


Coronavirus (Covid-19) Pandemic – Schools Operational Risk Assessment

Activity:	Queen's College - School Operations during Coronavirus (Covid-19) Pandemic			Location:	Queen's College, Taunton
Assessor:	Andrew Free			Distribution:	All Staff, Parents, Governors & website
Date:	20/8/2021	Proposed Review Date:	1/11/2021	Signed:	
Individuals at Risk	All employees, pupils, visitors, contractors, members of the public, the people they live with and their other close contacts, in particular, vulnerable children (as classified by DfE or LA guidance or school), vulnerable adults, anyone who is Black, Asian, Minority Ethnic (BAME), young/ inexperienced workers, new/ expectant mothers, anyone experiencing ill-health or who has pre-existing medical conditions, and first aiders/nurses/intimate care providers.				
Risks	Covid-19 or coronavirus (Covid-19) is a highly infectious and serious respiratory illness that can cause death, critical illness, and other serious and potentially long-term health complications we are still learning about. The virus can be transmitted by contact with a bodily fluid containing it, most commonly saliva droplets dispersed into the air (aerosols) through talking, coughing, sneezing, and the performance of some healthcare tasks, which are then breathed in by other people nearby or the droplets land on surfaces that others touch, getting into their body when they then touch their face, especially their own mouth, nose and eyes. This may lead to anxiety and other wellbeing issues amongst staff, pupils and parents. Risks arising from lack of building/equipment particularly during periods of partial or full closure. The ability to effectively implement fire and other emergency procedures may be compromised due to reduced staff numbers for example.				
<p>The Schools coronavirus (COVID-19) operational guidance is intended to support schools, both mainstream and alternative provision. Independent schools are expected to follow the control measures set out in the guidance in the same way. Separate guidance is also available for Actions for early years and childcare providers during the COVID-19 pandemic, SEND and specialist settings: additional COVID-19 operational guidance and Covid-19: Actions for Out of School settings. Queen's College Covid-19 Boarding Operational Risk Assessment, Queen's College Covid-19 LFD Testing Risk Assessment, Queen's College Covid-19 LFD Testing (Primary & Nursery) Risk Assessment, and Queen's college Covid-19 Outbreak Management plan.</p>					

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
A - An individual develops Covid-19 symptoms or has a positive test	High	<ul style="list-style-type: none"> □ Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do. They should not come into school if they have COVID-19 symptoms (a new continual cough, a temperature in excess of 37.8°C or a loss of, or change in their normal sense of taste or smell (anosmia) *), have had a positive PCR 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). □ If anyone in school develops COVID-19 symptoms, however mild, we will send them home and they should follow public health advice and self-isolate and should arrange to have a test: <ul style="list-style-type: none"> - if a child or member of staff tests negative, then they should stay at home until they feel well and at least 2 more days if they have had diarrhoea or vomiting but can safely return thereafter; - if a child or member of staff with symptoms tests positive, they should follow the 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' and must continue to self-isolate for at least from the day of onset of their symptoms and for the following 10 full days and then return to school only if they do not have a temperature (a cough or anosmia can last for several weeks once the infection has gone). The period of isolation starts from the day they became symptomatic and the following 10 full days. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal; - if a child or member of staff is not experiencing symptoms but has tested positive for Covid-19, they must self-isolate starting from the day the test was taken and the next 10 full 	<p>* In addition, if any staff or pupils test positive for Covid-19, public health may advise us to ask pupils to get tested and isolate with a wider range of symptoms, including: headache, diarrhoea, severe fatigue and sore throat.</p> <p>PHE has advised that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying Covid-19.</p> <p>Anyone with coronavirus (Covid-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital unless advised to do so.</p> <p>Contact the DfE Helpline: 0800 046 8687 & select Option 1 for advice on the action to take in response to a positive case. If, following triage, further expert advice is required the adviser will escalate the school's call to the local health protection team who will provide definitive advice on who must be sent home.</p>	Medium

		<p>days. If symptoms develop during this isolation period, then they must restart the 10 day isolation from the day after symptoms developed.</p> <ul style="list-style-type: none"> □ If a pupil in a boarding school shows symptoms, they should usually self-isolate in their residential setting so that their usual support can continue, others may then benefit from self-isolating in their family home. □ For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household. □ If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the use of PPE in education, childcare and children's social care settings guidance. Any rooms they use should be cleaned after they have left. A small supply of fluid-resistant surgical face masks should be available. □ The household (including any siblings and pupils in boarding schools) should follow the PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection and refer to 'Close Contacts' overleaf. □ Nurseries & Nursery Provision within schools & those on the Early Years Register ONLY: We will notify Ofsted within 14 days of any confirmed cases of coronavirus (Covid-19) in the setting (either child or staff member) and if the setting is advised by Public Health to close as a result. This should be done online via tell Ofsted if you have a Covid-19 related incident. <p>Asymptomatic testing</p> <ul style="list-style-type: none"> □ Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances. □ Secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged. □ Staff should continue to test twice weekly at home with LFD test kits, 3-4 days apart. There is no need for primary age pupils (those in year 6 and below) to test. Testing remains voluntary but is strongly encouraged. □ Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. Testing remains voluntary but is strongly encouraged. □ There is no need for primary age pupils (those in year 6 and below) to test. □ We will also retain a small asymptomatic testing site (ATS) on-site until further notice so that we can offer testing to pupils who are unable to test themselves at home. <p>Confirmatory PCR tests</p> <ul style="list-style-type: none"> □ Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance. They will also need to get a free PCR test to check if they have Covid-19. □ Whilst awaiting the PCR result, the individual should continue to self-isolate. □ If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, the result overrides the self-test LFD test result and the staff member/pupil can return to school, as long as the individual doesn't have Covid-19 symptoms. 	<p>A small supply of fluid-resistant surgical face masks should be available</p> <p>Refer to: Secondary schools and colleges document sharing platform, Early years and primary schools document sharing platform and Rapid asymptomatic testing in specialist settings (from Step 4) along with the risk assessments for: Queen's College Queen's College Lateral Flow Device (LFD) testing in Secondary Schools and Queen's College Queen's College LFD testing in primary and nursery schools</p> <p>Refer to PCR test kits for schools and further education providers. School-held PCR test kits should only be offered in the exceptional circumstance an individual becomes symptomatic and you believe they may have barriers to accessing testing elsewhere.</p>	
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<p>B - An individual has been identified as a close contact of a positive Covid-19 case</p> <p>1 October 2021</p>	<p>High</p>	<p>Definition of a Close Contact</p> <p>Current NATIONAL Guidance</p> <ul style="list-style-type: none"> □ As soon as we are made aware that any member of staff (and this includes all adults working in the school [paid and unpaid]) who may have been in close contact with other staff or pupils, has tested positive for Covid-19, we will report the details to the NHS Self Isolation Service Hub on 020 3743 6715. This will include 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. □ Where we have a pupil who tests positive, we will also report the details of any staff (paid and unpaid) who have been close contacts of the positive case to the NHS Self Isolation Service Hub as above. □ This will ensure that all workplace contacts are registered with NHS Test and Trace and can receive the necessary public health advice, including the support available to help people to self-isolate if necessary. □ Close contacts in schools are now identified by NHS Test and Trace and we are no longer expected to undertake contact tracing. □ NHS Test and Trace will work with the positive case and/or their parents to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting Covid-19 due to the nature of the close contact. We may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases. □ Individuals are not required to self-isolate if they live in the same household as someone with Covid-19, or are a close contact of someone with Covid-19, and any of the following apply: <ul style="list-style-type: none"> - they are fully vaccinated (<i>vaccinated with an MHRA approved Covid-19 vaccine in the UK, and at least 14 days have passed since they received the recommended doses of that vaccine</i>); - they are below the age of 18 years 6 months; - they have taken part in or are currently part of an approved Covid-19 vaccine trial; - they are not able to get vaccinated for medical reasons. □ NHS Test and Trace will contact them to let them know that they have been identified as a contact and check whether they are legally required to self-isolate. If they are not legally required to self-isolate, they will be provided with advice on testing and given guidance on preventing the spread of Covid-19. Even if they do not have symptoms, they will be advised to have a PCR test as soon as possible. We will encourage all individuals to take a PCR test if advised to do so. There is no requirement to self-isolate while awaiting PCR test results and so individuals can attend the setting as usual. <i>Children aged 4 and under will not be advised to take a test unless the positive case was someone in their own household.</i> □ They should not arrange to have a PCR test if they have previously received a positive PCR test result in the last 90 days, unless they develop any new symptoms of Covid-19, as it is possible for PCR tests to remain positive for some time after Covid-19 infection. □ Staff/other adults who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue <p>© Kym Allan Safeguarding, Health & Safety Consultants Ltd.</p>	<p>Refer to: Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person and Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</p>	<p>Medium</p>
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Transmission of Covid-19 because	High	<p>NHS Test and Trace App</p> <ul style="list-style-type: none"> □ All children aged 12 and over are now eligible for Covid-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech Covid-19 vaccine, although 12 to 17 year olds with 		

