

Managing Covid-19, flu and other respiratory infections in Schools Risk Assessment V6



Activity:	Managing Covid-19, flu and other respiratory infections in Schools			Location:	WLA
Assessor:	Abby Deeks	Ref No.:	WLA RA6	Distribution:	All stakeholders
Date:	3.11.22	Proposed Review Date:	3.11.23	Signed:	A. Deeks
Individuals at Risk	All employees, pupils, visitors, contractors, members of the public, the people they live with and their other close contacts, in particular, vulnerable children (as classified by DfE or LA guidance or school), vulnerable adults, anyone who is Black, Asian, Minority Ethnic (BAME), young/ inexperienced workers, new/ expectant mothers, anyone experiencing ill-health or who has pre-existing medical conditions, particularly those with people whose immune system means they are at higher risk and first aiders/nurses/intimate care providers.				
Risks	Respiratory infections generally lead to fairly mild or moderate symptoms but can cause death, critical illness, and other serious and potentially long-term health complications (some of which we are still learning about). They can be transmitted by contact with a bodily fluid containing it, most commonly saliva droplets dispersed into the air (aerosols) through talking, coughing, sneezing, and the performance of some healthcare tasks, which are then breathed in by other people nearby or the droplets land on surfaces that others touch, getting into their body when they then touch their face, especially their own mouth, nose and eyes. This may lead to staff and pupils absences due to illness leading to loss in education and anxiety and other wellbeing issues amongst staff, pupils and parents. Risks arising from lack of building/equipment maintenance particularly during periods of partial or full closure. The ability to effectively meet children's safeguarding, SEND and medical needs and to implement fire and other emergency procedures may be compromised due to reduced staff numbers.				
On 21/02/22 the Prime Minister set out the next phase of the government's Covid-19 response Living with COVID-19 . On 29/03/22, the Government set out the next steps for living with Covid-19 in England from 01/04/22. Most of the Covid-related guidance intended to support schools and other educational settings has now been withdrawn and replaced with more general guidance including: UKHSA: Guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19 , UKHSA: Guidance for living safely with respiratory infections, including COVID-19 , Reducing the spread of respiratory infections, including COVID-19, in the workplace , UKHSA Health protection in children & young people settings, including education and DfE: Emergency planning and response for education, childcare, and children's social care settings . For guidance on managing any other infections or diseases in schools, refer to UKHSA Health protection in children & young people settings, including education, NHS Choices and KAHSC Infection Control & Exclusions in Schools and Other Settings Poster .					
Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?		Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
An individual develops symptoms of a respiratory infection including Covid-19 or has a positive Covid-19 test or is a close contact of a positive Covid-19 case	High	<p>Symptomatic and positive cases</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adults with a positive Covid-19 test result should try to stay at home and avoid contact with other people for 5 days, which is when they are most infectious. For children and young people aged 18 and under, the advice will be 3 days. <input type="checkbox"/> Adults and children who have not tested but have the symptoms of Covid-19, flu and common respiratory infections (see also NHS Covid-19 symptoms in adults and in children) and who have a high temperature or feel unwell, should try to stay at home and avoid contact with other people until they feel well enough to resume normal activities/return to school and they no longer have a high temperature. <input type="checkbox"/> Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education setting. <input type="checkbox"/> If we experience any of the following in our setting, support is available from the Education Infection Prevention and Control (IPC) team: <ul style="list-style-type: none"> - a rapid increase in confirmed COVID-19 cases; - a rapid increase in people absent with respiratory illness symptoms (such as high temperatures and coughs); - a suspected in-setting outbreak of COVID-19. <p>We will complete an online notification form. We can also use the form to request a support phone call from the Education IPC team. The team can advise on IPC measures and in outbreak</p>		<p>The Education IPC team has developed letter templates for settings to communicate information to parents/carers regarding positive cases and individuals with symptoms of respiratory illness and a high temperature e.g. Warn & Inform Letter for Parents - COVID-19 & Sickness and Warn & Inform Letter for Parents - COVID-19.</p> <p>If you do not have the previously sent unique weblink for your setting to use to access the notification form, email EducationIPC@cumbria.gov.uk who will send it to you.</p>	Med.

