiratory hygiene	x	x	<p>3.1) Face coverings</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.</p> <p>Where appropriate pupils are taught about social distancing, the need for it and how to do it if they can.</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> <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>		<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>All pupils have Individual Infection Control Risk Assessments (IICRA). This indicates when staff should wear PPE to support the pupils and what PPE they</p>	✓

					<p>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> <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>3.2) Ensuring good respiratory hygiene</p> <p>a) Promote the catch it, kill it, bin it approach – display posters prominently in classrooms and around school in order to embed this into the culture of the school;</p> <p>b) Ensure all rooms are well ventilated; School air and ventilation systems are set to recommended settings as per guidance from HSE https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm Guidance from Chartered Institute of Building Services Engineers has also been consulted. The following system of control underpins practice in school:</p> <ul style="list-style-type: none"> - Open windows where possible - Open doors where possible (not fire doors) - Spend as short a time as possible in rooms with no external opening door or windows - Ensure corridors are subject to extra robust cleaning <p>c) Schools must ensure there are sufficient stocks of tissues in place for pupils and staff to use;</p> <p>d) Schools must ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day;</p> <p>e) Schools must ensure young children and those with complex needs receive support and are able to get this right;</p> <p>f) Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education.</p>		<p>All staff completed donning and doffing training (May 20)</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 adopts a policy of no visitors unless authorised by the Headteacher.</p> <p>School has good stocks of all hygiene items including tissues and hand sanitiser.</p>	
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4) Transmission of virus through insufficient cleaning of surfaces	X	X	<p>a) By the end of the summer term, Public Health England will publish revised guidance for cleaning non-healthcare settings to advise on general cleaning required in addition to the current advice on COVID-19: cleaning of non-healthcare settings guidance.</p> <p>b) Follow the Covid-19: cleaning in non-healthcare settings guidance;</p> <p>c) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE.</p> <p>d) All staff should complete the MeLearning course 'Infection Prevention Control for Frontline Workers'.</p> <p>e) Appropriately trained and designated staff clean frequently touched surfaces before the start of each school day using the school's standard cleaning products. These surfaces include- door handles, hand rails, chairs, desks, IT equipment, toys, play equipment, mobile phones, toilet doors, flush handles, taps, bin lids, dining tables, etc.</p> <p>f) Bins used to dispose of cleaning materials such as sanitizing wipes and paper towels should be lidded. The rubbish should be double bagged before disposal with each bag being sealed separately.</p> <p>g) Cleaning materials ordered by Caroline Richens and issued by Bill Trezise. Stock control is the responsibility of the site team.</p> <p>h) Supervising staff mirror this cleaning regime (including personal mobile phones and tablets) throughout the day during transition times e.g. break, lunch, while pupils are outside, changing from one type of activity to another;</p> <p>i) Evidence cleaning routine – use tick sheet signed and dated by the person carrying out the cleaning for each area.</p> <p>j) 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.</p> <p>k) Uniforms do not need to be cleaned any more often than usual, nor do they need to be cleaned using methods which are different from normal.</p>		<p>Update when new PHE revised guidance is published.</p> <p>All staff completed donning and doffing training (May 20).</p> <p>Site staff are trained in cleaning touch points and surfaces and are currently carrying this out daily using appropriate products and tick lists dated and timed to demonstrate when cleaning takes place.</p> <p>Bins with lids in each changing/toilet facility and public areas. These are emptied at least daily and more if needed as indicated by frequency of use.</p> <p>Site supervisor checks stocks daily.</p> <p>Sanitizer in each classroom and by all entrance doors and in public areas of school-</p>	✓