Refer to: [Use of the NHS COVID-19 app in schools and FE colleges](#)

of lack of take-up of the vaccination programme for pupils in secondary schools		<p>certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses.</p> <ul style="list-style-type: none"> These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can access the vaccine via some walk-in COVID-19 vaccination sites. Additional information about the in-school vaccination programme in COVID-19 vaccination programme for children and young people is available in guidance for schools and guidance for parents. 	<p>Refer to Covid-19 vaccination programme for children and young people: guidance for schools and Covid-19 vaccination programme for children and young people: guidance for parents</p>	
C - Clinically vulnerable or extremely clinically vulnerable persons returning to school	High	<p>Pupils</p> <p><i>Pupils</i></p> <p><i>clinically extremely vulnerable (CEV)</i></p> <ul style="list-style-type: none"> Clinical studies have shown that children and young people, including those originally considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that children and young people under the age of 18 should no longer be considered CEV and under-18s should be removed from the Shielded Patient List. The chief executive of the UK Health Security Agency and head of NHS Test and Trace has written to parents of these children to inform them. Children and young people previously considered CEV should attend school and should follow the same guidance as everyone else. However, if a child or young person has been advised to isolate or reduce their social contact by their specialist, due to the nature of their medical condition or treatment, rather than because of the pandemic, they should continue to follow the advice of their specialist. We will provide remote education to pupils who are following specific clinical advice. Whilst attendance is mandatory, we will work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions will have a collaborative approach, focusing on the welfare of the child and responding to the concerns of the parent, carer or young person. <p>Immunisation</p> <ul style="list-style-type: none"> As normal, we will engage with our local immunisation providers to provide routine immunisation programmes on site, ensuring these will be delivered in keeping with the school's control measures. All children aged 12 and over are now eligible for COVID-19 vaccination. Those aged 12 to 17 are eligible for a first dose of the Pfizer/BioNTech COVID-19 vaccine, although 12 to 17 year olds with certain medical conditions that make them more at risk of serious illness, or who are living with someone who is immunosuppressed, are eligible for 2 doses. These children will be contacted by a local NHS service such as their GP surgery to arrange their appointments. All other 12 to 15 year olds will be offered the vaccine via the school-based programme. Young people aged 16 to 17 will be invited to a local NHS service such as a GP surgery or can access the vaccine via some walk-in COVID-19 vaccination sites. 	<p>Refer to RCPCH: COVID-19 guidance on CEV children & young people and DFE: Supporting pupils at school with medical conditions</p> <p>Refer to COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable, HSE: Protect vulnerable workers during the coronavirus (COVID-19) pandemic & Talking with your workers about preventing coronavirus (COVID-19)</p> <p>See also Coronavirus (COVID-19): advice for pregnant employees, RCOG: Coronavirus (COVID-19) infection & pregnancy and COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding</p>	Medium

