**RISK ASSESSMENT FORM March 2021 v1**

To be read in conjunction with the Return to School Plan – March 2021 (RTSP)



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| **Service**: Lancasterian Primary School | **Location**: Kings Road, N17 8NN | **Assessment Completed by**:Paul Murphy – Head Teacher |
| **Description of Activity/Task Assessed**:Opening school fully on 8th March 2021 | **Date of Assessment**:23/2/21 | **Next Review Date**:19/3/21 |

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| **No** | **Hazard Description** (i.e. potential causes of injury/damage) | **Potential injury/damage** | **Persons at risk** | **Current preventative and protective measures** | **Risk Level** (See method) | **Further action required** | **Residual Risk Level** |
| 1. | Education settings must be able to achieve the following controls as defined by the Department of Education before opening the school on 8/3/21The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded to show how the controls have been applied. Where points are not completed but will need to be addressed, they should be placed in the Further Actions Required column with a time frame for completion. Items that are not applicable to the school’s specific settings should be deleted. |
| 2 | Pupils who are shielding or self-isolatingThe vast majority of pupils will return to school in March. It should be noted that:* A small number of pupils will still be unable to attend in line with public health advice because: they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19); or because they are required to quarantine following travel outside the common travel area.
* Shielding children are advised not to attend school; children who are Clinically Extremely Vulnerable and are required to shield will previously have received a letter from the NHS or their GP telling them this.
* If rates of the disease rise in the local area, children (or family members) from that area, and that area only, will be advised to shield during the period where rates remain high and therefore they may be temporarily absent.
* Some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school in March (usually at their next planned clinical appointment). The Inclusion Manager will discuss these children with their parents.

**School workforce**The vast majority of staff will return to school in March. Following the reduction in the prevalence of coronavirus and government guidance concerning the reopening of schools: * Staff who are clinically vulnerable can attend school; they must follow the system of controls to minimise the risks of transmission.
* Staff who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace but should ensure they maintain good prevention practice in the workplace and at home.
* Staff who are clinically extremely vulnerable are advised not to attend the workplace; they will previously have received a letter from the NHS or their GP telling them this.
* A range of factors mean that some additional people may be at comparatively increased risk from coronavirus; those at particularly high risk from a range of underlying health conditions have now been included in the clinically extremely vulnerable group, will receive a letter to confirm this and should not attend the workplace.
* Specific available guidance for pregnant employees should be followed as part of the workplace pregnancy risk assessment process because pregnant women are considered clinically vulnerable; read more guidance and advice on coronavirus and pregnancy from the Royal College of Gynaecologists (<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>).
* The measures put in place outlined in this plan – which follows government guidance – will significantly reduce risk to all, particularly limiting bubbles to classes rather than widening to year groups or beyond.
* We do not anticipate that childcare should present a barrier to staff returning to school, since most childcare provisions will be open as usual from March.
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| 3. | Contact with persons who are unwell with Covid-19 symptoms | Infection and transmission of the Covid-19 Virus | Staff, pupils, other adults on site.  | * See RTSP Sections A, B, K, L, M, N, O, P, Q & R
 | Med |  |  |
| 4 | Hygiene | As above | As above | * See RTSP Section B & G
 | Med |  |  |
| 5. | Respiratory Hygiene | As above | As above | * See RTSP Section B & G
 | Med |  |  |
| 6. | Cleaning of school and resources | As above | As above | * See RTSP Section D, H
 | Med |  |  |
| 7. | Minimise contact between individuals and maintain social distancing wherever possible | As above | As above | * See RTSP Section B, C, E, F, G, I, K, L, M, N, O & P
 | Med |  |  |
| 8. | Measures within the classroom | As above | As above | * See RTSP Section C, H, I & K
 | Med |  |  |
| 9. | Measures outside the classroom  | As above | As above | * See RTSP Section C, E, F, K, L, Q & R
 | Med |  |  |
| 10. | Measures for arriving at and leaving school | As above | As above | * See RTSP Section G & K
 | Med |  |  |
| 11. | Other considerations: | As above | As above | * Children with SEND: See RTSP Section G
* Use of supply teachers: See RTSP Section F
* Visitors to the school: See RTSP Section O
* Use and cleaning of shared resources: See RTSP Section C, D, E & H
 | Med |  |  |
| 12. | PPE | As above | As above | * See RTSP Section B
 | Med |  |  |
| 13. | Response to any infection | As above | As above | * See RTSP Section A, P, Q & R
 | Med |  |  |

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| **Manage confirmed cases of Coronavirus amongst the school community** |
| * Schools must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19).
* Schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 10 days since they were last in close contact with that person when they were infectious. Close contact means:
* direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
* proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
* travelling in a small vehicle, like a car, with an infected person
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Risk Assessment Method

In order to assess a risk associated to a hazard, two factors need to be considered:-

i - the possible severity of the outcome

Realistically, what is the worst likely outcome? This method defines four categories of severity:-

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| Fatality or permanent disabilityMajor injury or long-term absence3-day injury or temporary disabilityMinor injury |

ii - the likelihood of the outcome to occur

How likely is it that the severe outcome will occur? Five categories are defined:-

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| --- | --- |
| **Likely****Probable****Possible****Remote****Improbable** | A repetitive occurrence should be expectedForeseeableCould occur sometimeUnlikely, though conceivableAlmost negligible |

Once those two factors are assessed, the matrix on the next page can be used to determine the level of risk. This information was then used to prioritise any control measures necessary to eliminate or reduce the risk to an acceptable level.

Risk Assessment Method (continuing).

 **Matrix**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Likely** | **Probable** | **Possible** | **Remote** | **Improbable** |
| Fatality or permanent disability | **VERY HIGH** | **VERY HIGH** | **HIGH** | **MEDIUM** | **LOW** |
| Major injury or long-term absence | **VERY HIGH** | **VERY HIGH** | **HIGH** | **MEDIUM** | **LOW** |
| 3-day injury or temporary disability | **HIGH** | **HIGH** | **MEDIUM** | **MEDIUM** | **LOW** |
| Minor injury | **MEDIUM** | **MEDIUM** | **LOW** | **LOW** | **VERY LOW** |

 **Action Level**

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| --- | --- |
| **VERY HIGH** | **Unacceptable risk - immediate action required** |
| **HIGH** | **Risk reduction required - high priority** |
| **MEDIUM** | Medium risk - action required so far as is reasonably practicable |
| **LOW** | Low priority - further risk reduction may not be feasible or cost effective |
| **VERY LOW** | Low risk - no further action required |