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<p>5) Transmission of virus through contact between individuals</p> <ul style="list-style-type: none"> Schools must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum. Schools should strike a balance between both reducing the number of contacts between children and staff through keeping groups separate (in 'bubbles'), and through maintaining distance between individuals. It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch staff 	X	X	<p>5.1 Groupings in school</p> <p>a) the school will be split into two bubbles; SEND and Autism. Practice Principles are agreed by all staff and these indicate that:</p> <ul style="list-style-type: none"> close contact time should be minimised Side on contact with pupils and other staff should be prioritised For face to face contact e.g. intensive interaction a face shield should be worn Keep contacts to a minimum <p>b)staff should not move unnecessarily between the 2 sites. If they do social distance should be maintained and all elements of the schools systems of control. Staff should minimise their visits to office spaces/ other classrooms and use other modes of communication (phone/ email) where possible</p> <p>d)in circumstances when absence cover is needed between the 2 bubbles staff should make themselves aware of each pupils Individual Infection Control Risk Assessment and follow this carefully. Absence cover will be drawn from:</p> <ul style="list-style-type: none"> * 'in bubble' * within school but outside of bubble * exclusive agreed supply * if all else fails, consideration of closure, or partial closure, of a group <p>d)distancing between pupils should be encouraged and where pupils can understand this it should be taught and explained to them.</p> <p>5.2 In Classrooms</p> <ul style="list-style-type: none"> a) Ensure good ventilation at all times; b) Staff should avoid close face to face contact and minimise time spent within 1 metre of anyone; c) This will not be possible when working pupils who have complex needs or who need close contact care. These pupils' educational and care support should be provided as normal; d) Where pupils are old or able enough, they should be supported to maintain distance and not touch staff and their peers where possible through reminders from staff and 		<p>Practice Principles to be agreed and developed by staff</p> <p>School operates in two strict bubbles (School for Autism and School for SEND) for both children and staff.</p>	
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where possible.			<p>appropriate signage;</p> <p>e) Adapt classrooms to facilitate more distancing by removing unnecessary furniture;</p> <p>f) Optimise respiratory hygiene by having pupils facing forwards rather than face to face or side on.</p> <p>g) If singing is featured as part of lessons or indoor activities maintain distance and use a face shield/ visor</p> <p>5.3 Physical activity in schools</p> <p>a) Pupils should be kept in their consistent groups (bubbles);</p> <p>b) Sports equipment should be thoroughly cleaned between each use by different bubbles;</p> <p>c) Contact sports should be avoided;</p> <p>d) Prioritise outdoor sports;</p> <p>e) Use large indoor spaces where using outdoor space is not possible;</p> <p>f) Pay scrupulous attention to cleaning and hygiene due to the way people breathe during exercise;</p> <p>g) Do not use indoor gyms</p> <p>h) External facilities can be used in line with government guidance for the use of, and travel to and from, those facilities;</p> <p>i) Schools can work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that this is safe to do so following the protective measures in place in school;</p> <p>j) Schools should refer to guidance on the phased return of sport and recreation and guidance from Sport England for grass root sport;</p> <p>k) Also refer to advice from organisations such as the Association for Physical Education and the Youth Sport Trust.</p> <p>5.6 Measures elsewhere</p> <p>a) Keep groups of pupils apart by avoiding large gatherings such as assemblies or collective worship;</p> <p>b) Minimise movement around school where possible – have staff rather than pupils move if feasible;</p>		<p>Staff still distancing as much as possible but are also wearing full PPE as indicated in Child's Individual Infection Control Risk Assessment</p> <p>School operating no volunteer policy until further notice</p> <p>Large gatherings such as assemblies not to take place until further notice</p>	
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			<ul style="list-style-type: none"> c) Staff should ensure pupils do not move around the building unnecessarily e.g. into an office to deliver a message d) Stagger movement times and avoid bottlenecks at entrances/exits; e) Continue to operate one way systems with appropriate signage in place; f) Pupils will eat lunch in their classrooms to minimise larger gatherings g) Food will be transported to classrooms safely in trolleys and managed safely by staff within the classroom h) School kitchens should be fully open for the Autumn Term and must comply with the guidance for food businesses on coronavirus (COVID-19). i) When engaged in MOVE sessions stringent hygiene and transition management measures taken j) Staff should ensure they are maintaining social distancing when on PPA time k) Minimise use of staff room and ensure access to cleaning products for staff to wipe surfaces etc. before and after use. l) Alternative breakout spaces for staff provided at lunchtimes m) Staff breaks split into morning and afternoon slots 		<p>Breaks and lunches staggered to ensure limited amount of mixing between classes within a bubble.</p> <p>Lunches: Each kitchen will have 3 trolleys. Lunches per class will be placed on trolleys ready for collection</p> <p>5 minute rota system to operate – class staff to collect trolleys from kitchen</p> <p>Site team to collect trolley (empty) from classes return to kitchen wipe down</p> <p>Trolley then back into the rota system for next class collection</p> <p>Each class to have a plastic box with lid to be placed on worktop for dirty plates</p> <p>Each class to have a bin bag for waste food</p>	