		<ul style="list-style-type: none"> □ You can find out more about the in-school vaccination programme in COVID-19 vaccination programme for children and young people guidance for schools. <p>School workforce</p> <ul style="list-style-type: none"> □ School leaders are best placed to determine the workforce required to meet the needs of their pupils. □ Social distancing measures ended in workplaces on 19 July and the government is no longer advising people to work from home. □ We will discuss any concerns individuals including those who may be clinically extremely vulnerable, clinically vulnerable or at increased comparative risk from coronavirus, may have around their particular circumstances, reassure staff about the protective measures in place and review their specific risk assessment with them. <p>Staff who are extremely clinically vulnerable (CEV)</p> <ul style="list-style-type: none"> □ The shielding programme has now come to an end and adults previously considered CEV should, as a minimum, continue to follow the same COVID-19 guidance as everyone else. It is important that everyone adheres to this guidance but people previously considered CEV may wish to consider taking extra precautions. In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. □ Social distancing measures have now ended in the workplace, and it is no longer necessary for the government to instruct people to work from home. □ We will explain the measures we have in place to keep CEV staff safe at work. <p>Staff who are pregnant</p> <ul style="list-style-type: none"> □ We will conduct a risk assessment for new and expectant mothers in line with the Management of Health and Safety at Work Regulations 1999 (MHSW). Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, will be included and managed as part of the general workplace risk assessment. □ We will follow the Royal College of Obstetricians and Gynaecology (RCOG) guidance and continue to monitor for future updates to it. <p><u>Women less than 28 weeks pregnant with no underlying health conditions:</u></p> <ul style="list-style-type: none"> □ We will conduct a workplace risk assessment with each person and occupational health team. □ They will only continue working if the risk assessment advises that it is safe to do so. This means that we will remove or manage any risks. If this cannot be done, they will be offered suitable alternative work or working arrangements (including working from home) or be suspended on normal pay. □ We will support each person with appropriate risk mitigation in line with recommendations to staff arising from workplace risk assessment. <p><u>Women who are 28 weeks pregnant and beyond or with underlying health conditions:</u></p> <ul style="list-style-type: none"> □ Women 28 weeks pregnant and beyond or are pregnant and have an underlying health condition should take a more precautionary approach. □ This is because although they are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, they have an increased risk of becoming severely ill and of pre-term birth if they contract Covid-19. 	<p>Where necessary, we will provide equipment for people to work at home safely and effectively and guidance on how to work safely at home – refer to the ACAS Home Working Guide, ACAS Example checklist for setting up homeworking and the HSE: protect home workers</p> <p>Refer to Schools and COVID-19: guidance for BAME staff and their employers and NHS: information available on who is at higher risk from coronavirus</p>	
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D - Inadequate hand and respiratory hygiene leading to spread of Covid-19 virus	High	<ul style="list-style-type: none"> □ Frequent and thorough hand cleaning is now regular practice. We will continue to ensure that pupils clean their hands regularly with soap and water or hand sanitiser including before leaving home, on arrival at school, on return from breaks, when they change rooms and before and after handling cleaning chemicals, eating/drinking, using the toilet, sports activities, using public transport and after coughing or sneezing and not to touch face (eyes, mouth, nose) with hands that are not clean. □ Wash with liquid soap & water for a minimum of 20 seconds. Alcohol based hand cleansers/gels (containing at least 60% alcohol) can be used if soap and water are not available or practical. We will continue to ensure there are sufficient hand washing or hand sanitiser 'stations' available throughout school for staff and pupils and at the main entrance and dining hall entrance. □ We will ensure supervision of hand sanitiser use given the risks around ingestion. Young children and pupils with complex needs will continue to be helped to clean their hands properly - songs and rhymes will be used to encourage hand washing in early years. Skin friendly skin cleaning wipes can be used as an alternative. □ Toilets will be cleaned regularly and pupils encouraged to clean their hands thoroughly after using the toilet. □ The 'catch it, bin it, kill it' approach will continue. Everyone will be reminded to sneeze into a tissue or sleeve NEVER into hands and to wash hands immediately after (as above). 'Catch it, bin it, kill it' posters to be displayed in relevant areas. □ Used tissues will be put in a bin immediately - all waste bins to be lined (they do NOT need to be double lined) and should be lidded and foot operated where possible and emptied regularly. □ As with hand cleaning, we will ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. □ Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, e.g. those who spit uncontrollably or use saliva as a sensory stimulant. This will be considered in risk assessments in order to support these pupils and the staff working with them – they will be given more opportunities to wash their hands. □ Where it is necessary for first aid to be administered in close proximity, treating any casualty properly should be the first concern. Those administering it should pay particular attention to sanitation measures immediately afterwards, including washing hands. 	<p>alcohol based. Refer also to 'Fire Emergencies' on Page 25.</p> <p>We will ensure there are enough tissues and bins available to support pupils and staff to follow the 'Catch it, bin it, kill it' routine</p> <p>The e-Bug coronavirus (COVID-19) website contains free resources for schools, including materials to encourage good hand and respiratory hygiene</p> <p>Refer to HSE: First aid during Covid-19</p>	Low
E - Inadequate ventilation leading to spread of Covid-19 virus		<ul style="list-style-type: none"> □ When school is in operation, it is important to ensure the building is well ventilated and a comfortable teaching environment is maintained. We will identify any poorly ventilated spaces as part of our risk assessment and take steps to improve fresh air flow in these areas, giving particular 	Refer to the HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic and CIBSE coronavirus (COVID-19) advice	

		<p>consideration when holding events where visitors such as parents are on site, e.g. school plays. This can be achieved by a variety of measures including:</p> <ul style="list-style-type: none"> - mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible and checked to confirm that 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). We will ensure they are maintained in accordance with the manufacturers' recommendations; - natural ventilation – opening external windows and, in addition, opening internal doors can also assist with creating a throughput of air; - natural ventilation – if necessary external opening doors may also be used (if they are not fire doors and where safe to do so). <p>□ To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate:</p> <ul style="list-style-type: none"> - opening high level windows in preference to low level to reduce draughts; - increasing the ventilation while spaces are unoccupied (e.g. between classes, during break and lunch, when a room is unused); - providing flexibility to allow additional, suitable indoor clothing; - rearranging furniture where possible to avoid direct drafts. 	<p>Government will begin to roll out carbon dioxide monitors to education settings in England over the Autumn term, to quickly identify where ventilation may need to be improved. The programme will provide sufficient monitors to take readings from across indoor spaces, providing reassurance that existing ventilation measures are working, and helping balance the need for good ventilation with keeping classrooms warm. A trial of air purifiers is also underway</p>	
F - Inadequate personal protection & PPE & spread of Covid-19 virus	High	<p>PPE</p> <ul style="list-style-type: none"> □ We have reviewed tasks in school which require PPE like first aid, intimate care, cleaning, food preparation etc. and identified where we need extra equipment (like visors where splashing to the eyes is a new significant risk) or more of it (because we change it more often). Where PPE is required, staff have been trained in and must scrupulously follow the guidance how to put PPE on and take it off safely to reduce cross and self-contamination. □ Most staff will not require PPE beyond what they would normally need for their work. □ Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used. □ Additional PPE is only needed in a very small number of scenarios, including: <ul style="list-style-type: none"> - where an individual child or young person becomes ill with coronavirus (Covid-19) symptoms and only then if close contact is necessary; - when performing aerosol generating procedures (AGPs). □ Depending on how close you need be to an individual with Covid-19 symptoms you may need the following PPE: <ul style="list-style-type: none"> - fluid-resistant surgical face masks (also known as Type IIR) - disposable gloves - disposable plastic aprons - eye protection (for example, a face visor or goggles) □ How much PPE you need to wear when caring for someone with symptoms of Covid-19 depends on how much contact you have: <ul style="list-style-type: none"> - A face mask should be worn if you are in face-to-face contact. 	<p>Refer to: Use of PPE in education, childcare and children's social care settings including AGPs</p> <p>Ensure adequate bins (lidded and foot operated where possible) and tissues are made available. Ensure school has a stock of rubber gloves and if needed, disposable gloves/aprons/facemasks.</p>	Low