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		<p>situations and can also consider additional outbreak management measures in addition to those outlined in the national guidance.</p> <p>Close Contacts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Household or overnight contacts of someone who has had a positive Covid-19 test result can reduce the risk to other people by taking the following steps: <ul style="list-style-type: none"> - avoid contact with anyone they know who is at higher risk of becoming severely unwell if they are infected with Covid-19, especially those whose immune system means they are at higher risk of serious illness from COVID-19, despite vaccination; - limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces; - wear a well-fitting face covering made with multiple layers or a Type 1 surgical face mask if they do need to have close contact with other people, or they are in a crowded place; - wash their hands frequently with soap and water or use hand sanitiser. <input type="checkbox"/> If they develop symptoms of a respiratory infection, try to stay at home and avoid contact with other people and follow the guidance for people with symptoms above. <input type="checkbox"/> Those who are a contact of someone with Covid-19 but do not live with them or did not stay in their household overnight are at lower risk of becoming infected. <p>Asymptomatic testing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regular asymptomatic testing is no longer recommended in any education or childcare setting, including in SEND, alternative provision and children’s social care settings. Therefore, we will no longer be able to order test kits. <input type="checkbox"/> If we still have small quantities of unused ATS or self-test kits left as well as PCR test kits, which are not eligible to be returned to UKHSA we can retain this stock and note it in our contingency plans. 	<p>Refer to: UKHSA: Guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19</p> <p>Refer to: UKHSA: Guidance for living safely with respiratory infections, including COVID-19</p> <p>The guidance on the testing in education settings document sharing platform has been withdrawn</p>	
Transmission of Covid-19 because of lack of take-up of the vaccination programme	High	<ul style="list-style-type: none"> <input type="checkbox"/> We will continue to ensure all eligible groups are enabled and supported to take up the offer of national vaccination programmes including Covid-19 and flu. <input type="checkbox"/> From April 2022, healthy 5-11 year olds will also be offered the Covid-19 vaccine. Vaccinations will take place outside of schools. Parents of 5-11 year olds will receive a letter from the NHS with further information. We will signpost parents to where they can book COVID-19 vaccination appointments online, at a vaccination centre or pharmacy, or find a walk-in COVID-19 vaccination site without needing an appointment. Appointments and walk-ins can be accessed for 12 to 15 year olds now, and bookings will open up for 5 to 11 year olds from the beginning of April. <input type="checkbox"/> Some schools have received campaign letters and emails with misinformation about the vaccine programme. We will notify our regional DfE team of any anti-vaccination activity. We will ensure we only share information from trusted sources; if in any doubt we will check authenticity before sharing, and will not engage directly with misinformation. 	Refer to Covid-19 vaccination programme for children and young people: guidance for schools and Covid-19 vaccination programme for children and young people: guidance for children and young people: guidance for children and young people: guidance for parents of children aged 5 to 11 years of age at high risk	Low
Those previously identified as particularly vulnerable, clinically	High	<ul style="list-style-type: none"> <input type="checkbox"/> Most people who were identified as CEV are now well protected after receiving their primary and booster vaccination doses. For most people who were CEV, they are no longer at substantially greater risk than the general population, and are advised to follow the same guidance as everyone else on staying safe, avoiding routine coughs, colds and other respiratory viruses and preventing 	Refer to Guidance for people previously considered clinically extremely vulnerable from COVID-19	Low

