**RISK ASSESSMENT FORM v6**

To be read in conjunction with the Return to School Plan – September 2020 (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 – September 2020 | **Date of Assessment**:  10/12/20 | **Next Review Date**:  31/01/21 |

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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 for the September term.  The 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-isolating We now know much more about coronavirus (COVID-19) and so in future there will be far fewer children and young people advised to shield whenever community transmission rates are high. Therefore, the majority of pupils will be able to return to school. You should note however 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) * shielding advice for all adults and children will pause on 1 August, subject to a continued decline in the rates of community transmission of coronavirus (COVID-19). This means that even the small number of pupils who will remain on the shielded patient list can also return to school, as can those who have family members who are shielding. Read the [current advice on shielding](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) * if rates of the disease rise in local areas, 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 (see below). * 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 (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Child Health at [COVID-19 - ‘shielding’ guidance for children and young people](https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people#children-who-should-be-advised-to-shield).  **School workforce** Following the reduction in the prevalence of coronavirus (COVID-19) and relaxation of shielding measures from 1 August, we expect that most staff will attend school.  It remains the case that wider government policy advises those who can work from home to do so. We recognise this will not be applicable to most school staff, but where a role may be conducive to home working, for example some administrative roles, school leaders should consider what is feasible and appropriate. Staff who are clinically vulnerable or extremely clinically vulnerable Unless otherwise instructed by the government and Public Health England, where schools apply the full measures in this guidance the risks to all staff will be mitigated significantly, including those who are extremely clinically vulnerable and clinically vulnerable. We expect this will allow most staff to return to the workplace, although we advise those in the most at risk categories to take particular care while community transmission rates continue to fall. | | | | | | |
| **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** |
| 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 | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 4 | Hygiene | As above | As above | * See RTSP Section B & G | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 5. | Respiratory Hygiene | As above | As above | * See RTSP Section B & G | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 6. | Cleaning of school and resources | As above | As above | * See RTSP Section D, H | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | 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 | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 8. | Measures within the classroom | As above | As above | * See RTSP Section C, H, I & K | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 9. | Measures outside the classroom | As above | As above | * See RTSP Section C, E, F, K & L | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 10. | Measures for arriving at and leaving school | As above | As above | * See RTSP Section G & K | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | 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 | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 12. | PPE | As above | As above | * See RTSP Section B | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | Med |
| 13. | Response to any infection | As above | As above | * See RTSP Section A & P | High | Close school to all children apart from vulnerable and key worker children until DfE provide guidance that it is safe to reopen. | 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 should contact the local health protection team. 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. * The health protection team will work with schools in this situation to guide them through the actions they need to take. Based on the advice from the health protection team, 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 14 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 |

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 disability  Major injury or long-term absence  3-day injury or temporary disability  Minor 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 expected  Foreseeable  Could occur sometime  Unlikely, though conceivable  Almost 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**

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| --- | --- | --- | --- | --- | --- |
|  | **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 |