		<ul style="list-style-type: none"> - If physical contact is necessary, then gloves, an apron and a face mask should be worn. - Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, e.g. from coughing, spitting or vomiting. <ul style="list-style-type: none"> □ Staff dealing with children with complex medical needs have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the Public Health advice and refer to Use of PPE in education, childcare and children's social care settings including AGPs which specifically covers Aerosol generating procedures (AGPs), and wear the correct PPE which is: <ul style="list-style-type: none"> - a FFP2/3 respirator (which must be fit-tested) - gloves - a long-sleeved fluid repellent gown - eye protection □ When changing children, and where the child can understand, ask the child to turn their head to the side during the changing process. <p>Face Coverings</p> <ul style="list-style-type: none"> □ The Government has removed the requirement to wear face coverings in law. Face Coverings should be worn in crowded and enclosed where individuals may come into contact with people they don't normally meet - this includes public transport and dedicated transport to school or college. □ Face coverings are no longer advised for pupils, staff and visitors either in classrooms or in communal areas. <p><i>In circumstances where face coverings are recommended</i></p> <ul style="list-style-type: none"> □ If we have a substantial increase in the number of positive cases in our school, a Director of Public Health might advise us that face coverings should temporarily be worn in communal areas, classrooms or both (by pupils, staff and visitors, unless exempt). Our Outbreak Management Plan covers this possibility. □ In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of Covid-19, however, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles. □ Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They will only be used after carrying out a risk assessment for the specific situation and will always be cleaned appropriately. □ We will make reasonable adjustments for disabled pupils to support them to access education successfully. Where appropriate, we will discuss with pupils and parents the types of reasonable adjustments that are being considered to support an individual. □ No pupil or student will be denied education on the grounds of whether they are, or are not, wearing a face covering. 	<p>Refer to HSE Face Fit Testing Guidance</p> <p>A displayed poster which the children can describe may assist with this.</p> <p>Refer to: face coverings including when to wear one, exemptions and how to make your own</p> <p>Ensure there is a small supply of face coverings available in school</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p>	
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		<input type="checkbox"/> Children under the age of 3 should not wear face coverings.		
G - Inadequate cleaning measures leading to spread of Covid-19 virus	High	<p>Cleaning non-healthcare settings where no-one has symptoms of, or confirmed Covid-19</p> <p><i>Cleaning and disinfection</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> We will reduce clutter and remove difficult to clean items to make cleaning easier. <input type="checkbox"/> Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. <input type="checkbox"/> As a minimum, frequently touched surfaces should be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens. <input type="checkbox"/> When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used. <p><i>Laundry</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Items should be washed in accordance with the manufacturer's instructions. <input type="checkbox"/> There is no additional washing requirement above what would normally be carried out. <p><i>Kitchens and communal canteens</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> It is very unlikely that Covid-19 is transmitted through food. However, as a matter of good hygiene practice, anyone handling food will wash their hands often with soap and water for at least 20 seconds before doing so. <input type="checkbox"/> Crockery and eating utensils should not be shared. <input type="checkbox"/> Clean frequently touched surfaces regularly. <input type="checkbox"/> Catering staff will continue to follow the Food Standard Agency's (FSA) guidance on good hygiene practices in food preparation, Hazard Analysis and Critical Control Point (HACCP) processes, and preventative practices (prerequisite programmes (PRPs)). <p><i>Bathrooms</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean frequently touched surfaces regularly. <input type="checkbox"/> Ensure suitable hand washing facilities are available including running water, liquid soap and paper towels or hand driers. <input type="checkbox"/> Where cloth towels are used, these should be for individual use and laundered in accordance with washing instructions. <p><i>Waste</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Waste does not need to be segregated unless an individual in the setting shows symptoms of or tests positive for Covid-19 (see below). <input type="checkbox"/> 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>Cleaning after an individual with symptoms of, or confirmed Covid-19 has left the setting or area</p>	<p>Refer to PHE COVID-19: cleaning of non-healthcare settings outside the home</p> <p>Carry out inventory check of cleaning products and stock at regular intervals. Ensure contingency plans are in place to respond to any shortages in supply.</p> <p>Refer to Coronavirus (Covid-19): Disposing of waste</p>	Low

		<p>Personal protective equipment (PPE)</p> <ul style="list-style-type: none"> □ The minimum PPE to be worn for cleaning an area after a person with symptoms of or confirmed Covid-19 has left the setting is disposable gloves and an apron. □ Wash hands with soap and water for 20 seconds after all PPE has been removed. □ If a risk assessment of the setting indicates that a higher level of virus may be present (e.g. where someone unwell has spent the night such as in a hotel room or boarding school dormitory) then additional PPE to protect the cleaner's eyes, mouth and nose may be necessary. The local Public Health England (PHE) Health Protection Team can advise on this. <p>Cleaning and disinfection</p> <ul style="list-style-type: none"> □ Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal. □ All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, door push plates, work surfaces, computer keyboards/mice, telephones, grab rails in corridors/bannisters, stairwells. □ Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction. Use one of the options below: <ul style="list-style-type: none"> - a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.); or - a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants; or - if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses. □ Avoid mixing cleaning products together as this can create toxic fumes. □ Avoid creating splashes and spray when cleaning. □ Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. □ When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. <p>Laundry</p> <ul style="list-style-type: none"> □ Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. □ Dirty laundry that has been in contact with an unwell person can be washed with other people's items. □ To minimise the possibility of dispersing virus through the air, do not shake dirty laundry prior to washing. □ Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above. <p>Waste</p>	<p>Refer to COVID-19: personal protective equipment use for non-aerosol generating procedures</p>	
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H - Failure to adequately identify vulnerable pupils/ safeguarding and security	High	<ul style="list-style-type: none"> □ We will continue to have regard to statutory guidance Keeping Children Safe in Education. □ We will review our Child Protection Policy (led by the DSL) to reflect that some children may require remote education due to self-isolation for example. □ There is no change to local multi-agency safeguarding arrangements, which remain the responsibility of the three safeguarding partners (local authorities, clinical commissioning groups and chief officers of police). All local safeguarding partners will remain vigilant and responsive to all safeguarding threats and ensure vulnerable children and young people are safe – particularly as some children and young people will be learning remotely due to self-isolation for example. □ In particular, vulnerable children and those with a social worker are expected to attend provision (subject to public health advice), given their safeguarding and welfare needs. Where vulnerable children do not attend, we will follow up with the parent/carer, working with the LA/social worker (where applicable) to explore the reasons for absence, discussing their concerns; focus discussions on the welfare of the child ensuring they are able to access appropriate support whilst at home; keep the situation under review and maintain contact. □ The DSL (and deputies) will be provided with more time to help provide support to staff and children regarding any new safeguarding and welfare concerns and the handling of referrals to children's social care and other agencies where these are appropriate. □ The DSL will be best placed to co-ordinate multi-agency working within a school, including communication with school nurses. <p>Security in relation to anti-vaccine protests</p> <ul style="list-style-type: none"> □ The recent decision by the Government to offer coronavirus vaccines to 12 to 15 year olds is likely to create some opposition from various groups of individuals who are generally against the delivery of the vaccine to all age groups. 		Low

