

Coronavirus (COVID-19): risk assessment for pupils and staff at school

Arnbrook Primary School

Assessment conducted by: Peter Fowlie	Job title: Headteacher	Covered by this assessment: pupils, staff and other relevant individuals.						
Date of assessment: 28.5.20 Updated 3.6.20	Review interval: Weekly	Date of next review: 5.6.20						
Additional points and revisions are marked in blue.								

Related documents

Infection Control Policy, First Aid Policy, Business Continuity Plan, SEND Policy, COSHH Policy, Administering Medication Policy, Data Protection Policies, Security Policy, Behavioural Policy, Staff Code of Conduct, Whistleblowing, Disciplinary Policy, COVID-19 Action Plan, Safeguarding Policy.

	Risk rating	Likelihood of occurrence					
	Risk fatting	Probable	Possible	Remote			
	Major Causes major physical injury, harm or ill-health.	High (H)	Н	Medium (M)			
Likely impact	Severe Causes physical injury or illness requiring first aid.	Н	М	Low (L)			
	Minor Causes physical or emotional discomfort.	M	L	L			

For the purpose of this risk assessment, we have used the term 'coronavirus' to refer to coronavirus disease 2019 (COVID-19). Schools need to ensure this risk assessment reflects local arrangements and should only close if they do not have enough participating pupils or staff to warrant the school remaining open.

Governing Bodies and Trust Board should be involved in the decision making processes

Designated safeguarding leads (DSLs)

The optimal scenario for any school is to have a trained DSL or deputy available on site. It is recognised this may not be possible, and where this is the case there are 2 options to consider:

- a trained DSL or deputy from the school can be available to be contacted via phone or online video for example working from home
- sharing trained DSLs or deputies with other schools (who should be available to be contacted via phone or online video)

Where a trained DSL or deputy is not on site, in addition to one of the above options, the department recommend a senior leader takes responsibility for co-ordinating safeguarding on site. This might include updating and managing access to child protection files, liaising with the offsite DSL (or deputy) and as required liaising with children's social workers where they require access to children in need and/or to carry out statutory assessments at the school or college.

Whatever the scenario, it is important that all school staff and volunteers have access to a trained DSL or deputy and know on any given day who that person is and how to speak to them.

Please note the term "parent" refers to any parent or carer who is a key worker or is a parent or carer to a vulnerable child.

Furthermore, the term "pupils" refers to those attending school – all other pupils should learn from home.

Communication

In first instance communication with all employees will be done via email and other virtual means, utilising platforms such as MS Teams, Zoom, Skype etc. Phone call will also be used where employees do not have an individual email account or face technological barriers. Face-to-face meetings will only be used as a last resort, where this is the case social distancing restrictions will apply.

A	rea for concern	Who may be affected ?	Risk rating prior to action H/M/L	Recommended controls	In place? Yes/No	By whom?	Deadline/Rev iew Date	Risk rating following action H/M/L
	areness of policies	All	H	All staff, pupils and volunteers are aware of all relevant policies and procedures including, but not limited to, the following: - Health and Safety Policy - First Aid Policy - Intimate Care Policy - SEND Policy - Whistleblowing - Code of Conduct All staff have regard to all relevant guidance and legislation including, but not limited to, the following: - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 - The Health Protection (Notification) Regulations 2010 - Public Health England (PHE) (2017) 'Health protection in schools and other childcare facilities' - DfE and PHE (2020) 'COVID-19: guidance for educational settings' The relevant staff receive any necessary training (including face-to-face and/or online) and guidance that helps minimise the spread of infection, e.g. infection control training. The school keeps up-to-date with advice issued by, but not limited to, the following: - DfE - NHS - Department of Health and Social Care - PHE - The school's local health protection team (HPT) Staff are made aware of the school's infection control procedures in relation to coronavirus via email, virtual meetings and face-to-face briefings in small groups	Y Y Y Y Y Y	Headteacher Headteacher Headteacher Headteacher Headteacher/CE O Headteacher	29.5.20 Middays 3.6.20 Teachers & Support Staff – Online. Ongoing	M
				following social distancing.	Υ	Headteacher	LL.U.LU	

Parents are made aware of the school's infection control procedures in relation to coronavirus via letter, Dojo and social media – they are informed that they must contact the school as soon as possible if they believe their child has been exposed to coronavirus. Pupils are made aware of the school's infection control procedures in relation to	Y Y	Headteacher	29.5.20
coronavirus via pre-home schooling tasks and 'group input', they are informed that they	Y	Headteacher	
must tell a member of staff if they begin to feel unwell.	'	Headteacher	
Data Protection Policies and principles of GDPR are followed at all times – this includes withholding the names of staff, volunteers and pupils with either confirmed or suspected	Υ		Ongoing
cases of coronavirus.			
Fire & Evacuation			
Review the fire risk assessment to take into account any changes to the use of building	Υ	Facilities Manager	0.0.00
and / or rooms within it.			2.6.20
Consider any new fire hazards which may have been introduced, e.g. increased	٧	Headteacher	2.6.20
supplies of PPE (source of fuel / block exits), alcohol hand gel (flammable – kept away			
from heat sources) etc.	V	Facilities	
Doors propped open (to minimise contact and aid ventilation) MUST be closed on sounding of the fire alarm (during emergency evacuation) and at the end of the school	Υ	Facilities Manager	Ongoing
day (overnight).		manage.	Ongoing
Fire doors MUST not be propped open & fire evacuation routes to be kept clear at all	Υ	Fasilitias	Ongoing
times.		Facilities Manager	Ongoing
Safe egress from the building MUST be considered during any reconfiguration of room	Υ	Managor	
layout / usage. Changes to fire evacuation procedures or roles supporting fire evacuation will be	Υ	Headteacher	0.000
communicated to all staff via email and signage around school AND key fire safety			3.6.20
messages communicated to staff and pupils.			
The fire assembly point has been reviewed to maximise social distancing whilst	Υ	Headteacher	2.0.00
maintaining safe distance from the building – no changes in fire assembly points but		Troughous nor	3.6.20
2m distancing to be enforced.	V	l la adta ada a	
Fire drill to be completed on first day of re-occupation and a record maintained in the	Υ	Headteacher	Dlannad for
fire log book.			Planned for 4.6.20
Personal Emergency Evacuation Plans (PEEPs) MUST be reviewed to ensure support		SENDCO	1.0.20
can be provided to staff and pupils, where required.	Υ	SENDCO	N/A
Contingency plans in place for alternative support for PEEPs due to staff absence, where		02.1000	
required.	Υ		

					N/A	
All Spread of infection (including poor hygiene practice)	H	Infection control procedures are adhered to as much as possible in accordance with the DfE and PHE's guidance. Risk of transmission due to poor handwashing & hygiene All staff, pupils, contractors and visitors will be required to wash their hands for 20 seconds with soap and water, remembering the importance of proper drying: Before leaving home On arrival at school After using the toilet After breaks / sporting activities Before eating any food (inc. snacks) Before leaving school Staff to supervise young children to ensure they wash their hands for 20 seconds with soap and water. Pupils are supervised by staff when washing their hands to ensure it is done correctly, where necessary/possible. Visual and written handwashing guidance is displayed next to each sink. Additional alcohol-based sanitiser (that contains no less than 60 percent alcohol) is provided for use where social distancing cannot be adhered to. Liquid Soap dispensers are used in line with the Infection Control Policy Sufficient amounts of soap (and hand sanitiser where applicable), clean water, paper towels, tissues and lidded waste disposal bins are supplied in all toilets, classrooms and kitchen areas. Blue lidded bins allocated for used paper towels and tissues in each classroom. Midday supervisor within each bubble will be responsible for checking stocks of soap and hand drying facilities tat lunchtime and class teachers in each bubble throuhgout the day. Staff to report any issues. Cleaning staff and facilities manager will check stock levels at the end of each day. Staff to reinforce messages (to pupils and others) through our 'Rainbow Rules' to; Avoid touching eyes, nose and mouth with unwashed hands. Wash hands immediately after doing so. Catch it, Bin it, Kill it. Cover cough / sneeze with tissue, throwing tissue in the bin and washing hands	Y Y Y Y Y Y Y	Headteacher All staff, pupils, Parents/carers, visitors. Class teachers. SLT Facilities Manager Facilities Manager Facilities Manager Facilities Manager Midday supervisors/cleaner s/class teachers/Facilities Manager. All teaching staff	Information shared with all staff, pupils and parents/carers , ahead of wider reopening on 4.6.20. Alterations to school site, classrooms and all spaces made ahead of wider reopening on 4.6.20 Many measures within this section are 'ongoing' with no set completion date.	M

