

Thames Primary Academy and Nursery

Full Opening of Schools from September 2020 Covid-19 Risk Assessment

The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection as schools welcome all pupils back in September 2020. It should be updated in line with guidance from the UK Government:

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

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

All other policies, procedures or risk assessments which will be impacted by the response to Covid-19 (e.g. fire safety, mental health and wellbeing for pupils and staff, lockdown, behaviour policy etc.) will also be reviewed also.

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

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

Date completed: Tuesday 21st July 2020

Completed by: Julie Allison Headteacher

Revisions and amendments to the Risk Assessment:

- 14th September 2020 Julie Allison (Updated details on recording Suspected COVID cases record of illness at school)
- 5th October 2020 Julie Allison (Updated to include seating plans/ change of Isolation room base)
- 12th October 2020 Julie Allison (Updated to include parents/carers wearing face coverings on drop off and collection)
- 19th October 2020 Julie Allison (Updated to include staff wearing a face covering if they are supporting in the canteen at lunchtime)
- 2nd November 2020 Julie Allison (Updated to include a further staggering of pick up times to further reduce congestion)
- 1st December 2020 Julie Allison (Change of Isolation Room due to building works being completed)

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

Prevention:

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

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

Response to any infection:

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

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

Prevention

What is the hazard?	Who might be harmed?		What are you doing about it?	Risk	Complete?
	Pupils	Adults			
1) Contact with individuals who are unwell - ensure that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school;	✓	✓	1.1) Child or adult with symptoms outside school a) Staff (and other adults working in the school) notify the HT/DHT <i>immediately</i> if either they or someone in their home is displaying symptoms of Covid-19 infection and follow the PHE stay at home guidance which sets out that they must self-isolate for at least 10 days and should arrange to have a test to see if they have coronavirus (Covid-19). b) Parents/carers notify school <i>immediately</i> if either their child or someone in the child’s household is displaying symptoms of Covid-19 and follow the PHE “Stay at Home” guidance as above and arrange to have a test.	High	

			<p>c) A letter to be sent home in September to inform them of symptoms and a link to the guidance. Procedure for accessing testing etc..</p> <p>1.2) Child or adult who develop symptoms in school</p> <p>a) If it is a member of staff and they can drive themselves home, they should do so immediately;</p> <p>b) In an emergency, call 999 if the person is seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.</p> <p>c) All areas they have been should be cleaned down using schools usual cleaning materials following PHE guidance;</p> <p>d) Where a child needs to be collected, they should be removed to the designated isolation room, as quickly as possible, where they can be isolated with the door closed and a window open for ventilation.</p> <p>e) The KS1 porch will be the designated isolation room and is identified with appropriate signage; If a child is awaiting collection, they should be moved to the designated isolation room where they can be isolated behind a closed door, depending on the age and needs of the child and with appropriate adult supervision if required.</p> <p>f) Toilet 1 in KS1 will be used if a toilet is required. This will be designated with signage as out of use until it has been thoroughly cleaned with bleach.</p> <p>g) PPE (mask, apron and gloves) must be worn by staff caring for the child while they await collection. The door should be opened for ventilation. More information on PPE use can be found here.</p> <p>h) Parents /Carers should collect the symptomatic child from the Thames Road entrance of school at the isolation porch exit.</p> <p>i) On collection of the symptomatic child, the supervising adult should discuss the protocol for testing and alert parents to the isolation period for the child and the family. Give parents the slip that confirms this information and directs them to follow the PHE stay at home guidance</p> <p>j) The isolation room, bathroom and anywhere else the symptomatic person has been should be cleaned by the supervising adult after the child has left following PHE guidance; In addition the cleaning contractor staff will thoroughly clean the whole room and all surfaces etc.. using bleach at the end of each day.</p>		<p>Done 11.9.2 0</p>
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			<p>k) All PPE worn by the supervising adult should be removed as per the donning and doffing guidance. This, along with disposable cleaning cloths and tissues, should be put in a plastic rubbish bag and tied when full. The bag should be placed in the COVID-19 bin, which is stored in the isolation porch. The cleaning contractor will empty this bin each evening and the waste will be labelled and stored for 72 hours before being moved to the communal bin areas.</p> <p>l) The supervising adult should wash their hands thoroughly for 20 seconds with soap and warm water.</p> <p>m) The supervising staff member should record on CPOMS and also on the ‘Suspected COVID Case record of illness at school doc’ in order to track which staff have looked after/had contact with the symptomatic child;</p> <p>n) The symptomatic pupil or adult should be tested for Covid-19.and will be required to self-isolate for 10 days or until they receive a negative test result.</p> <p>o) Any sibling of a symptomatic pupil will also be sent home and will be required to self-isolate for 14 days or until the symptomatic sibling receives a negative test result.</p>		
<p>2) Transmission of virus due to insufficient hand hygiene</p>	<p>✓</p>	<p>✓</p>	<p>a) Schools must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating;</p> <p>b) Where there are only a limited number of wash basins in the classroom site, additional facilities will be assigned to each classroom base where necessary;</p> <p>c) Ensure access to soap, warm water, paper towels and hand sanitizer and skin friendly sanitizer wipes if appropriate in all classrooms and social areas;</p> <p>d) Pupils (and staff) wash hands for 20 seconds following PHE guidance. See “six steps to hand-washing” poster in KS2 lesson and NHS video;</p> <p>e) Staff to help small children and those with complex needs to wash their hands thoroughly;</p> <p>f) Have prominently displayed hand washing posters throughout the setting in order to build regular hand washing into the culture of the school;</p> <p>g) Ensure bins emptied regularly throughout the day.</p>	<p>High</p>	