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			<p>5.7 Arriving and leaving school</p> <p>a) Please refer to Section 2 of the full opening guidance for</p>	<p>Class to place all plates and cutlery in the box and waste in the black bag and store next to their kitchen area in class ready for collection</p> <p>Site team and kitchen staff to start to collect boxes and rubbish from each classes - these won't be in class for longer than an hour max and that will be for the first collection class only. The site team can start to collect at 12.35pm for class and kitchen can help at 12.45pm</p> <p>Staff to clean surfaces in staffroom after use. Communicate in training 31st August.</p> <p>Children to be transported in bubbles</p> <p>Parents asked not to</p>	<p>Staff to be reminded clean surfaces in staffroom after use.</p>
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			<p>details regarding the use of dedicated school transport. Schools may wish to consider this as a separate risk assessment.</p> <ul style="list-style-type: none"> a) Parents/carers and pupils should be encouraged to avoid using public transport and walk to school where possible. b) Families and staff using public transport should refer to the safer travel guidance for passengers. a) Keep parents/carers informed of new routines and remind them not to gather in groups or enter the school grounds without an appointment; b) Maintain/adjust drop-off/pick-up protocols as necessary and inform parents/carers; c) All staff and pupils must wash their hands on arrival at school; <p>5.8 Other considerations</p> <ul style="list-style-type: none"> a) Where there is no alternative but to arrange face to face meetings with a parent/carer, only one person plus an interpreter should attend. Ensure the room is well ventilated and large enough to allow for social distancing; b) Consider the use of screens at such meetings and at the main school reception; a) The use of supply teachers and support staff will be kept to minimum. If they are used they will be drawn from a bank that only exclusively work at Newfield. All supply staff and therapists will be provided with guidance and expectations regarding protocols they must follow when in school. b) Maintain established Covid-19 procedures for contractors and similar visitors to the school site, arranging for them to come out of school hours where possible and ensuring a record is kept of who has been on site; c) Ensure that pupils have their own set of frequently used resources such as pens, pencils, maths equipment etc. kept in a wipeable case; d) Classroom based resources, such as books and games, can now be used and shared within the bubble; these should be cleaned regularly, along with all frequently touched surfaces using standard cleaning products. Keep a track of what has 		<p>enter school unless agreed by Headteacher</p> <p>School has implemented a “no cash” payment policy.</p> <p>No visitor policy introduced in school. Phone or conference meetings to be used as alternative</p> <p>Supply agencies not be used.</p> <p>Bank of 3 exclusive staff members (Julie, Linda and Jackie) to be used in emergencies</p> <p>Contractor visits to be arranged outside school hours wherever possible. If emergency dictates an urgent visit they</p>	
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			<p>been cleaned, by whom and when and evidence this with a tick sheet;</p> <p>e) Resources shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and meticulously and always between bubbles, or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles. Again, keep a track of and evidence this as above;</p> <p>f) Continue to limit the amount of equipment pupils bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones, all of which can be brought in in a bag;</p> <p>g) Pupils and teachers can take books and other shared resources home but only where necessary. Staff and pupils should clean hands before and after using these resources, and they should be cleaned and quarantined. Home school diaries will be replaced with Evidence for Learning.</p>		<p>will be accompanied round site by member of staff and asked to adhere to visitor policy.</p> <p>No children currently attend more than one setting.</p> <p>Staff have own equipment. Computers/ iPads are cleaned after use.</p> <p>All resources which are cleanable are cleaned at end of school day by staff and noted on cleaning list s in classrooms.</p>	
6) Transmission of virus due ineffective use of PPE	x	x	<p>a) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE.</p> <p>b) All staff should complete the MeLearning course 'Infection Prevention Control for Frontline Workers'.</p> <p>c) Staff should wear PPE where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained as in Section 1.2 f above;</p> <p>d) 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>e) Staff should wear PPE as per BwD guidance for First Aiders in</p>		<p>All staff completed donning and Doffing training (May 20).</p> <p>PPE to be worn as indicated in child's individual infection control risk assessment</p>	✓