Rainbow rules are shared prior to children returning to school, along with home learning activities for families. In addition, learning activities in school when children return linked to these rules. Rainbow rules are displayed prominently around the school. Behaviour policy updated to reflect new Rainbow Rules and potential sanctions if they are not followed by pupils. Risk of transmission via the fixed physical environment Cleaning regime reviewed to provide extra attention to hand contact points, surfaces and toilet spaces are cleaned throughout the school day. Cleaning to be carried out: Headteacher SENDCO Y Teachers/Cleaners/ Midday supervisors	
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toilet spaces are cleaned throughout the school day. Cleaning to be carried out: Midday supervisors	
Before breaktime (Teacher – hand contact points and tables)	
Before lunchtime (Midday – hand contact points and tables) Before lunchtime (Midday – hand contact points and tables) Y	
After lunchtime (Midday – hand contact points and tables and toilets/sinks)	
At the end of the school day (Cleaner – normal cleaning of classroom)	
Increased cleaning regime in Early years & Year 1. Interim cleaning during the school EYFS & day of hand contact points, teaching materials, shared equipment and activities.	
V1 Ctaff	
Midday supervisors	
construction toys. These all need to be cleaned before and after use, as well as in	
between sessions if they are to be accessed by different groups.	
Outdoor fixed play equipment not to be used in main playground and EYFS playground.	
Prop doors open, and have windows open, where safe to do so (considering fire safety Facilities Manager	
and safeguarding), to limit use of door handles and aid ventilation. Fire doors must not	
be propped open.	
Remove soft furnishings, soft toys and toys that are hard to clean (such as those with	
intricate parts).	
Bins for tissues and paper towels will be emptied at lunchtime and the end of the	
school day. Staff to monitor and empty bin more regularly if required.	
rs/Class Teachers	
Y South Facilities	
Staff required to conduct cleaning tasks to have received suitable and sufficient training Headteacher/Facilit	
and/or guidance for safe cleaning procedures and use of hazardous substance.	
Risk of transmission via working in close proximity & contact	
EYFS & Social distancing MUST be maintained wherever possible ensuring that staff and pupils	
Y1 Staff are always spaced out.	
Social distancing for very young children will be harder to maintain. Staff to implement	
the recommended measures as far as they are able, whilst ensuring children are kept Y	
safe and well cared for.	
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In relation to safe touch: Physical contact (a high five for example) must not be used to provide praise or congratulations. Appropriate, safe touch is also sometimes used to	
and a district and shill are produced of firm an applicate shill accepted by with your control	
calm a distressed child or encourage/affirm an anxious child, especially with younger	
pupils. In line with social distancing, other means of calming and soothing a child's strong	
emotions should be used, as referred to in our safe touch policy;	
● Slowing one's pace	
● Lowering the voice	
 Encouraging them to breathe more deeply 	
 Talking slowly firmly and quietly in an unhurried unflustered way 	
 Providing clear predictable consistently held boundaries. 	
This may be more difficult with younger pupils. If a child is so distressed that a staff	
member feels they need some form of safe touch to reassure them, this should be done Y EYFS and Y1 Staff	
in line with our safe touch policy and PPE guidance that it's only needed for routine use	
and/or when dealign with a child displaying symptoms. Contact should be brief, gentle	
and on open clothed parts of the body (arms or shoulder) and staff should wash hands	
immediately afterwards and maintain as much distance as possible.	
Children, young people and staff to only mix in a small, consistent group – maximum of	
15 pupils.	
Small groups to remain 2m away from each other wherever possible - classrooms and	
toilets allocated in different areas of the school so bubbles are not popped and contact Y	
is minimal. All classrooms have direct outside access.	
One-way system around school site. Pinch points, such as doorways, are demarcated	
clearly to avoid/restrict congestion. Corridors and central areas are marked with desired	
circulation routes made clear.	
Classes split in half, with a maximum of 15 pupils per small group with desks 2m apart	
and two members of staff. Vulnerable children and children of critical workers to be split	
into small groups with a maximum of 15 pupils.	
into small groups with a maximum of 15 pupils.	
Desks are spaced 2m apart (minimum). Classrooms and EYFS learning environments	
re-modelled so non-essential furniture is removed, maintaining space between seats and	
desks where possible.	
The same teacher(s) and other staff are assigned to the same group and, as far as	
possible, these stay the same during the day and on subsequent days. SLT	
Children all use the same classroom, and in EYFS, the same area of a setting throughout	
the day, with a thorough cleaning of the rooms at the end of the day, and cleaning during	
the school day.	

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Wherever possible, lessons and classroom activities take place outdoors in allocated	Υ		
playground spaces.		Class teachers	
School timetable reviewed to ensure that each group/bubble has staggered playtimes			
and lunchtimes and their own playground zones, with 2m 'safe zone' between groups.	Υ	SLT	
Playground equipment provided to encourage pupils to play 2m apart (tennis rackets,		JOLI	
hoops etc). These are only used by one group at a time and cleaned after use by		SLT/Class	
teachers in the group. 2 members of staff for each group at playtime to ensure social		Teachers	
distancing adhered to as much as possible and activities are structured.	Υ		
Avoid teaching activities which involve:			
1 · · · · · · · · · · · · · · · · · · ·	V	Class Teacher	
Circle time objects Advisor delaying	Ĭ	OLT.	
Artefact sharing		SLT	
Gymnastics and contact PE activities.			
No whole-school assemblies or activities where different bubbles will mix.	v		
When entering school, pupils will put coats on back of their chairs, lunchbox under their		Class Teachers	
desk, water bottle on their table, on their allocated desk. In EYFS, each child will have			
a tray/box and an allocated carpet space. In EYFS, where social distancing harder to maintain, activities set up with maxium			
number of children at each activity, with activities spaced so children can be 2m apart.	Υ		
In EYFS, ratio of 1:8 will be used for teacher:pupil.		EYFS Staff	
Snacks can be eaten at an allocated time (discretion of class teacher) by pupils at their			
desks. Hands washed before and after snack eaten. No snacks or drinks outside		Class Teachers	
during playtime/lunchtime.	Υ	Midden	
At lunchtime, pupils either bring a packed lunch or order one from school kitchen.		Midday supervisors/Class	
Lunches from school kitchen delivered to classroom by midday supervisor and eaten at		Teachers	
desks. Pupils do not share food, cutlery or cups.			
No shared drinking cups – single use cups can be provided if needed and disposed of in	Υ	Class Teachers	
blue lidded bin after use. Staff and pupils to avoid bringing additional items from home – coat, lunchbox and water			
bottle only (in addition to any required medication) and this is communicated prior to	Υ		
returning to school and regularly afterwards. Such items (if required) to be cleaned before		SLT & Class	
being distributed. In addition, items from school such as a piece of artwork, are not to be		Teachers	
sent home. These should be stored in pupils' trays' and a photo sent home on ClassDojo.			
Pupils to have their own equipment provided and remain with this equipment. This will			
be in a tray on their desk or in a named zipped wallet (EYFS) Items to be cleaned		Class Teachers	
frequently.	v		
I .	J.	1	

Pupils to work in as small groups as possible and work / play outside as often as this is possible. When working inside, pupils should be in small groups, in well ventilated areas (e.g. with windows / outside doors open) and follow social distancing guidance. Use of toilets to be carefully managed so only one child uses toilets at any one time. Each bubble/group has own toilet facilities (including staff toilet for each bubble).	Y	Class Teachers SLT/Class Teachers	
Cleaning Cleaners are employed by the school to carry out daily, thorough cleaning that follows national guidance and is compliant with the COSHH Policy and the Health and Safety Policy.	V	Facilities Manager/Cleaners/	
An allocated individual (Peter Fowlie, Headteacher) monitors the cleaning standards of school cleaning and discusses any additional measures required with regards to managing the spread of coronavirus. Liaison with Trust Facilities and Operations Director.	Υ	Headteacher/Facilit ies Manager	
Cleaning regime reviewed to provide extra attention to hand contact points, surfaces and toilet spaces are cleaned throughout the school day. Cleaning to be carried out: Before breaktime (Teacher – hand contact points and tables) Before lunchtime (Midday – hand contact points and tables) After lunchtime (Midday – hand contact points and tables and toilets/sinks)	Y	Cleaners/Midday supervisors/Class Teachers	
• At the end of the school day (Cleaner – normal cleaning of classroom) Increased cleaning regime in Early years & Year 1. Interim cleaning during the school day of hand contact points, teaching materials, shared equipment and activities including, but not limited to, cutting and sticking, painting and gluing, indoor / outdoor construction toys. These all need to be cleaned before and after use, as well as in between sessions if they are to be accessed by different groups.		Class Teachers/Midday supervisors/Cleane rs.	
Bins for tissues and paper towels will be emptied at lunchtime and the end of the school day. Staff to monitor and empty bin more regularly if required. Staff required to conduct cleaning tasks to have received suitable and sufficient training for safe cleaning procedures and use of hazardous substance.		Midday supervisors/cleaner s. Facilities Manager	
Enhanced cleaning to be undertaken where required – advice about enhanced cleaning protocols is sought from Trust Operations and Facilities Director. Cleaning areas where staff/child has been with coronavirus symptoms: clean the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.	•	Headteacher	
Cleaning should be undertaken with disposable gloves and an apron. Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors,		Cleaners/Class Teachers/SLT	