<p>3) Transmission of virus due to insufficient respiratory hygiene</p>	<p>✓</p>	<p>✓</p>	<p>3.1) Face coverings</p> <ul style="list-style-type: none"> a) Public Health England does not (based on current evidence) recommend the use of face coverings in primary schools as pupils and staff are mixing in consistent groups, and because misuse may inadvertently increase the risk of transmission. a) Face coverings must be worn by pupils (over the age of 11) and staff who come to school by public transport; b) Face coverings should be worn by pupils who come to school on school buses where they are mixing outside of their bubble; c) Parents, carers and staff should all wear a face covering when pupils are being dropped off and collected at the end of the day; d) Pupils and staff arriving at school wearing a face covering must be instructed not to touch the front of their face covering during use or when removing it. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on safe working in education, childcare and children’s social care provides more advice. e) A face covering will be worn by all members of staff who are supporting children at lunchtime in the school canteen; f) We will acknowledge that some staff may wish to consider the use of a face covering if they are clinically vulnerable as part of their risk assessment or as a well being consideration. This will need to be discussed and approved by the Headteacher. Therefore, if teaching can take place with this individual measure in place and the colleague provides their own face coverings then this would seem reasonable. Colleagues would need to ensure they have completed training of donning and doffing of face coverings. Disposal of any cloth face coverings would also need to be done in the appropriate way. It would also be advised that we remind the individual that this would not replace the regularity required for hand hygiene measures and routines; <p>3.2) Ensuring good respiratory hygiene</p> <ul style="list-style-type: none"> a) Promote the catch it, bin it, kill it approach – display posters prominently in classrooms and around school in order to embed this into the culture of the school; 	<p>High</p>	
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			<ul style="list-style-type: none"> b) Ensure all rooms are well ventilated; keeping windows open and doors open at lunch and break times to circulate fresh air; c) Schools must ensure there are sufficient stocks of tissues in place for pupils and staff to use; d) Schools must ensure there are sufficient covered bins in place and that they are emptied regularly throughout the day; e) Schools must ensure young children and those with complex needs receive support and are able to get this right; f) Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education. 		
4) Transmission of virus through insufficient cleaning of surfaces	✓	✓	<ul style="list-style-type: none"> a) Public Health England has published revised guidance for cleaning non-healthcare settings to advise on general cleaning required in addition to the current advice on COVID-19: cleaning of non-healthcare settings guidance. b) Follow the Covid-19: cleaning in non-healthcare settings guidance; c) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE. (Inset Day 2.9.20) d) Toilet doors, flush handles, taps, sinks in all communal areas will be wiped down before lunch and after lunch each day. e) Bins used to dispose of cleaning materials such as sanitising wipes and paper towels should be lidded. The rubbish should be double bagged before disposal with each bag being sealed separately. f) Cleaning materials ordered and issued by Site Supervisor, staff inform when they need more but before they run out; g) Supervising staff in each classroom/room base will clean frequently touched surfaces at the end of the morning using a cloth and warm soapy water. These surfaces include- door handles, chair backs, tables, IT equipment, classroom sinks and taps. 	High	

