

RISK ASSESSMENT FORM September 2021 v2

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



Service: Lancasterian Primary School	Location: Kings Road, N17 8NN	Assessment Completed by: Paul Murphy – Head Teacher
Description of Activity/Task Assessed: Opening school on 1 st September 2021	Date of Assessment: 3/9/21	Next Review Date: 22/10/21

Introduction and Instruction

The Department for Education and Public Health have issued revised guidance to schools following the further easing of Covid restrictions, to assist schools with managing new arrangements the Health and Safety Team has produced the following Risk Assessment Template for schools to adapt to their specific setting. 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.

Government guidance updated from the 16th of August 2021 states: From 16 August, you will not be required to self-isolate if you are a close contact of someone with COVID-19 and any of the following apply:

- you are fully vaccinated
- you are below the age of 18 years 6 months
- you have taken part in or are currently part of an approved COVID-19 vaccine trial
- you are not able to get vaccinated for medical reasons

Instead of self-isolating, those who are fully vaccinated and under 18s identified as close contacts of positive coronavirus cases are advised to get a free PCR test as soon as possible. Children aged under five years old are not required to take a test unless the positive case is within their household.

Fully vaccinated means that you have received your final dose of an MHRA- approved COVID-19 vaccine in the UK vaccination programme at least 14 days prior to contact with a positive case.

Anyone who tests positive following the PCR test will still be legally required to self-isolate, irrespective of their vaccination status or age in order to break onward chains of transmission. Meanwhile anyone who develops COVID-19 symptoms should self-isolate and get a PCR test and remain in isolation until the result comes back.

Self-isolation and shielding

All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

Further information is available in the guidance on [supporting pupils at school with medical conditions](#).

You should ensure that key contractors are aware of the school's control measures and ways of working.

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.	<p>Education settings must be able to achieve the following controls as defined by the Department of Education before opening the school on 1/9/21 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.</p>						
2	<p>Pupils who are shielding or self-isolating</p> <p>Ensure that the vast majority of pupils return to school in September. It should be noted that:</p> <ul style="list-style-type: none"> • 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 required to quarantine following travel outside the common travel area. • children who were previously classed as Clinically Extremely Vulnerable can attend school. • Inform pupils (and their parents or guardians or family member) and staff that have travelled internationally that they may need to quarantine, in accordance with government guidance. <p>School workforce</p> <p>Support the return of most staff to school in September. Following the reduction in the prevalence of coronavirus and government guidance concerning the reopening of schools:</p> <ul style="list-style-type: none"> • Staff who are clinically extremely vulnerable can attend school; they must follow the system of controls to minimise the risks of transmission. • 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 and should continue to ensure they maintain good prevention practice in the workplace and at home. • 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/). Vaccination should be offered to pregnant women at the same time as the rest of the population, based on age and clinical risk. Pregnant women should be offered the Pfizer-BioNTech or Moderna vaccines unless they have already had one dose of the Oxford-AstraZeneca vaccine, in which case they should complete the course with Oxford-AstraZeneca • The measures put in place outlined in this plan – which follows government guidance – will significantly reduce risk to all. • 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 September. 						

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.	<ul style="list-style-type: none"> See RTSP Sections A, B, K, L, M, N, O, P, Q, R & S 	Med		
4	Hygiene	As above	As above	<ul style="list-style-type: none"> See RTSP Section B, G & S 	Med		
5.	Respiratory Hygiene	As above	As above	<ul style="list-style-type: none"> See RTSP Section B, G & S 	Med		
6.	Cleaning of school and resources	As above	As above	<ul style="list-style-type: none"> See RTSP Section D, H & S 	Med		
7.	Reasonably minimise contact between individuals and maintain social distancing wherever possible	As above	As above	<ul style="list-style-type: none"> See RTSP Section B, C, E, F, G, I, K, L, M, N, O, P & S 	Med		
8.	Measures within the classroom	As above	As above	<ul style="list-style-type: none"> See RTSP Section C, H, I, J, K & S 	Med		
9.	Measures outside the classroom	As above	As above	<ul style="list-style-type: none"> See RTSP Section C, E, F, K, L, Q, R & S 	Med		
10.	Measures for arriving at and leaving school	As above	As above	<ul style="list-style-type: none"> See RTSP Section G, K & S 	Med		
11.	Other considerations:	As above	As above	<ul style="list-style-type: none"> Children with SEND: See RTSP Section G Use of supply teachers: See RTSP Section F Visitors to the school: See RTSP Section O 	Med		

				<ul style="list-style-type: none"> • Use and cleaning of shared resources: See RTSP Section C, D, E & H • Outbreak Management Plan: S 			
12.	PPE	As above	As above	<ul style="list-style-type: none"> • See RTSP Section B 	Med		
13.	Response to any infection	As above	As above	<ul style="list-style-type: none"> • See RTSP Section A, P & S 	Med		

Manage confirmed cases of Coronavirus amongst the school community

If a child or staff member has a confirmed positive Coronavirus test outcome:

- they should follow the 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' and must continue to self-isolate for at least 10 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. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10 day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal;
- other members of their household should get tested and, even in the case of a negative outcome, continue self-isolating for the full 10 days - this is because it can take 10 days for symptoms of the virus to appear;
- if someone has tested positive whilst not experiencing symptoms but develops symptoms during the isolation period, they should restart the 10-day isolation period from the day they develop symptoms.
- the child must access Individual Remote Education as per the school's Remote Education Policy. The school will provide a device if required.

Identify contacts using the Risk Assessment Checklist (Appendix vi) and contact tracing questions. Contacts (for primary schools, this will usually be the class and staff consistently in that class) should remain at school and be told to take a PCR test.

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:-

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:-

Likely	A repetitive occurrence should be expected
Probable	Foreseeable
Possible	Could occur sometime
Remote	Unlikely, though conceivable
Improbable	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

	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

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