but which are not visibly contaminated with body fluids can be cleaned thoroughly as	Υ		
normal.			
Areas where a symptomatic individual has spent time and objects / surfaces they have			
come into contact with MUST be suitably cleaned and / or disinfected. All surfaces that			
the symptomatic person has come into contact with must be cleaned and disinfected,			
including:			
objects which are visibly contaminated with body fluids	Υ		
all potentially contaminated high-contact areas such as bathrooms, door			
handles, telephones, grab-rails in corridors and stairwells			
The Government guidance MUST be followed for cleaning non-healthcare settings.	V		
https://www.gov.uk/government/publications/covid-19-decontamination-in-non-	ľ		
healthcare-settings/covid-19-decontamination-in-non-healthcare-settings	v		
Treatthearte-settings/covid-15-decontamination-in-non-nearthearte-settings			
Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces,			
floors, chairs, door handles and sanitary fittings, using cleaning products provided. Avoid			
creating splashes and spray when cleaning.	Υ		
Any cloths and mop heads used must be disposed of and should be put into waste			
bags as outlined below.			
Any items that are heavily contaminated with body fluids and cannot be cleaned by	Υ		
washing should be disposed of.			
If employees have specific concerns about their or others health, they should be			
directed to the Public Health England advice or ring NHS 111. The GP, pharmacy,			
urgent care centres or hospitals will be avoided.	Y		
Waste (i.e. used tissues, disposable cloths, disposable gloves) used during suspected			
COVID-19 cases MUST be managed by:			
Placing in a plastic rubbish bag (different colour to normal black bin bag) - tied when			
<mark>full.</mark>			
Plastic bag placed in a second bin bag and tied.			
Waste should be stored in identified refuse container (away from main/communal bin			
store) in courtyard area until either negative test results are known or the waste has			
been stored for at least 72 hours, upon which point it can be placed in normal bin waste.			
Therefore, if waste is stored in courtyard, no access for staff/pupils.			

III health	Children	Pupils at increased risk: Children and young people (0 – 18 years of age) who have been classed as clinically extremely vulnerable due to pre-existing medical conditions are advised to shield. Clinically extremely vulnerable children are not expected to be attending school and should continue to be supported at home as much as possible. If a child is deemed clinically vulnerable (but not clinically extremely vulnerable), parents MUST follow medical advice provided for their child. Identify pupils who are clinically extremely vulnerable and clinically vulnerable by providing the information above and reviewing school's own information. Rob Maddams (SENDCO) to communicate appropriately with these children's families - as well as families of children with SEBD - and agree on whether child can attend setting and, if necessary, update health care plans, behaviour management plans and risk assessments. Additional arrangements implemented to support medical needs, and SEMH needs of pupils – including pupils who may have SEBD - who will be attending schools and documented within health care plans, behaviour plans and risk assessments. Health care plans, risk assessments and arrangements for supporting medical needs and SEMH needs of pupils to be communicated to relevant persons only. This may	Y Y Y Y	SENDCO SENDCO SLT Headteacher SENDCO SENDCO SENDCO SENDCO	Information shared with all staff, pupils and parents/carers , ahead of wider re- opening on 4.6.20. Alterations to school site, classrooms and all spaces	

	· · · · · ·			
	include assessing the need for PPE / RPE to facilitate any close contact personal care,	Υ	Headteacher/HR	made ahead
	or procedures that create airborne risk (e.g. suctioning and physiotherapy).	Υ	Officer	of wider re-
	Behaviour policy updated to include specific COVID-19 section. Any form of physical		Headteacher/HR	opening on
	intervention is to be a 'last resort' and avoided wherever possible. Risk assessment and	V	Officer	4.6.20
	behaviour plan will be followed at all times with pupils who may present with challenging	ı	Headteacher/HR	4.0.20
	behaviours – this will include PPE guidance for individual pupils where neccesary.		Officer	
	Updated health care plans to be signed by staff and parent / carer.	Υ		
	Staff at increased risk:		Headteacher/HR	
	Clinically extremely vulnerable individuals are advised not to work outside the home.		Officer	Many
	Clinically extremely vulnerable staff are advised to rigorously follow shielding measures			measures
Staff	in order to keep themselves safe. Staff in this position are advised not to attend work.			within this
Otan	Clinically vulnerable individuals are advised to take extra care in observing social	Y	Headteacher/HR	
			Officer	section are
	distancing and should work from home where possible.	Υ		'ongoing' with
	If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work			no set
	from home, they should be offered the safest available on-site roles, staying 2m away	V	Headteacher/HR	completion
	from others wherever possible. The individual may choose to take on a role that does	Y	Officer/SLT	date.
	not allow for this distance if they decide to do so. If they have to spend time within 2m of		OLT	date.
	other people, school will carefully assess and discuss with them whether this involves an	Υ	SLT	
	acceptable level of risk.			
	School will identify staff who are clinically extremely vulnerable and clinically vulnerable	V		
	through staff survey. Line Managers to discuss medical needs disclosed by staff and	!	Headteacher/HR	Where no
	support mechanisms implemented.		Officer	date is
	Leaders will also assess the impact of returning to school on staff and pupils with			provided –
	protected characteristics, including race, disability and gender, and alongside individuals			measures are
	affected, risk-assess those at potentially greater risk and make appropriate	Υ	Headteacher/HR	
	arrangements accordingly.	•	Officer/SLT	ongoing or will
	Regular communication with staff working from home by line managers. Staff must not	V		be in place
	be disadvantaged by not being present on site.	Y		prior to
	Arrangements implemented to support additional needs of staff attending school will be			4.6.20.
	documented within an individual risk assessment.		Headteacher/HR	1.0.20.
	Any individual risk assessments for staff must be completed in conjunction with the	Υ	Officer	Exact dates
	employee and manager. Both parties must sign the risk assessment. Regular		Headteacher/HR	
	communication for both parties to discuss concerns and additional / reduced control		Officer	are provided
	measures. The risk assessment must be reviewed by both the employee and manager			for individual
	, , ,	Υ	Headteacher/HR	actions where
	regularly and updated to reflect any changes to arrangements.		Officer	appropriate.
	Staff/pupils living with a shielded or clinically vulnerable person.	Υ		S.P.P. Opriotor
	Assess the need for PPE / RPE to facilitate any close contact personal care, or			
	procedures that create airborne risk (e.g. suctioning and physiotherapy)			
Staff &	, , ,	Υ	11 16 1	
others in			Headteacher	
househol	childcare setting.	Υ		
d.				

	Pupils or staff living in a household with someone who is extremely clinically vulnerable		Headteacher/Parents/	
	it is advised they only attend their education or childcare setting if stringent social		Carers	
	distancing can be adhered to, and in the case of children, they are able to understand	γ		
	and follow those instructions.	'		
	Individuals within the same household as staff or pupils symptomatic or		All staff	
	confirmed case of COVID-19.		Headteacher/HR	
	Individuals to seek advice from NHS 111, self-isolate and then contact local testing and		Officer	
All	arrange tests for self and family.		Onicei	
	Parents/carers advised to inform school immediately of anyone in household showing			
	symptoms of COVID-19 and ensure they do not come to school or are collected		Headteacher	
	immediately. Parent/carer to inform school of outcome of test so appropriate action can	Υ		
	be taken.			
	Staff to report any absence of staff or pupil relating to COVID-19 to Peter Fowlie			
	(Headteacher)			
	[Peter Fowlie (Headteacher) and Jo Clifton (HR Officer)] to monitor staff absence related			
	to COVID-19.		Headteacher	
	Pupil displays symptoms of COVID-19 whilst at school.		ricadicacrici	
	Staff informed of key COVID-19 symptoms and kept up-to-date with national guidance about the signs, symptoms and transmission of coronavirus. Pupils and parents/carers			
	informed of key COVID-19 symptoms.		All staff	
Pupils &	high temperature – this means child/adult feels hot to touch on chest or back			
Staff	(for a child this is above 38 degrees)			
ou.	 a new, continuous cough – this means coughing a lot for more than an hour, 		Teachers/Support	
	or 3 or more coughing episodes in 24 hours (if you usually have a cough, it		Staff/Midday	
	may be worse than usual)		supervisors/Cleaners	
	loss or change to your sense of smell or taste – this means you've noticed you			
	cannot smell or taste anything, or things smell or taste different to normal.			
	Any pupil who displays one or more of these symptoms is treated in accordance with the			
	COVID-19 Action Plan			
	Child displaying one or more symptoms should be moved to our Attendance			
	Office. Signage displayed to indicate the isolation area advising "no entry.			
	2. Open the window for ventilation and close the doors. If child is old enough,			
	wait outside the room, maintaining adult supervision. If the child cannot be left			
	alone in the room, then PPE should be worn whilst supervising and distance			
	maintained as much as possible. PPE is located within each bubble and in the			
	Attendance Office.			
	* When a child becomes unwell and a supervising a distance of 2m can't be maintained			
	within the isolation area, the following PPE MUST be worn:			
	A face mask			
	If contact with the child is required then additional PPE must be worn:			
	Gloves			
	Apron			