			<p>h) Evidence cleaning routine – use tick sheet signed and dated by the supervising staff member carrying out the cleaning for each area.</p> <p>i) Uniforms (staff and children) do not need to be cleaned any more often than usual, nor do they need to be cleaned using methods which are different from normal. Where we identify that a family is struggling to provide clean uniform we will consider how we can provide support with this.</p> <p>j) Schools should consider how pupil non-compliance is managed, taking a mindful and considerate approach in relation to parents who may be experiencing financial pressures.</p>		
<p>5) Transmission of virus through contact between individuals</p> <ul style="list-style-type: none"> Schools must do everything possible to minimise contacts and mixing while delivering a broad and balanced curriculum. Schools should strike a balance between both reducing the number of contacts between children and staff through keeping groups separate (in ‘bubbles’), and through maintaining 	✓	✓	<p>5.1 Groupings in primary schools</p> <p>a) Have full year group bubbles with older children (Y5 and 6) being actively encouraged to maintain social distance from each other as much as possible. With younger children, this may not be possible, so good hand and respiratory hygiene and an enhanced cleaning schedule is important.</p> <p>b) Class teachers in years 2-6 will record details of a seating plan indicating where pupils have been sat in all lessons. This will help us to identify close contacts in the event of a positive case in the class bubble;</p> <p>c) Staff can operate across classes. With older children, they should stay at the front of the class and 2m distance where possible.</p> <p>d) Where volunteers are used to support the work of the school, mixing of them across groups should be kept to a minimum, and they should remain 2 metres from pupils and staff where possible;</p> <p>5.2 In classrooms</p> <p>a) Ensure good ventilation at all times by keeping windows open;</p> <p>b) Staff should avoid close face to face contact and minimise time spent within 1 metre of anyone;</p> <p>c) This will not be possible when working pupils who have complex needs or who need close contact care. These pupils’ educational and care support should be provided as normal;</p>	High	

<p>distance between individuals.</p> <ul style="list-style-type: none"> ● It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch staff where possible. 			<ul style="list-style-type: none"> d) Where pupils are old enough, they should be supported to maintain distance and not touch staff and their peers where possible through reminders from staff and appropriate signage; e) Adapt classrooms to facilitate more distancing by removing unnecessary furniture; f) Optimise respiratory hygiene by having pupils facing forwards rather than face to face or side on. <p>5.3 Practical Music Lessons</p> <ul style="list-style-type: none"> a) Keep rooms well ventilated; b) Use physical distancing with singing, chanting, playing wind or brass instruments should be done outdoors if possible; c) Position pupils back to back or side to side; d) Avoid sharing instruments; wipe down between groups e) Singing, wind and brass playing should not take place in larger groups (no more than 15 children) such as school choirs and ensembles, or school assemblies. Further more detailed DfE guidance will be published shortly. <p>5.5 Physical activity in schools</p> <ul style="list-style-type: none"> a) Pupils should be kept in their consistent groups (Class group bubbles); b) Sports equipment should be thoroughly cleaned between each use by different year group bubbles; c) Contact sports should be avoided; d) Prioritise outdoor sports; e) Use large indoor spaces where using outdoor space is not possible; f) Pay scrupulous attention to cleaning and hygiene due to the way people breathe during exercise; g) Do not use the indoor gym in school; h) External facilities can be used in line with government guidance for the use of, and travel to and from, those facilities; i) Schools can work with external coaches, clubs and organisations for curricular and extracurricular activities where they are satisfied that this is safe to do so following the protective measures in place in school; 		
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- j) Schools should refer to [guidance on the phased return of sport and recreation](#) and guidance from [Sport England](#) for grass root sport;
- k) Also refer to advice from organisations such as the [Association for Physical Education](#) and the [Youth Sport Trust](#).