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extremely vulnerable (CEV), and high or higher-risk attending school		<p>the spread of coronavirus (Covid-19), as well as any further advice they may receive from their doctor.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pregnant women are strongly advised to get vaccinated. If pregnant staff develop symptoms of Covid-19, it is important that they contact their GP, midwife or maternity team, or 111. Guidance for pregnancy and Covid-19 can be found on the NHS website. The Royal College of Obstetricians and Gynaecologists (RCOG) also has a range of information on COVID-19 in pregnancy and vaccination. <input type="checkbox"/> We will conduct a risk assessment for new and expectant mothers in line with the Management of Health and Safety at Work Regulations 1999 (MHSW). Any risks identified at that point, or later during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, will be included and managed as part of the general workplace risk assessment. <input type="checkbox"/> Pregnant women of any gestation will not be required to continue working if this is not supported by the risk assessment. <input type="checkbox"/> Everyone will be encouraged to get vaccinated and also get a booster vaccine for Covid-19 when offered. <input type="checkbox"/> There remains a smaller number of people who, in spite of vaccination, are at higher risk of serious illness from Covid-19. This is due to a weakened immune system (immunosuppressed) or specific other medical conditions and requires enhanced protections such as those offered by antibody and antiviral treatments, additional vaccinations and potentially other non-clinical interventions. . They should avoid meeting with someone who has tested positive for Covid-19 (and anyone in their household) until 10 days after they received a positive test and try to avoid people who have symptoms of Covid-19 or other respiratory infections and have a temperature or feel unwell. <input type="checkbox"/> If it feels right for them, those who are immunosuppressed can work from home if they can. If they cannot work from home, we will speak to them about what arrangements we can make to reduce their risk. It may be that they are entitled to a Reasonable Adjustment under the Equality Act. Refer also to Public health principles for reducing the spread of COVID-19 and other respiratory infections in the workplace. 	<p>Refer also to HSE: Protecting new and expectant mothers at work</p> <p>Refer to guidance for people whose immune system means they are at higher risk</p> <p>Where necessary, we will provide equipment for people to work at home safely and effectively and guidance on how to work safely at home – see ACAS Home Working Guide, ACAS Example checklist for setting up homeworking and HSE: protect home workers</p>	
Inadequate hand and respiratory hygiene and cleaning leading to spread of Covid-19 virus	High	<ul style="list-style-type: none"> <input type="checkbox"/> Frequent and thorough hand cleaning is now regular practice and we have built these routines into school culture. We will continue to ensure that everyone cleans their hands regularly with soap and water or hand sanitiser including before leaving home, on arrival at school, on return from breaks, and before and after eating/drinking, using the toilet, sports activities, before and after administering first aid or intimate personal care, using public transport and after coughing or sneezing and not to touch face (eyes, mouth, nose) with hands that are not clean. <input type="checkbox"/> Toilets will be cleaned regularly and pupils encouraged to clean their hands thoroughly after using the toilet. <input type="checkbox"/> The 'catch it, bin it, kill it' approach will continue. Everyone will be reminded to sneeze into a tissue or sleeve NEVER into hands and to wash hands immediately after (as above). 'Catch it, bin it, kill it' posters to be displayed in relevant areas. See also the e-Bug website. <input type="checkbox"/> We clean regularly, using standard cleaning products such as detergents and bleach. Cleaning equipment used will be disposable or, if reusable, disinfected after each use. 	<p>The HSE recommends hand cleansing facilities be made available in the following priority order:</p> <ol style="list-style-type: none"> 1. Soap and running warm water (most effective); 2. Soap and running cold water; 3. Running water alone; 4. Moist wipes; 5. Hand rubs or gels i.e. alcohol-based sanitiser (least effective). 	Low

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		<ul style="list-style-type: none"> <input type="checkbox"/> When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used. <input type="checkbox"/> In the event of an outbreak of infection at our setting, our UKHSA HPT team or LA Public Health team may recommend enhanced or more frequent cleaning, to help reduce transmission – refer to CCC Respiratory Illness including COVID-19 Threshold Framework. <input type="checkbox"/> Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails. <input type="checkbox"/> It is particularly important to clean areas after an individual with symptoms of or confirmed Covid-19 has left the setting or area and to dispose of any waste appropriately. <p>Alcohol based hand sanitiser – fire risks</p> <ul style="list-style-type: none"> <input type="checkbox"/> All hand sanitiser stations and stocks will be kept clear of potential sources of heat and ignition (such as electrical or heating equipment). <input type="checkbox"/> Any spillages will be cleaned up immediately and the items used to clear the spillage disposed of carefully (they will be highly flammable until the alcohol has evaporated). <input type="checkbox"/> Alcohol-based hand sanitiser will be stored away from sources of heat and ignition, ideally in a metal cabinet. A sign will be provided on the cabinet/store warning of the presence of flammable liquids. <input type="checkbox"/> The location of the cabinet(s)/store(s) and the quantity held will be recorded on a plan of the school to make fire fighters aware of this hazard should they attend an incident at the school (and also included in our existing Emergency Plan). <input type="checkbox"/> Alcohol-based hand gels will not be used in science labs or D&T & food workshops/lessons. We will not make our own gels. Instead of gels, we will use skin-friendly cleaning wipes that claim to kill 99.99% of bacteria and viruses and are non-alcohol based. 	