 Face mask If there is a risk of splashing to the eyes (e.g. coughing, spitting or vomiting), then additional PPE must be worn: Gloves Apron Face mask Eye protection 3. Contact parents/carers and ask them to collect child immediately. Siblings should also be collected - they should be sent to the main reception when parent/carer arrives. 4. If they need to go to the bathroom while waiting to be collected, they should use the staff toilets by the office. The bathroom should be cleaned and disinfected using standard cleaning products after use, wearing PPE (apron and gloves) 5. In an emergency, call 999 if they are seriously ill or injured or their life is at risk. 6. Parent/carer advised that their child should self-isolate for 7 days. Fellow household members should self-isolate for 14 days. They should be told not to visit the GP, pharmacy, urgent care centre or a hospital, to follow the government's stay at home guidance and access testing. PareParents will be able to use the 111 online coronavirus service if their child is 5 or over. Parents will be able to call 111 if their child is aged under 5. If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Cleaning should be undertaken with disposable gloves and an apron. Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. Areas where a symptomatic individual has spent time and objects / surfaces they have come into contact with MUST be suitably cleaned and / or disinfected. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected. including: objects which are visibly contaminated with body fluids • all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

The Government guidance MUST be followed for cleaning non-healthcare settings. https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using cleaning products provided. 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.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

If employees have specific concerns about their or others health, they should be directed to the Public Health England advice or ring NHS 111. The GP, pharmacy, urgent care centres or hospitals will be avoided.

Waste (i.e. used tissues, disposable cloths, disposable gloves) used during suspected

COVID-19 cases MUST be managed by:

Placing in a plastic rubbish bag (different colour to normal black bin bag) – tied when

Plastic bag placed in a second bin bag and tied

Waste should be stored in identified refuse container (away from main/communal bir store) in courtyard area until either negative test results are known or the waste has been stored for at least 72 hours, upon which point it can be placed in normal bin waste Therefore, if waste is stored in courtyard, no access for staff/pupils. A record must be kept of everyone the person has been in contact with and monitor for 14 days. Any cases of suspected coronavirus, even if they are untrue, are reported immediately to line managers (pupil or staff)

Staff member displays symptoms of COVID-19 whilst at school.

Staff able to recognise key COVID-19 symptoms in themselves and colleagues. The Government stay at home guidance MUST be followed if staff become unwell with

- high temperature this means child/adult feels hot to touch on chest or back (for a child this is above 38 degrees)
- a new, continuous cough this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- loss or change to your sense of smell or taste this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

If staff feel unwell with the above symptoms during the school day they MUST go home immediately.

A record MUST be kept of everyone the person has been in contact with and monitor for 14 days. 999 will be called in an emergency, if anyone is seriously ill, injured or their life is at risk. If employees have specific concerns about their or others health, they should be directed to the Public Health England advice or ring NHS 111. The GP, pharmacy, urgent care centres or hospitals will be avoided. Testing the school will arrange a test to be booked for you through the employer portal or staff can book one directly through the portal. Employees can choose to visit one of the drive-through testing sites across the country or receive a home testing kit. See: https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested for more information. Areas where a symptomatic individual has spent time and objects / surfaces they have come into contact with MUST be suitably cleaned and / or disinfected. The Government guidance MUST be followed for cleaning non-healthcare settings. Staff or pupils who have been in contact with someone with symptoms do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the adult subsequently tests positive. They should wash their hands Y thoroughly for 20 seconds after any contact with someone who is unwell. ΑII Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Cleaning should be undertaken with disposable gloves and an apron. Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. Areas where a symptomatic individual has spent time and objects / surfaces they have come into contact with MUST be suitably cleaned and / or disinfected. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including: objects which are visibly contaminated with body fluids all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells The Government guidance MUST be followed for cleaning non-healthcare settings. https://www.gov.uk/government/publications/covid-19-decontamination-in-nonhealthcare-settings/covid-19-decontamination-in-non-healthcare-settings Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using cleaning products provided. 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.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of. If employees have specific concerns about their or others health, they should be directed to the Public Health England advice or ring NHS 111. The GP, pharmacy, urgent care centres or hospitals will be avoided. Waste (i.e. used tissues, disposable cloths, disposable gloves) used during suspected COVID-19 cases MUST be managed by: Placing in a plastic rubbish bag (different colour to normal black bin bag) – tied when full. Plastic bag placed in a second bin bag and tied. Waste should be stored in identified refuse container (away from main/communal bin store) in courtyard area until either negative test results are known or the waste has been stored for at least 72 hours, upon which point it can be placed in normal bin waste. Therefore, if waste is stored in courtyard, no access for staff/pupils. Any cases of suspected coronavirus, even if they are untrue, are reported immediately to line managers (pupil or staff) **Test outcomes** If a child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation. Where the pupil tests positive, the rest of their class or group within their childcare or education setting are sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms. Awareness of measures Pupils, staff and all visitors to site to be made aware that anyone with symptoms of Headteacher coronavirus, or in a household where someone is displaying symptoms, or they have been advised to stay at home, must NOT enter the school site and must follow government stay at home guidance. This will be clearly displayed on signage around the site, communicated via ClassDojo, website and email.

Poor management of	 	PPE	V	Facilities Manager &	Infomation	
infectious diseases	М	PPE equipment is purchased and stock levels monitored. Staff are aware of PPE requirements via government guidance and infection control policy.	T		shared with all	L
		requirements via government galacines and infection control policy.				

<u> </u>		T			-
	Assurance of a secure supply chain to be in place for essential supplies prior to	Υ	Facilities Manager &	staff, pupils	
	reopening.		Headteacher	and	
	Emergency plans in place to for if there is an unmet urgent need for PPE, cleaning	Υ			
	materials and hygiene products to operate safely.		Facilities Manager &	parents/carers	
	The state of the s	Υ	Headteacher	, ahead of	
Ctoff	Class teacher in each bubble and midday supervisor will be responsible for checking			wider re-	
Staff	stocks of PPE, cleaning materials and hygiene products throughout the day in each	Υ	Class	opening on	
	bubble. Cleaners and facilities manager will check at the end of each day.		teachers/midday	•	
	Russell Lambert (Facilities Manager) will be responsible for ordering and sourcing stocks		supervisors/cleaners/f	4.6.20.	
	of PPE, cleaning materials and hygiene products.		acilities manager.		
	Staff responsible for 1 to 1 care have access to necessary PPE where pupils are present		g		
	in school. Individual 'vulnerable' pupil risk assessments to be carried out.		SENDCO		
	PPE is provided within each bubble and within isolation room (attendance office).		CLINDOO	Alterations to	
	The is provided within each bubble and within isolation room (attendance onice).	V	Headteacher		
	The milder of the that staff is advertised with a continuous in DDE bound what	'	ricadicacrici	school site,	
	The guidance states that staff in education settings will not require PPE beyond what	v		classrooms	
	they would normally need for work.	Ī	All staff	and all spaces	
	Children must not wear PPE as they may not understand how to handle them as directed		Ali Stali	made ahead	
	and inadvertently increase the risk of transmission.		T		
	If a child displays symptoms of coronavirus, and and a supervising a distance of 2m can't				
	be maintained within the isolation area, the following PPE MUST be worn:		staff	opening on	
	be maintained within the location area, the fellowing 11 E moot be worn.			4.6.20	
	A face mask				
	7 Made Madik				
	If contact with the child is required then additional PPE must be worn:				
	·			Many	
	• Gloves			Many	
	• Apron			measures	
	Face mask	V		within this	
	If there is a risk of splashing to the eyes (e.g. coughing, spitting or vomiting), then	Y		section are	
	additional PPE must be worn:	.,			
	Gloves	ľ	All (#	'ongoing' with	
	• Apron	,,	All staff	no set	
	Face mask	Υ	0.7	completion	
			SLT	date.	
	• Eye protection				
	<u>Compliance</u>		Headteacher & SLT		
	Staff are vigilant and report concerns about a pupil's/staff's symptoms, lack of				
	compliance with social distancing protocols, protocols not followed. Link to				
	Whistleblowing, Code of Conduct and Disciplinary policy			Where no	
				date is	
	The school is consistent in its approach to the management of suspected and confirmed			provided –	
	cases of coronavirus.			•	
				measures are	
				ongoing or will	
				ongoing or will	