			Appendix A. f) For more specific guidance on safe working in education, click here .			
Response to infection						
7) Test and Trace By the autumn term, all schools will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.	x	x	a) Schools must ensure they understand the procedures they must follow in the PHE NW Test and Trace document below:  Updated PHE NE TTI Procedures for School b) Schools must communicate with staff and parents/carers so that they understand they must be ready to book a test if they or a child is displaying symptoms, give details of anyone they have been in close contact with if they test positive or are asked by a contact tracer and self-isolate if they have been in close contact with someone who develops coronavirus (Covid-19) symptoms or someone who tests positive for coronavirus (Covid-19); c) Schools must ask staff and parents/carers to contact them immediately if the result is negative. d) If the result is positive , they must follow the stay at home guidance for households with possible or confirmed Coronavirus (Covid-19) and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste.		This message has already been communicated to parents but will be to be reiterated in staff training 31 st August and in parent email just before children return to school.	✓
8) Manage confirmed cases of coronavirus (COVID-19) amongst the school community	x	x	a) If school becomes aware that someone who has attended the setting has tested positive, they must contact the local health protection team on 0344 225 0562 . b) This team will also contact schools directly if they become aware that someone who has tested positive for		This message to be shared with staff in training 31 st August.	✓

			<p>coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.</p> <p>c) The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the time when they were infectious and ensure they self isolate. For details on the definition of “close contact” and for further details of the action school may be asked to take, see here (scroll through Section 1 to point 8);</p> <p>d) Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.</p>			
9) Contain any outbreak by following local health protection team advice	x	x	<p>a) If schools have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and must continue to work with their local health protection team who will be able to advise if additional action is required.</p>		This message has been shared with SLT.	✓
Risks involving school operations						
10) Transmission of virus on transport	x		<p>10.1) Dedicated school transport (services that are used only to carry pupils to school. This includes statutory home to school transport, but may also include some existing or new commercial travel routes, where they carry school pupils only).</p> <p>DFE will publish separate guidance shortly</p> <p>Newfield will liaise with transport to provide information about which bubbles staff and pupils are in to enable to arrange transport as safely as possible</p> <p>a) On arrival and dismissal the pupils will enter and exit the building in an orderly manner. Staff will supervise to ensure there is no crowding or ‘bottle neck’</p> <p>b) If vehicles park at school pupils to remain on board until there is sufficient space for them to disembark safely</p>		<p>Liaise with transport but their responsibility overall.</p> <p>Check DFE guidance regularly as update is due</p>	✓