5.6 Measures elsewhere

- a) Keep groups of pupils apart by avoiding large gatherings such as assemblies or collective worship;
- b) Minimise movement around school where possible – have staff rather than pupils move if feasible;
- c) Stagger movement times and avoid bottlenecks at entrances/exits;
- d) Continue to stagger breaks and lunch where possible to allow cleaning of surfaces in dining halls between groups;
- e) School kitchens should be fully open for the Autumn Term and must comply with the [guidance for food businesses on coronavirus \(COVID-19\)](#).
- f) Staggered lunch sittings and outdoor playtimes for all year groups. Food served to pupils at tables. Benches and tables to be wiped down between different groups.
- g) Staggered lunch and outdoor playtimes for all children. Packed lunch children to eat in own classroom.
- h) Set up staff PPA workrooms to facilitate 2m social distancing;
- i) Set up separate staff rooms for staff to ensure social distancing. Nursery/Office/SLT- in own staffroom bases. Reception- Reflect. Year 1 and 2- Room 1, Year 3-Tigers, Year 4,5 and 6 Staff Room upstairs
- j) Staff room areas to be cleaned thoroughly by cleaning contractors each evening using bleach. Ensure access to cleaning products for staff to wipe surfaces etc. before and after use. Staff to wash hands on entry to the staff room base before touching surfaces and equipment.

5.7 Arriving and leaving school

- a) Parents/carers and pupils should be encouraged to avoid using public transport and walk to school where possible.

			<p>b) Families using public transport should refer to the safer travel guidance for passengers.</p> <p>a) See Section 3.1 above on face coverings.</p> <p>b) Stagger start and finish times and allocate designated entry and exit points to school/nursery to keep groups apart as they arrive and leave school, (School day will start earlier stagger drop off between 8.40-8.55am and staggered collection as follows: Nursery 3pm, Reception, Y1 and Y2 3.10-3.25pm KS1 Playground, Y3,4 and 5 3.20-3.30pm KS2 playground and Year 6 to continue to use Thames Road entrance between 3.20-3.30pm.</p> <p>c) Early closure on Friday only- Reception, Year 1 and 2 1.10-1.20pm/ Years 3,4,5 and 6 1.20-1.30pm.</p> <p>d) Keep parents/carers informed of new routines and remind them not to gather in groups or enter the school grounds without an appointment;</p> <p>e) Maintain/adjust drop-off/pick-up protocols as necessary and inform parents/carers;</p> <p>f) All staff and pupils must wash their hands on arrival at school;</p> <p>5.8 Other considerations</p> <p>a) Where there is no alternative but to arrange face to face meetings with a parent/carer, only one person should attend. The meeting room upstairs in the Children’s Centre will be used rather than bring visitors in to school. Ensure the room is well ventilated by opening the windows and sit at large table to allow for social distancing;</p> <p>a) Prepare pupils with SEND (EHCP or on SEN support) individually to the changes in routine using social stories if appropriate;</p> <p>b) Update individual SEND risk assessments as necessary;</p> <p>c) As Supply teachers, peripatetic teachers and/or other temporary staff can move between schools, ensure they understand that they must minimise contact and maintain as much distance as possible from other staff. This includes specialists, therapists, clinicians and other support staff for pupils with SEND who should provide interventions as usual, following Covid-19 hygiene procedures established in school;</p>		
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			<ul style="list-style-type: none"> d) Maintain established Covid-19 procedures for contractors and similar visitors to the school site, arranging for them to come out of school hours where possible and ensuring a record is kept of who has been on site; e) Where a child routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream school and an alternative provision setting or special school, schools should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the child; f) Ensure that staff and pupils have their own set of frequently used resources such as pens, pencil and ruler etc. all to be kept in a wipeable case; g) Classroom based resources, such as books and games, can now be used and shared within the bubble; these should be cleaned regularly, along with all frequently touched surfaces using standard cleaning products. Keep a track of what has been cleaned, by whom and when and evidence this with a tick sheet; h) Resources shared between bubbles, such as sports, art and science equipment should be cleaned frequently and meticulously or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles. Again, keep a track of and evidence this as above; i) Continue to limit the amount of equipment pupils bring into school each day, to essentials such as lunch boxes, hats, coats, books and mobile phones, all of which can be brought in school book bag; j) Pupils and teachers can take books and other shared resources home but only where necessary. Staff and pupils should clean hands before and after using these resources, and they should be cleaned quarantined as in g) above on return to school; 		
6) Transmission of virus due ineffective use of PPE	✓	✓	<ul style="list-style-type: none"> a) All staff should know how to safely put on and take off PPE, please see PHE links to donning and doffing of PPE. b) Staff should wear PPE where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained as in Section 1.2 f above; 	High	