	Social distancing measures are implemented as much as possible and PPE is worn where possible and applicable. Government guidance to be followed as the measure and school standard.			be in place prior to 4.6.20. Exact dates are provided for individual actions where appropriate.	
Reducing the number of persons on site All (including visitors)	If staff don't need to be on-site and duties can be performed at home then they should avoid the premises and have been instructed to do so. Non-essential visitors are asked remain away from site. In determining whether the visitor is essential consider whether the meeting can be undertaken remotely, whether there are any other health and safety, financial or other significant implications of not undertaking the visit. Peripatetic visitors and/or volunteers who would closely mix with staff and pupils are avoided as there is a greater risk of contracting and transmitting Covid-19 to multiple schools. Our standard response will be these aren't allowed. If deemed essential and allowed in school, they will need to follow strict social distancing and hygiene guidelines. Contractors undertaking statutory testing and emergency repairs are permitted on site. They are advised to arrive and leave site avoiding pupil pick up and drop off times and the number and duration of face to face contacts with adults is limited as far as possible (e.g. 15 minutes). 2 metre social distancing protocols are followed when they are indoors on site. Governor meetings and/or visits are cancelled and meetings held virtually. School performances are not held unless they are filmed and recorded or live streamed (parental permission required). No whole school assemblies. Sports days could be held if parental access is not via the school building, and strict social distancing of parents/careers is guaranteed on the school field or playground. Pupils queue 2 metres apart at entrances and exits to avoid risks of transmission. Clear drop off/collection points are allocated, parents are communicated to regarding instructions via letter/Dojo. Parents are advised not to congregate. Drop off/collection times are staggered.	Y Y	Headteacher Headteacher Headteacher Headteacher/Faci lities Manager. Chair of LGB SLT SLT SLT/Facilities Manager SLT SLT SLT/Facilities Manager SLT SLT Headteachers (Y6) SLT/Class Teachers (Y6) SLT/Class Teachers Headteacher	Information shared with all staff, pupils and parents/carers , ahead of wider reopening on 4.6.20. Alterations to school site, classrooms and all spaces made ahead of wider reopening on 4.6.20 Many measures within this section are 'ongoing' with no set	

			Parents / Carers advised only one individual to accompany children to the education / childcare setting. Older children (Year 6) encouraged to walk to school independently if appropriate. If supervised on way to school, these children must walk directly onto school site without adult – staff will be around site to supervise.		Headteacher/Office Manager	completion date.	
			Older children who bring a mobile phone to school will be told to keep this, turned off, in their school bag, during the school day. Parents / Carers reminded to not congregate at entrance gates or doors or enter the site (unless they have a pre-arranged appointment – which should be conducted safely) and to leave promptly, observing social distancing in and around site.		Headteacher	Where no date is provided – measures are ongoing or will	
			Parents are encouraged to walk or cycle where possible and safe Office/Reception:		Headteacher	be in place prior to 4.6.20.	
			 Markings are present in foyer/reception. Office staff always keep glass screens closed. Remove any touch screen or biometric check in or intercom which involves skin contact – use signing in sheets and visitors asked to use own pen whenever possible. Signage on gate / door advising of procedures Frequent cleaning regime of hand contact points - twice a day in reception/office areas. Hand gel available Drop box for parents to return letters and other items and collect home learning packs and other items. Staff room to be demarcated to abide by social distancing principles. Maximum of 3 			Exact dates are provided for individual actions where appropriate.	
			people in staffroom at any one time and staggered usage. Softer furnishings removed. Staff must wipe down surfaces and touch points before and after use. Staff encouraged to use outside spaces for breaks. Area around photocopier demarcated to ensure social distancing and staff reminded to wash hands before and after use of photocopier touch pad.				
Communication	All	М	This completed risk assessment is shared with staff and staff complete electronic form to confirm they have read and understood its contents. Staff handbook produced to sit alongside both RA and infection control policy/guidance.	Y Y Y	Headteacher Headteacher Headteacher	Information shared with all staff, pupils and	L

 		T	
The relevant control measures from this risk assessment are communicated to parents,			parents/carers
carers, pupils and visitors. Signage is installed wherever necessary as a reminder.	Υ	Headteacher	, ahead of
Any space of a consisted coverns views account of the coverns continues are non-set of inspectations.	Υ	Headteacher	wider re-
Any cases of suspected coronavirus, even if they are untrue, are reported immediately		Headteacher	opening on
to line managers (pupil or staff)	Υ		4.6.20.
Schools put into place any actions or precautions advised by the Trust.			
Schools keep pupils and parents adequately updated about any changes to infection	Υ	Headteacher	
control procedures as necessary.			
Parents/carers advised that only short, essential communication, observing social	Υ	Headteacher	Alterations to
distancing, is allowed at pick up or drop off. Other longer communication will be via	Ϋ́	Headteacher	school site,
phone or ClassDojo	Ϋ́	Headteacher	classrooms
Parents/carers are informed not to enter the school building unless they have a pre-	1	rieauteachei	and all spaces
arranged appointment. Conversations with parent/carers are held on the telephone	Υ	Headteacher	made ahead
wherever possible. The 2-metre social distancing rule applies to these meetings and kept			of wider re-
as short as possible (e.g. 15 minutes) and outside if appropriate.	Υ	Headteacher	opening on
Parent evenings are cancelled.			4.6.20
Daily checks are made with the Government online guidance.	Υ	Headteacher	4.0.20
Government guidance may be issued overnight, checks must be made prior to opening			
each day.			Many
Up to date guidance is distributed and communicated through the school community,			measures
including Governors, Staff, Union Reps, Academy Trust etc. via email.			within this
Changes to school arrangements will be communicated to parents via ClassDojo and			
website.			section are
Changes to pupil arrangements / requirements to be communicated and reinforced via			'ongoing' with
Head Teacher / Teachers.			no set
			completion
			date.
			Where no
			date is
			provided –
			measures are
			ongoing or will
			be in place
l			P. C. C.

			The school communicates with parents via letter/Dojo regarding any updates to school procedures which are affected by the coronavirus pandemic.	Y	Headteacher	prior to 4.6.20. Exact dates are provided for individual actions where appropriate.	M
Partial school closure or phased	All	Н	Pupils continuing education at school are informed of social distancing rules and how to maintain good levels of personal hygiene. Pupils continuing education at school are seated at least 2m away from their peers where possible. Pupils working from home are assigned work to complete to a timeframe set by their teacher. The headteacher maintains their plan for pupils' continued education during partial school closure to ensure there is minimal disruption to pupils' learning – this includes their plan to monitor pupils' learning while not in school. The Behaviour Policy and Staff Code of Conduct are adhered to at all times, even while working remotely. Policies are reviewed in line with COVID-19. High profile pupils are risk assessed individually The headteacher ensures all pupils have access to schoolwork and the necessary reading materials at home, prior to a school closure. The headteacher works with the IT technicians to ensure that all technology used is accessible to all staff – alternative arrangements are put in place where required. The headteacher liaises with the relevant organisations to ensure adequate provision is in place for pupils to be able to work from home, e.g. learning support. The school manages the use of parents' and pupils' contact details in line with the Data Protection Policy The headteacher liaises with other schools to find pupils a temporary place at a different school where their usual school has to close - Southwark Primary School	Y Y Y Y Y Y	Headteacher Headteacher Class teachers Headteacher All staff SENDCO Headteacher Headteacher/IT Technician Headteacher Headteacher Headteacher Headteacher Headteacher	Information shared with all staff, pupils and parents/carers, ahead of wider reopening on 4.6.20. Alterations to school site, classrooms and all spaces made ahead of wider reopening on 4.6.20	
			(Option 1) - Burford Primary School (Option 2). The headteacher accepts pupils from other schools where necessary to help children access essential education during the coronavirus pandemic (current arrangement for Southwark Primary School if required – not currently required)			Many measures within this section are 'ongoing' with	