<p>Refer to the UKHSA Health protection in children & young people settings, including education on Cleaning; Respiratory infections, including COVID-19 and Managing outbreaks and incidents.</p>	
Inadequate ventilation leading to spread of Covid-19 virus		<ul style="list-style-type: none"> <input type="checkbox"/> When school is in operation, we will continue to ensure the building is well ventilated and a comfortable teaching environment is maintained. We will identify any poorly ventilated spaces as part of our risk assessment and take steps to improve fresh air flow in these areas. <p>Increasing natural ventilation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Opening external windows and, in addition, opening internal doors can also assist with creating a throughput of air – with regard ‘fire doors’, see below. <input type="checkbox"/> If necessary, external opening doors may also be used (where safe to do so) ensuring that this does not increase security risks. <input type="checkbox"/> Generally, fire doors should remain closed at all times when not in use or we will consider installing automatic door release devices connected to the fire alarm system to fire doors. However, it is accepted that increasing ventilation during airborne public health incidents such as Covid-19, flu or other respiratory outbreaks is a key mitigation. Whilst it is accepted that this practice will improve ventilation by increasing the air flow through the room (assuming windows are also left open), this must be balanced against the need to reduce the risk of fire spread. In line with CCC: Improving ventilation during COVID-19 (and further clarified by CCC on 17/03/22), classroom doors (and the doors of other rooms) can remain open where there is poor ventilation and if CO₂ readings are high but ONLY when the room is occupied. The windows of the room should also be opened if 	<p>Refer to the HSE guidance on how to assess and improve ventilation and Chartered Institution of Building Services Engineers (CIBSE)</p>	Med.

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		<p>practicable to create a crossflow of air. However, fire doors of all unoccupied rooms (or where the door leads onto protected stairwells or escape routes) MUST remain closed at all times.</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will consider the closing of windows should the fire alarm activate. Because of the need for increased ventilation in the school, there may not be time to close all windows prior to evacuation. This situation is only permissible where to close all the windows would result in increased risk to staff and pupils. <p>Mechanical ventilation systems</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue using most types of mechanical ventilation as normal and set them to fresh air intake and switch off recirculating air modes; <input type="checkbox"/> Switch ventilation on at nominal speed at least 2 hours before, and at lower speed 2 hours after people use work areas; <input type="checkbox"/> At nights and weekends, do not switch ventilation off but keep systems running at a lower speed; <input type="checkbox"/> Ensure mechanical systems/ducts/heat recovery equipment are inspected, maintained, filters replaced, defects addressed, and regularly cleaned in line with manufacturers' instructions; <input type="checkbox"/> Toilets with mechanical extraction – keep doors closed and extraction operating as normal 24/7. <p>Recirculating air</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mechanical systems supplying individual rooms should be allowed to operate with recirculation modes switched to supply 100% outdoor air where possible; <input type="checkbox"/> For centralised ventilation system that circulates air to different rooms, it is recommended that recirculation is turned off and fresh air supply used; <input type="checkbox"/> Recirculation units for heating and cooling that do not draw in a supply of fresh air can remain in operation provided there is a supply of outdoor air, e.g. windows and doors left open. <p>Air cleaning and filtration units</p> <ul style="list-style-type: none"> <input type="checkbox"/> We can use local air cleaning and filtration units to reduce airborne transmission of aerosols where it is not possible to maintain adequate ventilation. <input type="checkbox"/> These units are not a substitute for ventilation. We will prioritise any areas identified as poorly