			<ul style="list-style-type: none"> c) If pupils can and want to wear face coverings this will be arranged between transport and parents d) Communicate protocols and expectations to parents and pupils before the start of the Autumn Term. e) If a child is displaying symptoms on the vehicle the passenger assistant should notify transport and parents and take the child (and any siblings) straight home. They should not bring them to school or disembark them from the vehicle. Individual or exceptional circumstances should be discussed and resolved by transport coordinator and a member of Newfield SLT. f) For more detail, click here. <p>10.2) Public transport</p> <ul style="list-style-type: none"> a) Encourage parents/carers, staff and pupils to walk or cycle to school; b) Investigate working with the LA to secure funding to support walking or cycling to school. c) Ensure families and staff who use public transport are aware of the safer travel guidance for passengers. 			
11) Risks to vulnerable groups within the school population	x	x	<ul style="list-style-type: none"> a) School should be aware of any pupil, staff or family member with a serious underlying health condition; b) Any school roles which can be done from home should be if feasible and appropriate (e.g. administrative roles); <p>11.1) Shielding/self-isolating pupils</p> <ul style="list-style-type: none"> a) From August 1st, shielding advice may be paused. Any children on the shielding patient list will be able to return to school as will those with shielding relatives. Current shielding guidance is here; b) Schools must work with the LA to be aware of any increase in local infection rates which could lead to vulnerable children (or family members) being asked to shield again; c) Parents/carers with children under the care of a specialist may need to take advice from them before returning to school; Individual risk assessments are in place for children requiring AGPs to ascertain whether or 		<p>SLT to liaise with health care providers to ensure pupils are risk assessed and supported appropriately on an on-going basis</p> <p>School aware which families are in this category. SLT has discussed with relevant parents, communicating school safety</p>	

			<p>not they attend school</p> <p>d) Have remote education in place for any pupils unable to attend due to clinical/public health advice;</p> <p>e) Communicate Covid-19 control measures in place in school to provide reassurance to families where pupils/relatives have been shielding or where there are increased risk factors such as BAME, obesity or diabetes;</p> <p>f) Risk assess all vulnerable pupils individually.</p> <p>11.2) Staff who are clinically vulnerable or extremely clinically vulnerable</p> <p>Risk assess all clinically vulnerable staff (including BAME and all pregnant women) <u>individually</u>, 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 measure are required. Schools People Risk assessment.</p> <p>a) Based on the People Risk assessment outcome and where appropriate control measures can be implemented the Staff member may be able to return to work.</p> <p>b) From the 1st August those Staff in the most at risk categories and were shielding may be able to return to the work place. It is important that all staff are properly risk assessed before returning to work. It is also strongly advised that where possible deployment options are discussed with this group of staff to enable remote working.</p> <p>c) If based on the people risk assessment and all appropriate control measures are in place, (these must include stringent hand and respiratory hygiene practices and <u>strict social distancing</u>.) The individual may be able to return to the work place as long as all these can be observed at all time. Advice for guidance on shielding and protecting the extremely vulnerable.</p> <p>d) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p> <p>e) Where staff have characteristics that put them more at</p>		<p>measures- arrangements made to do off-site learning if R rates rise significantly.</p> <p>Virtual learning is in place with a teacher responsible for providing this</p> <p>Staff who are/have been shielding have completed a personal risk assessment. These staff working from home meet weekly to monitor wellbeing and to share information re school.</p> <p>ITT trainees to follow school safety procedures.</p>	
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			<p>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;</p> <p>f) Staff who live with people in e) above can come to work.</p> <p>For other staffing considerations, including staff support, deployment, recruitment, temporary and peripatetic, ITT trainees, staff leave etc. see Actions for Schools – guidance for full opening Section 2 and scroll down to the appropriate section.</p>			
12) Estates considerations	x	x	<p>a) Where schools have electric hand driers, these can be used, but pupils (and staff) must wash their hands thoroughly for 20 seconds following PHE guidance. See “six steps to hand-washing” poster in KS2 lesson and NHS video. They must then follow the hand drier manufacturer’s instructions for drying hands (usually to hold hands under the air stream for 30 – 40 seconds without rubbing hands together until dry).</p> <p>b) Ensure all statutory safety checks are carried out;</p> <p>c) Where buildings have been closed or have had reduced occupancy, follow the guidance on Legionella risks during the coronavirus outbreak;</p> <p>d) Ensure all classroom windows that can be opened are able to be opened safely. Safety devices may need to be fitted in some instances;</p> <p>e) Where the school has an air conditioning system, follow advice in the Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak.</p> <p>f) Refer to guidance on managing school premises during the Coronavirus (Covid-19) outbreak.</p>		<p>Wash basins in classes for children unable to access conventional handwashing stations</p> <p>School has remained open and all statutory checks have continued and are up to date.</p> <p>Windows opened regularly and are in good order.</p>	✓
13) Educational Visits	x	x	<p>a) Day visits can now resume with an appropriate risk assessment and in line with the protective measures in place in school and the Covid secure control measures at the destination;</p> <p>b) Schools should conduct pre-visits;</p> <p>c) Schools should be aware of wider advice on visiting</p>		<p>Visits an essential aspect of curriculum so will continue under strict measures.</p>	✓