	All		According to the exhabition of a security is arranged and sufficiently as if	V	Hoodtoochor	no set completion date. Where no date is provided – measures are ongoing or will be in place prior to 4.6.20. Exact dates are provided for individual actions where appropriat	
Vacant premises	All	L	Access to the school is restricted – additional security is arranged and put in place if required. Site team remain on-call in case of an emergency or if access to the school is required. External signage is visible to show that the school is closed and that access is restricted. Valuable school property and equipment is identified and reasonable measures are in place to ensure security. The site manager ensures the school premises is safe to return to before school activity resumes. Any hazards are reported to the headteacher as soon as possible and issues are resolved prior to school returning to usual business. The headteacher ensures the school reopens only when it is safe and advisable to do so, in line with local and national advice.	Y Y Y Y Y	Headteacher Facilities Manager SLT All staff Facilities Manager All staff Headteacher	Information shared with all staff, pupils and parents/carers, ahead of wider reopening on 4.6.20. Alterations to school site, classrooms and all spaces made ahead of wider re-	L

						opening on 4.6.20 Many measures within this section are 'ongoing' with no set completion date.	
						Where no date is provided – measures are ongoing or will be in place prior to 4.6.20. Exact dates are provided for individual actions where appropriate.	
First Aid & Emergencies	All	М	contact details, where required. Pupils' parents are contacted as soon as practicable in the event of an emergency.	Y Y Y Y	Office Staff Office staff Office staff Headteacher	Ongoing Ongoing Ongoing Ongoing Ongoing	L

The school has an up-to-date First Aid Policy in place which outlines the management	Υ	Headteacher	3.6.20	
of medical emergencies – medical emergencies are managed in line with this policy.	Υ	Headteacher		
First Aid Risk assessment has been carried out.			3.6.20	
If the need for PPE/RPE is required, then staff must be trained in the safe putting on	Υ	Headteacher	3.6.20	
and removal of items.				
Adequate number of first aiders, emergency first aiders, paediatric first aiders	Υ	Headteacher	29.5.20	
available in school.				
If the need for PPE/RPE is required, then staff must be trained in the safe putting on and	Υ	Headteacher	3.6.20	
removal of items.	Υ	Headteacher		
Government guidance issued for first responders should be considered during first aid				
response, available at: https://www.gov.uk/government/publications/novel-coronavirus-	Υ	Headteacher		
2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-				
and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov				
Training issued and refreshed continually to first aiders.			Ongoing	
First aid kits suitably stocked, located and checked routinely by teachers within each			Ongoing	
bubble				
Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up				
immediately in line with the Infection Control Policy and First Aid Policy, using PPE where		All staff	Ongoing	
required.				
Pupils with medication: Inhalers and medication will be stored for each child in their				
bubble, along with medication forms and medication logs. If parents/carers need their			Ongoing	
child to receive medication in school, they should contact over the phone in advance and		ce staff/class		
explain what is needed and when - office staff to complete medicine form over the phone		teacher		
and give to class teacher. Parent/carer then send the child to school with medicine and				
it is stored safely in classroom.				

Appendix A

First Aid Addendum COVID-19

May 2020

Related Trust Documents

Infection Control Policy

https://southwarkprimaryschool.sharepoint.com/:w:/r/sites/TrustStrategyandKeyDocuments/_layouts/15/Doc.aspx?sourcedoc=%7B1984C7C9-C137-44C3-BC29-

<u>086D26A2CF50%7D&file=Infection%20control%20guidance%20during%20COVID.docx&action=default&mobileredirect=true&DefaulttemOpen=1</u>, First Aid Policy (School specific), COSHH Policy, Data Protection Policies, Security Policy, Staff Code of Conduct, Whistleblowing, Disciplinary Policy, COVID-19 Action Plan, Plan for Effective Reopening.

Associated Guidance

 $\underline{\text{https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings} \\$

https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/

This document supplements the existing first aid arrangements for your school in recognition that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. The advice in this addendum is to ensure first aiders can continue to keep those they care for and themselves safe.

As a first aider, in addition to high quality clinical skills, to be effective you need to:

- 1. <u>Be aware of the risks to yourself and others</u>: When approaching a casualty there is always a risk of cross contamination especially when you may have to get close to the casualty to assess what is wrong or to check their breathing. It is always important to be aware of the risks of how this cross contamination has occurred;
- 2. <u>Keep yourself safe</u>: In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Also ensure that you don't cough or sneeze over a casualty when you are treating them. Don't lose sight of other cross contamination that could occur that isn't related to COVID-19;
- 3. <u>Give early treatment</u>: The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a casualty effectively;
- 4. <u>Keep yourself informed and updated</u>: As this is a new disease this is an ever changing situation and the school, government and NHS are continually updating their advice. Make sure that you regularly review updated guidance;
- 5. <u>Remember your own needs</u>: These are challenging and uncertain times for all. The COVID-19 outbreak has meant a lot of upheaval and worry for people. In order to help others you will also need to look after your own needs. Make sure you take time to talk about your fears and concerns with someone you trust and to take out time to look after yourself.

Responsibilities

Head teachers must ensure that:

- There are adequately trained members of staff in delivering first aid on site, including staff trained in paediatric first aid;
- Where out of date first aid certificates have not been updated due to restrictions, update online training has been completed;
- The requirements relating to the management of first aid outlined in COVID-19 guidance for educational settings have been implemented;
- The additional equipment that is specified in this guidance is provided;
- An adequate supply of PPE is available for first aider familiarisation and practice (for circumstances where they are not otherwise familiar with wearing PPE);
- First aiders take time to practice the use of PPE prior to needing to use it;
- Ensure all staff and pupils understand and practice good hand hygiene;
- Ensure all staff and pupils understand and practice good respiratory hygiene;
- First aiders do not fall into a clinically vulnerable group (unless a specific assessment has been carried out);
- This guidance is discussed with first aiders and they understand these new requirements.

First aiders must ensure that:

- They familiarise themselves with this information and follow these requirements where it is possible to do so;
- They undertake first aid duties applying the principles of social distancing and infection control as much as is possible;
- Where close contact is required they follow the requirements for wearing Personal Protective Equipment, specifically paying attention to the sequence for PPE removal in order to avoid self-contamination;
- Ensure that the equipment is ready for use as part of their response arrangements;
- Ensure that they protect themselves and others through rigorous cleaning, personal hygiene and regular hand hygiene;
- Avoid touching your mouth, eyes and nose.

Safe working arrangements for providing first aid:

Firstly, it is important that first aiders do not lose sight of other cross contamination that could occur that is not related to COVID-19. Ensuring to:

- Wear gloves or cover hands when dealing with open wounds;
- Cover cuts and grazes on own hands with waterproof dressing;

- Dispose of all waste safely;
- Not touch a wound with bare hands;
- Not touch any part of a dressing that will come in contact with a wound.

What to do if you are required to come into close contact with someone as part of your first aider duties:

Clean your hands thoroughly with soap and water or alcohol sanitiser before and after dealing with any first aid situation.

Where possible, all contact should be carried out while maintaining a distance of at least 2 metres (6 feet).

When dealing with a first aid issue, alternative working practices should be applied, e.g. allowing a pupil to hold their cold compress against a bumped area or hold a dressing against a minor cut, if bleeding.

Where it is not possible to maintain a 2 metre distance away from an individual, disposable gloves and a disposable plastic apron are recommended. Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.

The use of disposable eye protection (such as goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.

Providing assistance to unwell individuals who are symptomatic and may have COVID-19:

Staff informed of key COVID-19 symptoms and kept up-to-date with national guidance about the signs, symptoms and transmission of coronavirus. Pupils and parents/carers informed of key COVID-19 symptoms.

- high temperature this means child/adult feels hot to touch on chest or back (for a child this is above 38 degrees)
- a new, continuous cough this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- loss or change to your sense of smell or taste this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Any pupil who displays one or more of these symptoms is treated in accordance with the COVID-19 Action Plan

1. Child displaying one or more symptoms should be moved to our Attendance Office. Signage displayed to indicate the isolation area advising "no entry.