ventilated for improvement in other ways before we think about using an air cleaning device. <p>Fans</p> <ul style="list-style-type: none"> <input type="checkbox"/> In collective spaces, i.e. when several people are present in the space, the use of fans for air circulation/cooling is not advised, particularly in small volume, closed or partially open spaces with minimal outside air exchange; <input type="checkbox"/> Desk or ceiling fans should only be used provided the area is well ventilated; <input type="checkbox"/> The use of fans is advised where there is only one person in a room; <input type="checkbox"/> If fans are used, we must take steps to minimise air from fans blowing from one person directly at another to reduce the potential spread of any airborne viruses. <p>Balancing ventilation while maintaining a comfortable temperature</p> <ul style="list-style-type: none"> <input type="checkbox"/> To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures will also be used as appropriate: <ul style="list-style-type: none"> - opening high level windows in preference to low level to reduce draughts; 	<p>In addition to the original DfE allocation of air cleaning units, the air cleaning marketplace remains open for any settings that wish to purchase air cleaning units at a suitable specification directly from suppliers.</p>	

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		<ul style="list-style-type: none"> - increasing the ventilation while spaces are unoccupied (e.g. 10 – 15 minutes before a classroom is occupied, between classes, during break and lunch, when a room is unused); - opening windows for short bursts of 10 – 15 minutes every hour throughout the day or leaving windows open a small amount (approx. 3cm) continuously; - providing flexibility to allow additional, suitable indoor clothing; - rearranging furniture where possible to avoid direct drafts; - setting the heating to maintain a comfortable temperature even when windows and doors are open; - the use of portable heaters will be avoided where possible. However, where it is necessary to use these, we will ensure suitable controls are implemented and include within the existing Fire Risk Assessment. 		
Inadequate personal protection & PPE & spread of Covid-19 virus	High	<p>PPE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Most staff will not require PPE beyond what they would normally need for their work. <input type="checkbox"/> Where a child or young person already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used. <p>Face Coverings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Those attending education or childcare settings are not normally expected to wear a face covering, although this may be recommended by the local Public Health team in the event of a confirmed outbreak. <input type="checkbox"/> Face coverings for children under the age of 3 are not recommended for safety reasons. 	Refer to Refer to: NHS National infection prevention and control manual and COVID-19: information and advice for health and care professionals .	Low
Failure of security arrangements, particularly in relation to anti-vaccination protests	High	<ul style="list-style-type: none"> <input type="checkbox"/> The recent decision by the Government to offer coronavirus vaccines to 5-11 year olds is likely to create some opposition from various groups of individuals who are generally against the delivery of the vaccine to all age groups. <input type="checkbox"/> Although parental consent is required for the immunisations, this has not stopped groups of protesters gathering outside schools to express their opinions and there have been several reports of protests in national media over recent weeks. <input type="checkbox"/> The Police and other agencies have made preparations to respond if and when such protests occur outside any of schools in Cumbria. <input type="checkbox"/> A guidance document is available about how to contact the police in the event of anti-vaccination protest outside of schools (applicable to the whole of Cumbria footprint). <p>What to do to prepare for potential protests outside school</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will review our site security risk assessments to identify any significant risks or weaknesses in our existing risk assessments and consider what if any additional proportionate, preventive actions we might need to take. <input type="checkbox"/> Points to consider include: <ul style="list-style-type: none"> - Is the perimeter secure? - Is the external environment secure? - Are our buildings secure? - Do we have a security lockdown procedure? 	Refer to the school's Emergency Plan which also includes Lockdown Procedures	Low

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		<input type="checkbox"/> It has been reported that whilst most of the protests have been peaceful, some students have been upset and un-nerved by the situation, it may therefore be useful to have an alternative exit that they could use to avoid having to pass the protestors or consider other methods of making sure they can leave the premises safely.		