			<p>c) Staff should wear PPE where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used;</p> <p>d) For more specific guidance on safe working in education, click here.</p>		
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Response to infection					
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<p>7) Test and Trace</p> <p>By the autumn term, all schools will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.</p>	✓	✓	<p>a) Schools must ensure they understand the procedures they must follow in the PHE NW Test and Trace document.</p> <p>b) Staff should inform the Headteacher if they are contacted through the Test and Trace system.</p> <p>c) Any visitors who visit the site will be asked to leave name and contact details.</p> <p>d) Schools must communicate with staff and parents/carers so that they understand they must be ready to book a test if they or a child is displaying symptoms, give details of anyone they have been in close contact with if they test positive or are asked by a contact tracer and self-isolate if they have been in close contact with someone who develops coronavirus (Covid-19) symptoms or someone who tests positive for coronavirus (Covid-19);</p> <p>e) Schools must ask staff and parents/carers to contact them immediately if the result is negative.</p> <p>f) If the result is positive, they must follow the stay at home guidance for households with possible or confirmed Coronavirus (Covid-19) and must continue to self-isolate for at least 7 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste.</p>	High	
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<p>8) Manage confirmed cases of coronavirus (COVID-19) amongst the school community</p>	<p>✓</p>	<p>✓</p>	<p>a) If the school becomes aware that someone who has attended the setting has tested positive, we will contact the local health protection on 0344 225 0562 and the DFE COVID-19 Helpline on 0800 0468687.</p> <p>b) This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.</p> <p>c) The health protection team will support the school to carry out a rapid risk assessment to confirm who has been in close contact with the person during the time when they were infectious and will advise on the pupils and staff who will be required to self isolate and the length of time that will be necessary. For details on the definition of “close contact” and for further details of the action school may be asked to take, see here (scroll through Section 1 to point 8);</p> <p>d) Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.</p> <p>e) Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.</p>	<p>High</p>	
<p>9) Contain any outbreak by following local health protection team advice</p>	<p>✓</p>	<p>✓</p>	<p>a) If schools have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and must continue to work with their local health protection team who will be able to advise if additional action is required.</p>	<p>High</p>	
<p>Risks involving school operations</p>					
<p>10) Transmission of virus on transport</p>	<p>✓</p>	<p>✓</p>	<p>10.1) Public transport</p> <p>a) Encourage parents/carers, staff and pupils to walk or cycle to school;</p> <p>b) Investigate working with the LA to secure funding to support walking or cycling to school.</p> <p>c) Remind parents/carers and pupils that wearing face coverings is mandatory for children over the age of 11 on public transport;</p>	<p>High</p>	