		<ul style="list-style-type: none"> □ Although parental consent is required for the immunisations, this has not stopped groups of protesters gathering outside schools to express their opinions and there have been several reports of protests in national media over recent weeks. □ The Police and other agencies have made preparations to respond if and when such protests occur outside any of schools in Cumbria. □ A guidance document about how to contact the police in the event of anti-vaccination protest outside of schools can be found here (this is applicable to the whole of Cumbria footprint). <p>What to do to prepare for potential protests outside school</p> <ul style="list-style-type: none"> □ A guidance document about how to contact the police in the event of anti-vaccination protest outside of schools can be found here. □ We will review our site security risk assessments to identify any significant risks or weaknesses in our existing risk assessments and consider what if any additional proportionate, preventive actions we might need to take. □ Points to consider include: <ul style="list-style-type: none"> o Is the perimeter secure? o Is the external environment secure? o Are our buildings secure? o Do we have a security lockdown procedure? □ It has been reported that whilst most of the protests have been peaceful, some students have been upset and un-nerved by the situation, it may therefore be useful to have an alternative exit that they could use to avoid having to pass the protestors or consider other methods of making sure they can leave the premises safely 		
I - Inappropriate arrangements for opening the school to pupil groups	High	<p>Mixing and ‘bubbles’</p> <ul style="list-style-type: none"> □ At Step 4, it is no longer recommended that it is necessary to keep children in consistent groups (‘bubbles’). Bubbles will not need to be used in school from the autumn term. □ As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and we no longer need to make alternative arrangements to avoid mixing at lunch. □ Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups. □ Any decision to recommend the reintroduction of ‘bubbles’ will not be taken lightly and will need to take account of the detrimental impact they can have on the delivery of education. <p>School meals</p> <ul style="list-style-type: none"> □ We will continue to provide meal options for all pupils who are in school. Meals served should meet the school food standards. <p>Transport</p> <p><u>Dedicated school transport, including statutory provision and the use of school minibuses</u></p> <ul style="list-style-type: none"> □ We no longer need to keep children in consistent groups/bubbles or be responsible for tracing close contacts of those who test positive for Covid-19. □ The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where an individual may come into contact with people they don’t normally meet. On dedicated transport children and young 		

		<p>people aged 11 and over will be expected to wear a face covering when travelling to secondary school or college.</p> <ul style="list-style-type: none"> □ Maximising distancing and minimising mixing are no longer recommended, but unnecessary risks such as overcrowding will be minimised. □ Our Outbreak Management Plan covers the possibility that in some local areas it may become necessary to temporarily reintroduce bubbles to reduce mixing for a temporary period. □ We will continue to ensure frequent and thorough hand cleaning with soap and running water or hand sanitiser. □ The 'catch it, bin it, kill it' approach continues to be very important. □ Most staff will not normally require PPE on home to school transport, however, where the care and interventions that a child or young person ordinarily receives on home to school transport requires the use of PPE, that should continue as usual. □ Fresh air (from outside the vehicle) through ventilation will be maximised, particularly through opening windows and ceiling vents. □ We will put in place and maintain an appropriate cleaning schedule with a particular focus on frequently touched surfaces. <p><u>Wider public transport</u></p> <ul style="list-style-type: none"> □ We will continue to encourage children, parents, carers and staff to walk, cycle or scoot to and from the setting, wherever it is possible and safe to do so. Where children, parents, carers and staff need to use public transport, they should follow the Coronavirus (COVID-19): safer travel guidance for passengers. □ The Government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet - this includes public transport. <p>Other considerations</p> <ul style="list-style-type: none"> □ Pupils with SEND will receive specific help with the changes to routine they are experiencing, so teachers and SENCo's will plan to meet these needs, e.g. using social stories. □ Where a pupil or student has an EHC plan the local authority and (if there is health provision) health commissioning body must secure or arrange the provision specified in the plan. □ At times it may be necessary to conduct some aspects of EHC needs assessments and reviews in different ways, e.g. because children or young people are isolating. It is important that the assessments and reviews continue to ensure that the child or young person, and their parent and carer, is at the centre of the process and can engage with the process in a meaningful way. □ As well as the duty to secure or arrange provision in an EHC plan, we must meet all the statutory duties relating to EHC needs assessments and annual reviews. It is important that we co-operate in supporting requests about potential placements, providing families with advice and information where requested. □ Specialists, therapists and other professionals should provide interventions as usual. <p>Wraparound care provision, holiday clubs and extra-curricular activity including out-of-school sports provision</p> <ul style="list-style-type: none"> □ All children may access out-of-school settings, wraparound care and extra-curricular provision; activities may take in groups of any size and it is no longer recommended that it is necessary to keep children in consistent groups ('bubbles'). 	<p>Refer to Supporting pupils and students with SEND</p> <p>DfE Supporting Pupils at School with Medical Conditions remains in place</p> <p>Refer to COVID-19: Actions for Out of School Settings</p>	
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J - Inappropriate arrangements for managing the curriculum	High	<p>Physical Education, School Sport and Physical Activity (PESSPA)</p> <ul style="list-style-type: none"> □ All sports provision, including competition between settings can be planned and delivered whilst following the measures in our system of controls. □ We will follow the guidance contained in Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators. □ If delivering sporting or other organised events, more information can be found in COVID-19: Organised events guidance. <p>Science, Art and D&T</p> <ul style="list-style-type: none"> □ For guidance regarding Science and D&T in relation to practical activities during the Covid-19 pandemic, we will follow relevant CLEAPSS guidance. Although specific risk assessments will not be required, our existing curricular risk assessments will be reviewed and where necessary updated to reflect altered practices and CLEAPSS guidance. 	<p>Refer to:</p> <ul style="list-style-type: none"> • Guidance on coronavirus (COVID-19) measures for grassroots sport participants, providers and facility operators • Sport England • Youth Sport Trust • Association for Physical Education (AfPE) • Swim England <p>Refer to: CLEAPSS GL344 and GL343</p>	Low