Failure to safeguard children	High	<input type="checkbox"/> We will continue to have regard to statutory safeguarding guidance Keeping children safe in education , and will have a trained designated safeguarding lead (DSL) (or deputy) available on site. <input type="checkbox"/> However, there may be operational challenges to this. In such cases, there are 2 options to consider: <ul style="list-style-type: none"> - a trained DSL (or deputy) from the setting can be available to be contacted via phone or online video, e.g. working from home; - sharing trained DSLs (or deputies) with other settings, schools or FE providers (who should be available to be contacted via phone or online video). <input type="checkbox"/> Where a trained DSL (or deputy) is not on-site, in addition to one of the 2 options, a senior leader will take responsibility for co-ordinating safeguarding on site. <input type="checkbox"/> The local authority and children's social care provider will continue to work with local safeguarding partners to ensure continuity and consistency of support – throughout any emergency – including support for the mental health of looked-after children and care leavers. <input type="checkbox"/> Local authorities should follow the statutory guidance on promoting the health and wellbeing of looked-after children and: <ul style="list-style-type: none"> - look out for issues that may affect looked-after children's mental health and wellbeing; - encourage looked-after children to speak to their social worker, carer or other trusted adult about how they are feeling; - ensure they get the help and support they need. 		Low
Failure to support children with SEND and/or EHC plans	High	<input type="checkbox"/> Health professionals attending a setting may be following slightly different guidance from UKHSA due to their wider work in settings with vulnerable adults. <input type="checkbox"/> In an emergency, where possible, specialists, therapists and other health professionals who support children and young people with SEND (e.g. speech and language therapists, physiotherapists, occupational therapists, educational psychologists and specialist teachers), should provide interventions as usual. <input type="checkbox"/> Where children and young people with EHC plans are not attending school because they are following public health advice, multi-agency professionals will collaborate to agree how to meet their duties to deliver the provision set out in the EHC plan. <input type="checkbox"/> Some pupils and students with SEND may need specific help adjusting to any changes in their routines that emergency measures may involve. Staff will plan to meet these needs based on the individual pupil or child and their circumstances, e.g. using social stories. <input type="checkbox"/> To make sure pupils and students with medical conditions are fully supported, we will use individual healthcare plans to help ensure they continue to receive an education in line with their peers. This will include working with families and the relevant health professionals, as well as the local authority and other services as necessary. <input type="checkbox"/> We will consider whether we need any additional processes in place for pupils and students who regularly:		Med.

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		- attend more than one site or different providers		
Inappropriate arrangements for providing school meals	High	<p>Schools</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will speak to our school catering team or provider about the best arrangements for providing school meals for pupils in an emergency. They will provide meal options for all pupils who are in school, and meals will be available free of charge to all infant pupils and pupils who meet the benefits-related free school meals eligibility criteria. <input type="checkbox"/> Where pupils eligible for benefits-related free school meals are receiving remote education, we will work with our school catering team or food provider to provide good quality lunch parcels. This will ensure that eligible pupils continue to be supported for the short period where they are unable to attend school. <input type="checkbox"/> We will ensure that we identify pupils with any medical conditions, including allergies, to ensure that all pupils are able to eat a school lunch safely. This is particularly important in circumstances where caterers are not serving meals to pupils directly but where for example, pupils are being served food in the classroom or via lunch parcels. Further information is available in allergy guidance for schools. 		Low
Inappropriate arrangements to support our workforce, children and pupils through an emergency	High	<p>Workforce</p> <ul style="list-style-type: none"> <input type="checkbox"/> We will explain to our workforce any steps taken to keep staff safe at work as part of our emergency plans. <input type="checkbox"/> Our workplace risk assessment already considers any risks to female employees of child bearing age and, in particular, risks to new and expectant mothers. We will discuss concerns with staff. <input type="checkbox"/> The Health and Safety Executive (HSE) has more information on managing risk and risk assessment in the workplace. <input type="checkbox"/> UKHSA Health protection in children & young people settings, including education also contains practical advice on managing a range of infections, including for those who may be at higher risk of infection. <p>Staff shortages during an emergency</p> <ul style="list-style-type: none"> <input type="checkbox"/> We are best placed to determine the workforce required to meet the needs of children, pupils and students in our setting. In children's social care settings, providers are best placed to determine the workforce required to meet the needs of the children in the setting. <input type="checkbox"/> Where we are experiencing staff absences, in the first instance, we will follow our usual process for covering absences. <input type="checkbox"/> We will ensure there are sufficient trained staff on duty e.g. sufficient trained first aiders (including paediatric where necessary) and fire wardens to cover the site (to enable sweeps of all areas to be carried out and to ensure full evacuation of the building) – particularly important if staff are absent due to illness. <input type="checkbox"/> We will assess the suitability of Personal Emergency Evacuation Plans (PEEPs) – especially if previous role holders are no longer available to continue e.g. staff absence. <p>Schools</p> <ul style="list-style-type: none"> <input type="checkbox"/> If some of our teachers can't get to work due to an emergency, we will consider, for example: 		Med.