- 2. Open the window for ventilation and close the doors. If child is old enough, wait outside the room, maintaining adult supervision. If the child cannot be left alone in the room, then PPE should be worn whilst supervising and distance maintained as much as possible. PPE is located within each bubble and in the Attendance Office.
- * When a child becomes unwell and a supervising a distance of 2m can't be maintained within the isolation area, the following PPE MUST be worn:
- A face mask

If contact with the child is required then additional PPE must be worn:

- Gloves
- Apron
- Face mask

If there is a risk of splashing to the eyes (e.g. coughing, spitting or vomiting), then additional PPE must be worn:

- Gloves
- Apron
- Face mask
- Eye protection
- 3. Contact parents/carers and ask them to collect child immediately. Siblings should also be collected they should be sent to the main reception when parent/carer arrives.
- 4. If they need to go to the bathroom while waiting to be collected, they should use the staff toilets by the office. The bathroom should be cleaned and disinfected using standard cleaning products after use, wearing PPE (apron and gloves)
- 5. In an emergency, call 999 if they are seriously ill or injured or their life is at risk.
- 6. Parent/carer advised that their child should self-isolate for 7 days. Fellow household members should self-isolate for 14 days. They should be told not to visit the GP, pharmacy, urgent care centre or a hospital, to follow the government's stay at home guidance and access testing. PareParents will be able to use the 111 online coronavirus service if their child is 5 or over. Parents will be able to call 111 if their child is aged under 5.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

Cleaning should be undertaken with disposable gloves and an apron. Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

Areas where a symptomatic individual has spent time and objects / surfaces they have come into contact with MUST be suitably cleaned and / or disinfected. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

The Government guidance MUST be followed for cleaning non-healthcare settings. https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using cleaning products provided. 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.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

If employees have specific concerns about their or others health, they should be directed to the Public Health England advice or ring NHS 111. The GP, pharmacy, urgent care centres or hospitals will be avoided.

Waste (i.e. used tissues, disposable cloths, disposable gloves) used during suspected COVID-19 cases MUST be managed by:

Placing in a plastic rubbish bag (different colour to normal black bin bag) – tied when full.

Plastic bag placed in a second bin bag and tied.

Waste should be stored in identified refuse container (away from main/communal bin store) in courtyard area until either negative test results are known or the waste has been stored for at least 72 hours, upon which point it can be placed in normal bin waste. Therefore, if waste is stored in courtyard, no access for staff/pupils. A record must be kept of everyone the person has been in contact with and monitor for 14 days.

Any cases of suspected coronavirus, even if they are untrue, are reported immediately to line managers (pupil or staff)

Cardiopulmonary Resuscitation (CPR) COVID-19 Update:

In the unlikely event that there is a need to perform cardiopulmonary resuscitation (CPR), the first aider should conduct a risk assessment and adopt appropriate precautions to reduce the risk of virus transmission. It is acknowledged that there may not be an opportunity to put on PPE.

Adults:

In adults, it is now (COVID-19 UPDATE) recommended that you **do not perform rescue breaths or mouth-to-mouth ventilation**; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after nonasphyxial arrest (cardiac arrest not due to lack of oxygen). The following steps are recommended:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth (unless you are wearing a fluid resistant mask). If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
- If there is a perceived risk of infection, first aiders should place a cloth/towel over the victims mouth and nose (unless the first aider is wearing a face mask) and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

(See appendices for amended COVID-19 step by step guide)

It is recognised that some first aiders will still choose to administer rescue breaths or instinctively respond in this way. This is a personal choice.

Children:

The guidance issued on the resuscitation of children has been updated due to the COVID-19 outbreak. **Rescue breaths must still be performed**, as cardiac arrest in children is likely to be caused by a respiratory problem, therefore chest compressions alone are unlikely to be effective. **If a child is unresponsive** and not breathing normally, you still need to call 999 or 112 for emergency help and start CPR straight away

(See appendices for step by step guide)

Location of PPE:

A supply of PPE should be kept with First Aid kits so that it is readily available when needed quickly. It should be kept in a labelled box or bag.

The following equipment is required in the hall and in classroom first aid kits. – our designated first aid supply area. It will be taken out

- Disposable gloves and plastic apron
- Disposable eye protection (where there is an anticipated risk of contamination with splashes, droplets of blood or body fluids)
- Hand sanitiser
- Bin bags
- Lidded bin
- Disinfectant wipes/household cleaning products (to clean down first aid box)

Following non COVID related first aid treatment:

- Thoroughly wash hands;
- Wipe down the first aid box after use using a disinfectant wipe;
- Replace used PPE so that it is available for the next first aid event;
- Follow your normal arrangements for recording first aid and checking stock.

Donning and doffing PPE:

First aiders must ensure that they familiarise themselves with the instructions for donning and doffing PPE in readiness for responding to a first aid event (See appendix below). Remove PPE when close contact is no longer required, it is critical that you do this in order to avoid self-contamination (do not walk through the premises wearing PPE). You can use hand washing facilities after you have followed the PPE removal sequence or, if not in close proximity to

where you remove the PPE, use hand sanitizer. Removed items should be double bagged. Dressings or waste generated from delivering first aid can also be disposed of in the waste bag. In the event that COVID-19 is suspected, the secure waste should be labelled and stored in the designated, secure store for at least 72 hours. In the event that this results in a negative test, this waste can be added to the general waste for disposal.

Cleaning the area where COVID is suspected:

Cleaning should follow the advice for cleaning in non-healthcare settings, with the main points being:

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people;
- Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished;
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles;
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron;
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.
- Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids can be cleaned in the usual way. However, all surfaces that a symptomatic individual has come into contact with must be cleaned and disinfected.
- If you provided first aid to a symptomatic person, all surfaces that the person has come into contact with after they developed symptoms should be cleaned

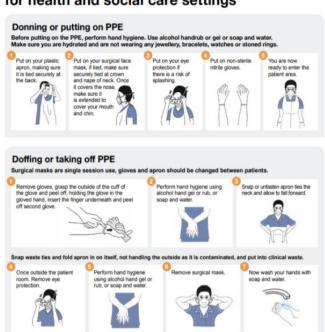
Clothing:

Clothing does not need to be changed, unless the first aider's clothing has become contaminated or soiled as a result of close contact. They should change your clothing when you get home (after close contact, wearing PPE) and wash their clothes separately from other household linen - in a load not more than

half the machine capacity - at the maximum temperature the fabric can tolerate (60 degrees is recommend), then ironed or tumble dried.

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings



https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_ PPE_health_and_social_care_poster__.pdf)

CPR: CHILD

What to do



After you have performed a primary survey, if you find that the child is unresponsive and not breathing you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator if available.

- If you are on your own, you need to give one minute of CPR before calling on a speaker phone.
- o Do not leave the child to make the call or to look for a defibrillator.



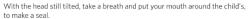
Start CPR. Place them on a firm surface and open their airway. To do this, place one hand on their forehead to tilt their head back and use two fingers from the other hand to gently lift the chin.



Give five initial rescue breaths.



Take the hand from the forehead and pinch the soft part of the nose closed, allowing the mouth to fall open.



Blow into their mouth gently and steadily for up to one second, until the chest rises.

Remove your mouth and watch the chest fall.

That's one rescue breath. Do this five times.



You will then need to give 30 chest compressions.

Kneel by the child and put one hand in the centre of the child's chest.

Push down a third of the depth of the chest.

Release the pressure allowing the chest to come back up.

Repeat this 30 times at a rate of 100 to 120 compressions per minute.

o The beat of the song 'Nellie the Elephant' can help you keep the right rate.



After 30 compressions, open the airway and give two breaths.

Keep alternating 30 compressions with two breaths (30:2) until:



- o emergency help arrives and takes over
- o the child starts showing signs of life and starts to breathe normally
- o a defibrillator is ready to be used.

Doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child. This may be mitigated by placing a faceshield or pocket mask over the child's mouth.

It is vital that you perform rescue breaths as cardiac arrest in a child is likely caused by a respiratory problem.



If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.





If the child shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Monitor their level of response and prepare to give CPR again if necessary.

o If you have used a defibrillator, leave it attached.

CPR: ADULT-COVID-19 UPDATE



If you find someone collapsed, you should first perform a <u>primary survey</u>. **Do not place your face close to theirs**. If you have established from this that they are unresponsive and not breathing, you should ask a helper to call 999 or 112 for emergency help while you start CPR. Ask a helper to find and bring a defibrillator, if available.

- Ask your helper to put the phone on speaker and hold it out towards you, so they can maintain a 2m distance
- If you are on your own, use the hands-free speaker on a phone so you can start CPR while speaking to ambulance control
- Do not leave the casualty to look for a defibrillator yourself. The ambulance will bring one.





Before you start CPR, use a towel or piece of clothing and lay it over the mouth and nose of the casualty.