		<ul style="list-style-type: none"> □ If we have a substantial increase in the number of positive cases in our school, a Director of Public Health might advise us that additional controls need to be reintroduced. Our Outbreak Management Plan covers this possibility. <p>Music, Dance and Drama</p> <ul style="list-style-type: none"> □ We will continue teaching music, dance and drama as part of the school curriculum. □ Singing, wind and brass instrument playing can be undertaken in line with performing arts guidance ensuring we provide adequate ventilation and clean more frequently. <p>Performances</p> <ul style="list-style-type: none"> □ If planning indoor or outdoor face-to-face performances, sporting or other organised events in front of a live audience, we will follow the latest advice in the COVID-19: Organised events guidance, which provides details of how to manage audiences as well as carry out performing arts safely. 	<p>Refer to CLEAPSS guidance for D&T: GL347, GL348, GL354, GL355, GL360, GL356 & GL362 and Science: GL336, GL338, GL339, GL345, GL352, GL353 & GL362</p> <p>Refer to Working safely during COVID-19 in events and attractions including performing arts</p>	
K - Inappropriate arrangements for education recovery	High	<ul style="list-style-type: none"> □ There are a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on education recovery support. Specifically for schools, the document includes further information on: <ul style="list-style-type: none"> - catch-up premium - recovery premium - tutoring (including the National Tutoring Programme and 16 to 19 tuition fund) - teacher training opportunities - curriculum resources - curriculum planning - specialist settings - wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching 		
L - Inadequate contingency plans in place	High	<p>Stepping measures up and down</p> <ul style="list-style-type: none"> □ Currently, early years settings, schools and colleges are advised to contact their Local Authority for advice when they reach specific thresholds described in the Contingency Framework. Local Authorities can then advise further measures that settings can take to reduce in-setting transmission of COVID-19. □ We have an Outbreak Management Plan outlining what we would do if children, pupils, students or staff test positive for Covid-19, or how we would operate if we were advised to take extra measures to help break chains of transmission. Any measures in schools will only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible. □ Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission. □ We have thought about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead us to consider taking additional action, and the steps we should work through, can be found in the Contingency framework. 	<p>Refer to the Contingency framework and the QC Outbreak Management Plan</p>	Low

		<p>□ We will call the LA Public Health Team who will advise if any additional action is required, such as implementing elements of our contingency (or outbreak management) plan.</p> <p>Remote education</p> <p>□ The Coronavirus Act 2020 Provision of Remote Education (England) Temporary Continuity (No.2) Direction applies from the start of the academic year 2021 to 2022 and extends the requirement on schools to provide remote education for state-funded pupils when they cannot attend school due to COVID-19.</p> <p>□ Not all people with Covid-19 have symptoms. Where appropriate, we will support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so.</p> <p>□ We will maintain our capacity to deliver high quality remote education for next academic year, including for pupils who are abroad, and facing challenges to return due to Covid-19 travel restrictions, for the period they are abroad.</p> <p>□ Independent Schools are expected to meet the Independent School Standards in full at all times.</p> <p>□ The remote education provided will be equivalent in length to the core teaching pupils would receive in school.</p> <p>□ We will work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education.</p> <p>□ We will keep in contact with students learning from home and regularly check if they are accessing remote education.</p> <p>□ For pupils self-isolating who are within the definition of vulnerable we will notify their social worker (if they have one) and agree the best way to maintain contact and offer support.</p> <p>□ Our Offer of Remote Education is available to all pupils/parents and is displayed on the school website.</p> <p>□ [EYFS]: We will direct parents of EYFS children to the Hungry little minds campaign, BBC: tiny happy people, National Literacy Trust's Family Zone and Help children aged 2 to 4 to learn at home during coronavirus (COVID-19).</p>	<p>Refer to: Remote Education Temporary Continuity (No.2) Direction Explanatory Note</p> <p>Refer to:</p> <ul style="list-style-type: none"> • Get help with remote education • Keeping children safe online • Adapting teaching practice for remote education • Review your remote education provision • Get help with technology for remote education during coronavirus (Covid-19) • Remote education good practice guide • Support for parents and carers to keep children safe online • Remote education webinars • Safe Remote Learning knowledge base and Live Remote Lessons by SWGfL • Safeguarding during Remote Learning and Lockdowns by LGfL • The National Cyber Security Centre: Video conferencing services: security guidance and Video conferencing services: using them securely • Safeguarding and remote education during coronavirus (COVID-19) • Home Learning Technology Guidance • Keeping children safe in education 	
M - Poor or inappropriate behaviour and attendance	High	<p>Behaviour</p> <p>□ Our Behaviour policy has been updated with any new rules/policies and will be communicated clearly and consistently to staff, pupils and parents, setting clear, reasonable and proportionate expectations of pupil behaviour both in school and online. We will set out clearly the consequences for poor behaviour and deliberately breaking the rules and how we will enforce those rules including any sanctions.</p>	<p>Refer to the DfE Checklist for school leaders to support full opening: behaviour and attendance</p>	Low

		<ul style="list-style-type: none"> □ As restrictions begin to lift, some families may be looking to take holidays. As usual, parents should plan their holidays around school breaks and not take their children out of school on holiday during term time. □ Where a parent wishes to take their child out of school for whatever reason, the onus is on them to apply for a leave of absence and demonstrate why they believe the circumstances are exceptional. Schools make decisions on granting leave of absence but will not normally do so for a holiday. <p>Travel & quarantine</p> <ul style="list-style-type: none"> □ Where pupils travel from abroad to attend a boarding school, we will explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to travel legislation, details of which are set out in government travel advice. □ At present, Boarding school pupils who are ordinarily resident in the UK, including those who are unaccompanied and who are attending boarding schools on a child student visa or student visa, who have travelled from or through amber list countries (and have not been in a red country in the previous 10 clear days), are exempt from the requirements to quarantine and take a day 8 test. □ Those aged 11 to 17 need proof of a negative COVID-19 test to travel to England (children aged 10 and under are exempt from this) and those aged 5 to 17 must take a Covid-19 travel test on or before day 2 (refer to: Quarantine and testing if you've been in an amber list country). □ From Monday, 4 October 2021, the rules for international travel to England will change. We will check the rules for travel to England for more information. □ Additional guidance has been issued on the quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England. □ Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or self-isolate upon return. 	Refer to the Queen's College Boarding Operation Risk Assessment	
N - Inadequate arrangements in place for managing off-site visits	High	<ul style="list-style-type: none"> □ We will continue to undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. □ Given the likely gap in Covid-19 cancellation insurance, if we are considering booking a new visit, whether domestic or international, we will ensure that any new bookings have adequate financial protection in place. □ From this term, we can go on international visits that have previously been deferred or postponed and organise new international visits for the future. " We will refer to the guidance on international travel before booking and travelling. □ We will 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. The travel lists may change during a visit and we must comply with international travel legislation and will have contingency plans in place to account for these changes. □ We will speak to either our visit provider, commercial insurance provider, or the Risk Protection Arrangement (RPA) to assess the protection available. If unsure contact organisations such as the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI) for independent advice on insurance cover and options. □ Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational international visits. 	Refer to the health and safety guidance on educational visits and specialist advice from the Outdoor Education Advisory Panel (OEAP)	Low