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		<ul style="list-style-type: none"> - continuing to make use of temporary staff; - the way in which we deploy our staff and using existing staff more flexibly; - bringing together groups and classes with teachers and support staff working together. <p><input type="checkbox"/> When considering modifying our class arrangements, we will be mindful of the limits placed on group size by factors such as the school estate and the Infant Class Size Regulations which limit the size of an infant class to 30 pupils per school teacher, subject to some limited exceptions set out in the School Admissions Code.</p> <p>Prioritising places</p> <p><input type="checkbox"/> In exceptional circumstances, if high levels of workforce absence mean we need to temporarily prioritise places in our setting (e.g. where we are unable to operate at full capacity), we will give priority to vulnerable children (refer to Annex A of Emergency planning and response for education, childcare, and children’s social care settings) and children of critical workers (refer to Annex B of the same document).</p> <p>Vulnerable children and young people</p> <p><input type="checkbox"/> In all circumstances, vulnerable children and young people will be prioritised for continued face-to-face education and childcare.</p> <p><input type="checkbox"/> We will also continue to have regard to any statutory safeguarding guidance that applies to us and our setting.</p> <p><input type="checkbox"/> We will put in place systems to keep in contact with vulnerable children and young people if they are not attending, particularly if they have a social worker. This includes:</p> <ul style="list-style-type: none"> - notifying their social worker (if they have one) and, for looked-after children, the local authority virtual school head; - agreeing with the social worker the best way to maintain contact and offer support; - keeping in contact with vulnerable children and young people to check their wellbeing and refer onto other services if additional support is needed. This may require a home visit. <p><input type="checkbox"/> In determining who is vulnerable, we will use the definition of vulnerable children and young people in place during the Covid-19 pandemic which can be found at Annex A of Emergency planning and response for education, childcare, and children’s social care settings. Some children may be vulnerable who are not officially in statutory systems and we will seek to support any children and young people who we believe may have challenging circumstances at home.</p> <p><input type="checkbox"/> Safeguarding and promoting the welfare of children remains of paramount importance. There should be no change to local multi-agency safeguarding arrangements, which remain the responsibility of the 3 safeguarding partners:</p> <ul style="list-style-type: none"> - local authority; - clinical commissioning group; - chief officers of Police. <p><input type="checkbox"/> In the event of an emergency, we would expect all local safeguarding partners to be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe.</p>	<p>We will continue to record pupil absence in the register in the line with the working together to improve school attendance guidance using the most appropriate code. Where pupils are unable to attend school in exceptional circumstances they can be recorded as Code Y (unable to attend in exceptional circumstances) unless a more appropriate code applies. Where pupils are unable to attend school because they are ill or have an infectious illness they should be recorded as Code I (illness).</p> <p>Refer to Keeping children safe in education, Working Together to Safeguard children and Early Years Foundation Stage (EYFS) framework</p>	

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
Inadequate contingency plans in place to provide remote education	High	<p>The DfE: Providing remote education - guidance for schools provides non-statutory guidance on maintaining our capabilities to deliver high quality remote education in cases where it is not possible or contrary to government guidance for some or all pupils to attend face-to-face education. The priority will always be for schools to deliver high-quality face-to-face education to all pupils. Remote education will only ever be considered as a short-term measure and as a last resort where in person attendance is not possible.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attendance is mandatory for all pupils of compulsory school age. We will consider providing remote education to pupils in circumstances when in-person attendance is either not possible or contrary to government guidance. This might include: <ul style="list-style-type: none"> - occasions when school leaders decide that it is not possible for their setting to open safely, or that opening would contradict guidance from local or central government; - occasions when individual pupils, for a limited duration, are unable to physically attend their school but are able to continue learning, e.g. pupils with an infectious illness. <input type="checkbox"/> In these circumstances pupils should have access to remote education as soon as