			d) Ensure families who use public transport are aware of the safer travel guidance for passengers .		
11) Risks to vulnerable groups within the school population	✓	✓	<p>a) School should be aware of any pupil, staff or family member with a serious underlying health condition;</p> <p>b) Any school roles which can be done from home should be if feasible and appropriate (e.g. administrative roles);</p> <p>11.1) Shielding/self-isolating pupils</p> <p>a) From August 1st, shielding advice may be paused. Any children on the shielding patient list will be able to return to school as will those with shielding relatives. Current shielding guidance is here;</p> <p>b) Schools must work with the LA to be aware of any increase in local infection rates which could lead to vulnerable children (or family members) being asked to shield again;</p> <p>c) Parents/carers with children under the care of a specialist may need to take advice from them before returning to school;</p> <p>d) Have remote education in place for any pupils unable to attend due to clinical/public health advice;</p> <p>e) Communicate Covid-19 control measures in place in school to provide reassurance to families where pupils/relatives have been shielding or where there are increased risk factors such as BAME, obesity or diabetes;</p> <p>f) Risk assess all vulnerable pupils individually.</p> <p>11.2) Staff who are clinically vulnerable or extremely clinically vulnerable</p> <p>a) Most staff (including those who are pregnant) should be able to return to work where the full control measures are in place though those in the most at risk categories should be stringent in practising hand and respiratory hygiene and social distancing. See advice for clinically vulnerable including pregnant women;</p> <p>b) Staff who were shielding can return to work from August 1st as long as social distancing can be maintained. See guidance on shielding and protecting the extremely vulnerable. Discuss deployment to enable remote working or social distancing as appropriate;</p>	High	

			<ul style="list-style-type: none"> c) People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace. d) Risk assess all vulnerable staff (including BAME) individually; e) Where staff have characteristics that put them more at risk (see Covid-19: review of disparities in risks and outcomes report) and are concerned about returning to work, discuss concerns and risk assess individually; f) Staff who live with people in e) above can come to work. <p>For other staffing considerations, including staff support, deployment, recruitment, temporary and peripatetic, ITT trainees, staff leave etc. see Actions for Schools – guidance for full opening Section 2 and scroll down to the appropriate section.</p>		
12) Estates considerations	✓	✓	<ul style="list-style-type: none"> a) As all staff and pupils will need to wash their hands more frequently, some schools may wish to consider installing extra wash basins. b) Where schools have electric hand dryers, these can be used, but pupils (and staff) must wash their hands thoroughly for 20 seconds following PHE guidance. See “six steps to hand-washing” poster in KS2 lesson and NHS video. They must then follow the hand drier manufacturer’s instructions for drying hands (usually to hold hands under the airstream for 30 – 40 seconds without rubbing hands together until dry). c) Ensure all statutory safety checks are carried out; d) Where buildings have been closed or have had reduced occupancy, follow the guidance on Legionella risks during the coronavirus outbreak; e) Ensure all classroom windows that can be opened are able to be opened safely. Safety devices may need to be fitted in some instances; f) Refer to guidance on managing school premises during the Coronavirus (Covid-19) outbreak. 	High	
13) Educational Visits	✓	✓	<ul style="list-style-type: none"> a) Day visits can now resume with an appropriate risk assessment and in line with the protective measures in place in school and the Covid secure control measures at the destination; b) Schools should conduct pre-visits; 	High	

			<ul style="list-style-type: none"> c) Schools should be aware of wider advice on visiting indoor and outdoor venues. Contact Educational Visits Coordinator Anna Elgee (anna.elgee@blackpool.gov.uk) at Blackpool Borough Council for support in planning visit during the Covid-19 outbreak; d) Pupils and staff should stay within the same consistent groupings they are in in school; e) All levels of visits should be submitted for approval to the appropriate person within the timescale set out in Requirements for Off-Site Visits and Adventurous Activities (see guidance section on Evolve); f) All visits must have a contingency for dealing with a child or member of staff who starts to display symptoms of Covid-19 on a visit; g) There is no start date for when residential visits in the UK or abroad can resume. 		
14) Extra-curricular Provision	✓	✓	<ul style="list-style-type: none"> a) Breakfast and after school provision will resume in September. b) It will not be possible to maintain the year group bubbles being used during the school day so we will use small, consistent groups (R-yr3 and yr4-yr6) and the staffing of these groups will remain consistent; c) Parents are advised to limit the number of different wraparound providers their children access, as far as possible; d) Contact sports should not take place; e) For further detail, please see the guidance produced for summer holiday childcare, available at Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak. 	Medium	
15) Behaviour Expectations	✓	✓	<ul style="list-style-type: none"> a) Update the behaviour policy in line with new school rules/procedures; 	Medium	