			<p>indoor and outdoor venues. Contact julie.hemingway@blackburn.gov.uk for support in planning visit during the Covid-19 outbreak;</p> <p>d) Pupils and staff should stay within the same consistent groupings they are in in school;</p> <p>e) All levels of visits should be submitted for approval to the appropriate person within the timescale set out in Requirements for Off-Site Visits and Adventurous Activities (see guidance section on Evolve);</p> <p>f) All visits must have a contingency for dealing with a child or member of staff who starts to display symptoms of Covid-19 on a visit;</p> <p>g) The school minibus seats, door handles, seat belts, steering wheel, hand brake, gear stick etc. should be cleaned after each use.</p> <p>h) There is no start date for when residential visits in the UK or abroad can resume.</p>		Briefing to EVC about requirements for visits 1 st Sep 2020	
16) Contingency plans for future outbreaks			<p>a) For individuals or groups of self-isolating pupils, remote education plans should be in place. For further details, see here;</p> <p>b) Have a contingency plan in place should PHE Health protection Team or the LA advise school to close to all but vulnerable children and the children of key workers to reduce transmission rates;</p> <p>c) Remote education support must be ready to be put in place immediately in the event of a local lockdown (see link in a) above)</p>		Rapid revisit of existing risk assessment	✓
17) Onsite support for pupils with SEND medical needs	x		<ul style="list-style-type: none"> The Special School Nursing Team (SSNT) will provide nursing support to Newfield school Two members of the team will attend, based in SEND school medical room, to minimise numbers of people in the school and to ensure some element of social distancing – other team members will work remotely and maintain contact with parents via phone to support medical needs – this will be reviewed weekly by nursing manager and DHT SSNT will wear PPE provided by LCFT 		<ul style="list-style-type: none"> JR will liaise with SSNT managers to address any issues Julie Brannon will provide rota of SSNT covering in school HW and VC will ensure school staff are appropriately 	✓

			<ul style="list-style-type: none"> SSNT will be responsible for cleaning and wiping down of the medical room both during the day and at the end of the session before leaving the building, adhering to stringent hygiene practices School staff coming to the room to collect medication will adhere to social distancing where possible - a medication timetable is drawn up to reduce traffic in the room Medications will be located in 3 areas across the site – SEND school nursing room, medical room opposite Head teacher office and Autism main admin office – staff are informed of this via clear signage. Gastrostomy equipment will be dropped off in feed room and SSNT staff will wipe down all equipment and bags, set up feeds, then deliver to classes. Classes to rinse feed equipment then send home – do not return equipment to feed room to avoid cross contamination. Trained school staff will be used to support children requiring medical support – medication administration etc 		<p>deployed JR to ensure meds timetables and signage re meds location is shared with staff</p> <p>JR to deliver briefing re meds and feeds to staff to clarify processes and disseminate via document.</p>	
18) Staff well being		x	<p>Staff are supported by senior staff and have access to Employee Assist Programme (EAP)</p> <ul style="list-style-type: none"> HR advice is available relating to pay and employment concerns Staff are encouraged to speak about their concerns with their line manager and raise any health and safety concerns immediately School Well-Being policy updated to reflect impact of COVID-19 SLT actively encourage feedback from staff on all well-being and operational matters 		SLT to monitor	✓

Head Teacher Signature: Rik Robinson

Date: 17.8.20

Date of Review: 1.10.20

Chair of Governors/Trust CEO: Sara Barr-Frost

Date: 17.8.20

Date of Review: 1.10.20

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.