O - Inadequate staffing ratios, staff availability and recruitment	High	<p>Ratios and Qualifications</p> <ul style="list-style-type: none"> □ We will undertake an appropriate audit to ensure staffing levels are appropriate. □ We have contingency plans in place should staff be absent as a result of Covid-19. Our possible approaches to managing a shortfall in staffing include: <ul style="list-style-type: none"> - We will ensure that appropriate support is made available for pupils with SEND, e.g. by deploying teaching assistants and enabling specialist staff from both within and outside the school to work with pupils in different classes or year groups. - Where support staff capacity is available, we will consider using this to support catch-up provision or targeted interventions. TAs may also be deployed to lead groups or cover lessons, under the direction and supervision of a qualified, or nominated, teacher. Any redeployments will not be at the expense of supporting pupils with SEND. The Head teacher will be satisfied that the person has the appropriate skills, expertise and experience to carry out the work, and discuss and agree any proposed changes in role or responsibility with the member of staff. This includes ensuring that safe ratios are met, and/or specific training undertaken, for any interventions or care for pupils with complex needs where specific training or specific ratios are required. - We can continue to engage supply teachers and other supply staff including to deliver face to face education to pupils in school and remote education. - Where it is necessary to use supply staff, peripatetic teachers and volunteers, they will be expected to comply with our arrangements for managing and minimising risk and will be included in our communications, policies and processes for asymptomatic testing including provision of test kits where feasible. □ We will ensure we have adequate and appropriate equipment and facilities to give first aid to any employee or pupil who is injured or becomes ill at work; the level of first aid cover provided remains appropriate for our work environment and the level of first aid provision necessary in high risk settings is fully maintained. We will ensure sufficient Paediatric First Aid Trained staff are available when EYFS children are present on site or on school trips. □ Key telephone numbers of all available DSL's/deputies to be displayed in school. □ Ensure the contact details of the Safeguarding Hub/Early Help Team/LADO are available to all staff on duty. □ Ensure sufficient competent staff on duty to administer or supervise the administration of medication. Wherever possible, children to self-administer, witnessed by staff. <p>Staff taking leave</p> <ul style="list-style-type: none"> □ Staff will need to be available to work in school during term time. We will discuss leave arrangements with staff to inform workforce planning taking into account their individual contractual arrangements. □ There is a risk that where staff travel abroad, their return travel arrangements could be disrupted due to Covid-19 restrictions, and they may need to quarantine on their return. □ Where it is not possible to avoid a member of staff having to quarantine during term time, we will consider if it is possible to temporarily amend working arrangements to enable them to work from home. 	<p>Refer to Early Years Foundation Stage Framework</p> <p>Where it is not possible to have a DSL or Deputy physically in school, arrangements may be made for the DSL to be contactable via phone or video link if working from home. Where a trained DSL (or deputy) is not on site, in addition to one of the above options, a senior leader should take responsibility for co-ordinating safeguarding on site.</p> <p>The latest guidance on travel/quarantine can be accessed at: Travel abroad from England during coronavirus (COVID-19), Quarantine and testing if you've been in an amber list country, Coronavirus (COVID-19) testing before you travel to England, Booking and staying in a quarantine hotel when you arrive in England, Red, amber and green list rules for entering England <i>Note: Government</i></p>	Low
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		Recruitment <ul style="list-style-type: none"> Recruitment will continue as usual. We will continue to adhere to Keeping children safe in education regarding pre-appointment checks. 	international travel advice will change from 04/10/21 – updated guidance to follow	
P - Visiting children in their own homes and contact with Covid-19 virus	High	<ul style="list-style-type: none"> Should we have a situation where a child requires a home visit such as in relation to safeguarding concerns, we will consider and adhere to guidance issued in Use of PPE in education, childcare and children's social care settings including AGPs. 	Refer Queen's College Queen's College Covid-19 Home Visits Risk Assessment	Low
Q - Visitors & spread of Covid-19 virus	High	<ul style="list-style-type: none"> We will ensure that all visitors and key contractors are aware of the school's control measures and ways of working. As was the case pre-pandemic, access to contractors/external maintenance personnel should be by appointment only and wherever possible non critical work should be arranged after school, during holidays or at weekends. We will: <ul style="list-style-type: none"> continue to ask every visitor (over the age of 16) to complete the visitor record available in each reception and the Visitors, Lettings and Security Policy keep a record of all staff working in school, their shift times and dates, and their contact details; keep these records of visitors and staff for 21 days and provide this information to NHS Test and Trace, if requested. Lettings <ul style="list-style-type: none"> We expect each organiser to have their own Covid-19 risk assessment in place which we are satisfied with. This should include as a minimum the key elements of infection control (not attending or going home if symptomatic or have had a positive test result for example; test and trace; hand/respiratory hygiene; enhanced ventilation and cleaning). Hirers must also comply with our system of controls which will be included within our 'Conditions of Hire'. 	Refer to Maintaining records to support NHS Test & Trace Visitor, Lettings and Security Policy	Low
R - Lack of wellbeing management for pupils and families	High	<ul style="list-style-type: none"> Some pupils may be experiencing a variety of emotions in response to the coronavirus (Covid-19) outbreak, such as anxiety, stress or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers. It is important to contextualise these feelings as normal responses to an abnormal situation. We will offer pastoral support to pupils who are self-isolating, shielding or who are vulnerable. We will also provide more focused pastoral support for pupils' individual issues, drawing on external support where necessary and possible. Where there is a concern a child is in need or suffering or likely to suffer from harm, we (generally led by the DSL or deputy) will follow our Child Protection Policy and Part 1 of Keeping children safe in education and consider any referral to statutory services (and the police) as appropriate. 	Refer to Promoting and supporting mental health and wellbeing in schools and colleges and Mental Health and Wellbeing Resources for Teachers & Teaching Staff	Low
S - Lack of wellbeing management for staff	High	<ul style="list-style-type: none"> We will be conscious of the wellbeing of all staff, including senior leaders themselves, and the need to implement flexible working practices in a way that promotes good work-life balance and supports teachers and leaders. We will monitor the wellbeing of people who are working from home or self-isolating and help them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site. 	Refer to extra mental health support for pupils and teachers , NHS Every Mind Matters and DfE School workload reduction toolkit	Low