			<p>b) Set out clearly at the earliest opportunity the consequences for deliberately breaking the rules to reduce the transmission of Covid-19;</p> <p>c) Work with staff, pupils and parents to ensure that behaviour expectations are clearly understood, and consistently supported, taking account of individual needs;</p>		
16) Contingency plans for future outbreaks	✓	✓	<p>a) For individuals or groups of self-isolating pupils, remote education plans should be in place.</p> <p>b) Have a contingency plan in place should PHE Health protection Team or the LA advise school to close to all but vulnerable children and the children of key workers to reduce transmission rates;</p> <p>c) Remote education support must be ready to be put in place immediately in the event of a local lockdown.</p> <p>d) For further details, see our Remote Learning Policy</p>	Medium	

Head Teacher Signature:

Date:

Date of Review:

Chair of Governors/Trust CEO:

Date:

Date of Review:

Appendix A

Advice for First Aiders in Schools/Early Years Settings during Covid-19

We recognise that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. We have put together the below advice for first aiders so that you can continue to support others where required and keep yourself safe.

Government guidance on first aid response during Covid-19 can be found [here](#).

Keep yourself safe

During the Covid-19 pandemic, it is recommended that you wear gloves and a facemask for all first aid incidents. Eye protection and an apron may also be required, where there is a risk of coming into contact with bodily fluids. PPE can be found with/in first aid kits.

Please see Public Health guidance on how to safely put on ([don](#)) and take off ([doff](#)) PPE, advice posters should be located with first aid kits. It is recommended that employees who are first aiders familiarise themselves with safe use of PPE as soon as possible, so they are able to keep themselves and the casualty safe, when they respond to a first aid incident.

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Avoid touching your mouth, eyes and/or nose.

Ensure that you do not cough or sneeze over a casualty when you are treating them, if you need to cough, do this into your elbow.

- Do not lose sight of other cross contamination that could occur that is not related to COVID-19.
- Wear gloves at all times
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely – double bag and place in a bin
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound

Cardiopulmonary resuscitation (CPR) – Adults

Full statement from the Resuscitation Council can be found [here](#)

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment” at the time) and adopt appropriate precautions for infection control.

Do not go down close to the casualty to check breathing just look at the chest and abdomen. Ring 999, ensure you are wearing a mask and start compressions.

For adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; **perform chest compressions only**. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on isolation.

Cardiopulmonary resuscitation (CPR) – Paediatric Advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child’s chances of survival. However, for those not trained in paediatric resuscitation, **the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation, call 999 immediately.**

The importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Paediatric First Aid Ratios and Validity

Current guidance states that if children aged 2-5 are within a setting, providers must use their 'best endeavours' to ensure one person with a full PFA certificate is on-site. If after using best endeavours they are still unable to secure a member of staff with full PFA to be on site then they must carry out a risk assessment and ensure that someone with a current First Aid at Work or Emergency PFA Certification is on site at all times children are on premises.

'Best endeavours' means to identify and take all the steps possible within your power, which could, if successful, ensure there is a Paediatric First Aider on site when a setting is open, as per the usual EYFS requirement on PFA.

New entrants (levels 2 and 3) will not need to hold a Paediatric First Aid (PFA) certificate within their first 3 months in order to be counted in staff:child ratios, during the COVID-19 outbreak.

Additionally, if PFA certificate requalification training is prevented for reasons associated directly with COVID-19, or by complying with related government advice, the validity of current certificates can be extended by up to 3 months. This applies to certificates expiring on or after 16 March 2020.

Providers remain responsible for ensuring all children in their care are kept safe at all times.