Start CPR. Kneel by the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top of the first. Interlock your fingers making sure they don't touch the ribs.

Keep your arms straight and lean over the casualty. Press down hard, to a depth of about 5-6cm before releasing the pressure, allowing the chest to come back up.

- o The beat of the song "Staying Alive" can help you keep the right speed
- Do not give rescue breaths.

3



Continue to perform CPR until:

- o emergency help arrives and takes over
- the person starts showing signs of life and starts to breathe normally
- you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- o a <u>defibrillator</u> is ready to be used.



If the helper returns with a defibrillator, ask them to switch it on and follow the voice prompts while you continue with CPR.

• Wherever possible, the helper should keep a distance of 2m.





If the casualty shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Monitor their level of response and prepare to give CPR again if necessary.

o If you have used a defibrillator, leave it attached.

Whistleblowing addendum during COVID-19 epidemic

Covid-19 has drastically changed the way in which we work. For our organisation, both employing key workers and providing a service for key worker families, there is a heightened need for services to be delivered safely.

We hope that this combined, heightened awareness and alertness to safe working practice will support people with whistleblowing, that in this time of public emergency the whole school community will work together to keep colleagues, volunteers and children safe.

Whistleblowing is the best early-warning system and employees across the organisation now, more than ever, need to feel safe and supported when they speak up and that issues are properly investigated and resolved.

Believe has considered the following steps in its approach to this policy update to ensure that staff can blow the whistle properly:

- Building a positive speak up culture: Schools who have staff working from home/remotely have made sure that managers regularly touch base with staff and encourage them to raise any concerns that they have. Managers are equally accessible to staff during working hours (via phone, email or video). Senior leaders lead by example and drive the culture.
- **Communication channels:** With differing approaches to the 'norm' staff may feel isolated. Each individual school has a number of ways by which staff can access appropriate individuals
- **Trust:** By establishing an approach to transparency in terms of key documentation and also involvement in the decision-making process Believe is aiming to achieve 'organisational trust' in relation to approaches taken in respect of the COVID-19 pandemic. The objective is for all employees to have trust and confidence in the organisation's ability to handle concerns raised.
- **Awareness:** By creating this addendum to the Whistleblowing policy and raising its profile staff will understand what whistleblowing is; how and where to raise and escalate concerns, the difference between whistleblowing and grievances and where they can get independent advice as a whistleblower...

Speak up, to stop harm

Specifics

Where genuine concerns are raised relating to suspected wrongdoings or danger at work by an employee outlined in section 3.3 above he/she should report it under this policy. During this period of 'phased reopening' further concerns may link specifically to areas of heightened awareness as a result of coronavirus. Examples of these instances may include:

- Absence or lack of clear guidance to staff/pupils about actions to follow if they suspect they have/suspected of having symptoms of coronavirus.
- Deliberate avoidance/lack of adherence to guidance (including Government guidance) on the management and control of the virus through personal hygiene e.g. not washing hands thoroughly, not abiding by social distancing controls
- Poor stock control levels of the adequate PPE
- Use of incorrect cleaning products and poor cleaning regimes
- Disregard to Government guidance linked to the 'reopening of schools' during the coronavirus outbreak
- Absence of appropriate policy and risk assessments to support the safe reopening of schools

Note: This is not an exhaustive list

Process

Whilst schools begin the reopening process it is planned that a 'minimum' staffing level will be within schools to safely provide an educational provision for the pupil numbers present. Believe Academy Trust promotes staff working from home if they are not required in school and are able to achieve their duties away from the school site.

Staffing levels are depleted, and safety precautions are being established to minimise risks presented by mixing groups of people. Therefore, line managers and senior leaders must make staff aware that they can still raise confidential concerns through this policy, regardless of the means in which this is communicated. The process, outlined in Sections 5 and 7 above, still applies to all staff during this period of 'phased' reopening. Where face to face (adhering to social distancing) is not possible staff may wish to use email, phone or other video conferencing platforms such as MS Teams. No member of staff should be disadvantaged by technology available to them so should use the most readily available means.

Monitor and Review

Plans, procedures and practise are continually evolving due to such factors as: establishing school-based routines and ways of working, new scientific evidence and government guidance. As a result of this ever-changing landscape the Trust keeps all policies, procedures and risk assessments under continued review. Information is shared appropriately with the Trust Board.

DISCIPLINARY PROCEDURES DURING THE CORONAVIRUS PANDEMIC

Application

The disciplinary procedures still apply during the coronavirus (COVID-19) pandemic. This includes while social distancing and lockdown measures are in place. However, Believe Academy Trust needs to decide if it would still be fair and reasonable to carry on with or start a disciplinary procedure while:

- people are on temporary leave because of coronavirus
- following social distancing and other public health guidelines, if they're in the workplace
- people are working from home, and it would have to be carried out remotely

If an employee wants to raise a grievance

Deciding if a disciplinary procedure can still go ahead

Any disciplinary procedure at this time must be carried out in a way that follows public health guidelines around social distancing and closure of certain business premises.

Believe Academy Trust will give careful consideration to the health and wellbeing of employees when deciding whether and how to proceed at this time. It is acknowledged that going through a disciplinary or grievance procedure can be stressful in normal times, and employees might be facing other stressful circumstances at this time.

Senior leaders will talk through the options with all involved before making a decision whether or not to proceed, including taking advice. Whether the Senior Leader decides to go ahead with the procedure or postpone it, they should explain their decision with those involved. This will help everyone to be clear about what has been agreed and why.

If the workplace is still open

If all those involved in the procedure are still going to the workplace, the Senior Leader should consider whether the procedure can be carried out in line with public health guidelines. For example, if interviews and meetings can be held during an investigation in a place that safely allows for social distancing as well as privacy.

If people are working from home

If some or all of those involved in the procedure are working at home, the senior leader will need to decide if the procedure can still be carried out in a fair and reasonable way. Consideration should be given to:

- the individual circumstances and sensitivity of the case, for example if it needs to be dealt with urgently, or if it would be dealt with more fairly when people are able to return to the workplace
- if anyone involved has a reasonable objection to the procedure going ahead at this time

Going ahead with a procedure at this time might mean having to use video meetings for any investigation interviews and hearings. The senior leader should consider if this can be done in a fair way, including if:

- everyone involved has access to the technology needed for video meetings, for example the necessary equipment and internet connection
- anyone involved has any disability or other accessibility issues that might affect their ability to use video technology, and whether any reasonable adjustments might be needed
- any witness statements or other evidence can be seen clearly by everyone involved during the hearing
- it will be possible to fairly assess and question evidence given by people interviewed in a video meeting
- it's possible to get hold of all the evidence needed for the investigation or hearing, for example records or files that are kept in the office
- it's possible for the person under a disciplinary investigation or who raised a grievance to be accompanied during the hearing

If the employer decides to continue or start a disciplinary procedure, they must follow the process outlined within this policy. Failure or inability to do so may affect the decision making process, the 'fairness' of the outcome and the appeals process:

The right to be accompanied

The right for an employee to be accompanied at a disciplinary or grievance hearing still applies. The employee's chosen companion must be able to attend the hearing, even if it's being carried out through a video meeting.

The hearing must be set up to allow the employee's chosen companion to:

- put and sum up the employee's case
- respond on behalf of the employee to anything said
- talk privately with the employee at any point

If the companion is unable to attend at the time or date of the hearing, the employee has the right to suggest another time and date. This is as long as it's reasonable and not more than 5 working days after the original date.

During the coronavirus pandemic, the availability of an employee's chosen companion might be more limited than usual. For example, they might have more caring responsibilities. Believe Academy Trust will consider if a delay of more than 5 days is reasonable in the circumstances.

In cases that might result in dismissal in particular, the employer must always act fairly to avoid unfair dismissal.

Recording video meetings

For disciplinary meetings held by video, there will be no reason to record the meeting.

If it is felt that there is a good reason to record it, this must be done in line with data protection law and Trust wide policies.

The employee's right of appeal

The employee's right of appeal still applies.

Believe Academy Trust will follow a fair appeals procedure taking in the same considerations as for carrying out a disciplinary during the coronavirus pandemic.

Making a claim to an employment tribunal

If an employee or worker wants to make a claim to an employment tribunal, the legal time limit is still the same during the coronavirus pandemic, even if a disciplinary procedure has been postponed.

The claim must usually be made within 3 months less 1 day. If it is a claim about redundancy pay or equal pay, the claim must be made within 6 months. There is a requirement for ACAS to be informed if a claim is intended to be made.

Amended Safeguarding Policy

Amended Behaviour Policy

Amended Safe Touch Policy