		<p>We will keep in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security.</p> <ul style="list-style-type: none"> □ Where work-related issues present themselves, the HSE's published Stress Management Standards will be followed. We will also review how we can support employees on broader issues, such as bereavement support and general anxiety about the ongoing situation (e.g. by signing up for a formal Employee Assistance Programme providing confidential telephone advice and counselling). 	<p>Education Support Partnership provides a free helpline for school staff and targeted support for mental health and wellbeing and the Frontline: Wellbeing toolkit for educators brings together a range of resources and support for staff.</p>	
T - Inadequate communications with and training of staff	High	<ul style="list-style-type: none"> □ We will provide clear, consistent and regular communication to improve understanding and consistency of ways of working amongst staff and explain and agree any changes in working arrangements, including those working from home. □ We will ensure all staff are kept up to date with how safety measures are being implemented or updated. □ We will ensure ongoing engagement with staff, (including through trades unions or employee representative groups) to monitor and understand any unforeseen impacts of changes to working environments. □ We will promote awareness and focus on the importance of mental health at times of uncertainty (see above). 		Low
U - Fire emergencies	High	<ul style="list-style-type: none"> □ We will regularly review and where necessary, update the existing school Fire Risk Assessment and Fire Safety Management Policy/Evacuation Plan. □ We will ensure there are sufficient trained staff on duty e.g. sufficient fire wardens to cover the site to enable sweeps of all areas to be carried out and to ensure full evacuation of the building – particularly important if staff are required to self-isolate. □ We will assess the suitability of Personal Emergency Evacuation Plans (PEEPs) – especially if previous role holders are no longer available to continue e.g., they may be required to self-isolate. □ The use of portable heaters will be avoided where possible. However, where it is necessary to use these, we will ensure suitable controls are implemented and included within the existing Fire Risk Assessment. □ Propping open doors by any other means other than proprietary hold open devices triggered by the fire alarm is not permitted. □ We will consider the closing of windows should the fire alarm activate. Because of the need for increased ventilation in the school during the Covid-19 pandemic, there may not be time to close all windows prior to evacuation. This situation is only permissible where to close all the windows would result in increased risk to staff and pupils. <p>Alcohol based hand sanitiser – fire risks</p> <ul style="list-style-type: none"> □ All hand sanitiser stations will be kept clear of potential sources of heat and ignition (such as electrical or heating equipment). □ Any spillages will be cleaned up immediately and the items used to clear the spillage disposed of carefully (they will be highly flammable until the alcohol has evaporated). □ Alcohol-based hand sanitiser will be stored away from sources of heat and ignition, ideally in a metal cabinet. A sign will be provided on the cabinet/store warning of the presence of flammable liquids. 	<p>Refer to advice on Fire safety in new and existing school buildings</p> <p>Refer also to 'Hand Hygiene' on page 9.</p>	Low

		<ul style="list-style-type: none"> □ The location of the cabinet(s)/store(s) and the quantity held will be recorded on a plan of the school to make fire fighters aware of this hazard should they attend an incident at the school (and also included in our existing Emergency Plan). □ Alcohol-based hand gels will not be used in science labs or D&T & Food workshops/lessons. We will not make our own gels. Instead of gels, we will use skin-friendly cleaning wipes that claim to kill 99.99% of bacteria and viruses and are non-alcohol based. 		
V - Lack of building/property maintenance	High	<p>All routine external and in-house monitoring, testing and inspection will continue as normal (and if the premises have to close or prior to re-occupation following an extended closure) including:</p> <ul style="list-style-type: none"> □ Routine in-house health & safety inspections; □ External and in-house maintenance of fire safety equipment and systems; □ Ongoing external and in-house hot and cold water safety (legionella) monitoring, maintenance and testing; □ In-house monitoring of asbestos containing materials; □ External and in-house monitoring, testing and maintenance of all other systems and equipment in line with statutory requirements and manufacturer's instructions. 	HSE: Legionella Risks during the Coronavirus Outbreak	Low

Further Action Required	Date Action Completed			
<p>Settings should review and update their wider risk assessments and consider the need for relevant revised controls in respect of their conventional risk profile considering the implications of Covid-19. This risk assessment must be read and followed in conjunction with other applicable risk assessments for the setting, staff member or pupil, adapted as necessary, and:</p> <ul style="list-style-type: none"> • Schools coronavirus (COVID-19) operational guidance • Actions for early years and childcare providers during the COVID-19 pandemic • SEND and specialist settings: additional COVID-19 operational guidance • Covid-19: Actions for Out of School settings • Stay at home: guidance for households with possible or confirmed Covid-19 infection • Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person • COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable • RCPCH: COVID-19 guidance on CEV children & young people • Coronavirus: how to stay safe and help prevent the spread • Coronavirus (Covid-19) Getting tested • Use of the NHS COVID-19 app in schools and FE colleges • Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners • Safeguarding and remote education during coronavirus (COVID-19) • Coronavirus (COVID-19): test kits for schools and FE providers • Maintaining records of staff, customers and visitors to support NHS Test and Trace • Actions for employers & providers following a COVID-19 related death of a carer or colleague across children's services • Providing School Meals during the Coronavirus Outbreak • COVID-19: cleaning in non-healthcare settings outside the home • Coronavirus Covid-19 safer travel guidance for passengers • Coronavirus Covid-19 Safer transport guidance for operators • Dedicated transport to schools and colleges Covid-19 operational guidance • Use of PPE in education, childcare and children's social care settings including AGPs • COVID-19: personal protective equipment use for non-aerosol generating procedures • HSE Face Fit Testing Guidance • Face coverings: when to wear one, exemptions and how to make your own • Early Years Foundation Stage Statutory Framework • Remote Education Temporary Continuity (No.2) Direction Explanatory Note • Get help with remote education • Travel abroad from England during coronavirus (COVID-19) • Promoting and supporting mental health and wellbeing in schools and colleges • Schools and COVID-19: guidance for Black, Asian and minority ethnic (BAME) staff and their employers in school settings • Asthma UK COVID-19: Health advice for people with asthma • HSE: Ventilation & air conditioning during the coronavirus (COVID-19) pandemic • Working safely during coronavirus (Covid-19) • Contingency framework: education and childcare settings • Secondary schools and colleges document sharing platform • Early years and primary schools document sharing platform • Rapid asymptomatic testing in specialist settings (from Step 4) • COVID-19 Response - Summer 2021 				

<ul style="list-style-type: none"> • Queen's College Covid-19 Boarding Operational Risk Assessment • Queen's College Covid-19 LFD Testing Risk Assessment • Queen's College Covid-19 LFD Testing (Primary & Nursery) Risk Assessment • Queen's college Covid-19 Outbreak Management plan. 				
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