reasonably practicable, though in proportion to the length of absence and disruption to their learning. <input type="checkbox"/> Where needed, we will consider providing remote education equivalent in length to the core teaching pupils would receive in school and including recorded or live direct teaching time, as well as time for pupils to complete tasks and assignments independently. Refer to DfE: Providing remote education - guidance for schools. <input type="checkbox"/> Online video lessons do not necessarily need to be recorded by teaching staff at the school. High quality lessons developed by external providers can be provided instead of school led video content. <input type="checkbox"/> We already have remote education plans in place that have worked for us when face-face education has not been possible. We can continue to use established remote education plans with which staff, pupils and parents and carers are familiar. <input type="checkbox"/> We will consider this guidance in relation to the pupil's age, stage of development or special educational needs, for example where this would place significant demands on parents' help or support; e.g. children in key stage 1 or reception often require high levels of parental involvement to support their engagement with remote education, which can make digital remote education provision a particular challenge for this age group. <input type="checkbox"/> We will work collaboratively with families and put in place reasonable adjustments so that pupils with SEND can successfully access remote education. In this situation, decisions on how provision can be delivered should be informed by relevant considerations including the support families will require and types of services that the pupil can access remotely. The requirement within the Children and Families Act 2014 for schools to use their best endeavours to secure the special educational provision called for by the pupils' special educational needs remains in place. <input type="checkbox"/> To provide clarity and transparency to pupils and parents or carers about what to expect from remote education if it is required, we may wish to continue to publish information about our remote education provision on our website. <input type="checkbox"/> Keeping children safe online is essential. The guidance on safeguarding and remote education provides the information on what we should be doing to protect our pupils and students online. 	<p>Further guidance can be found at:</p> <ul style="list-style-type: none"> • SWGfL: Safe Remote Learning knowledge base • SWGfL: live remote lessons - questions answered • National Security Council: Video conferencing services - security guidance for organisations • DfE: EdTech demonstrator schools and colleges • Keeping children safe in education • Guide for parents and carers on online sexual harassment and how they can support children to stay safe online 	Med.

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
		<input type="checkbox"/> We will continue referring to the working together to improve school attendance guidance . We will continue to keep a record of, and monitor pupils' engagement with remote education, but this does not need to be tracked in the attendance register.		
Lack of wellbeing and support for pupils and staff	High	<input type="checkbox"/> Some children, young people and adults may experience a variety of emotions in response to an emergency situation, such as anxiety, stress, or low mood. Useful links and resources of support on the MindED learning platform for professionals. <input type="checkbox"/> Other mental health resources for children and young people include: <input type="checkbox"/> We will work collaboratively with children, young people, adults, and their families who are anxious to reassure them. Discussions will have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person. <input type="checkbox"/> Education Support provides a free helpline for school staff and targeted support for mental health and wellbeing and the Frontline: Wellbeing toolkit for educators brings together a range of resources and support for staff.	Refer also to Promoting and supporting mental health and wellbeing in schools and colleges , UKHSA's Every Mind Matters, Become's care advice line for looked-after children and NHS guidance resources and NHS guidance resources and services for mental health, learning disabilities and autism	Med.
Exam and assessment disruption	High	<input type="checkbox"/> We will prepare for possible disruption to exams or assessment as part of our emergency planning and ensure our staff are aware of these plans. <input type="checkbox"/> In the very exceptional circumstances where we might need to close our setting, or if a pupil or student misses an exam or formal assessment due to circumstances beyond their control, we will discuss alternative arrangements with our awarding bodies. <input type="checkbox"/> In line with awarding body requirements, we have contingency plans in place, including alternative venue arrangements, sufficient invigilator cover, and plans for if the exams officer is absent. <input type="checkbox"/> We are responsible for making sure pupils, students, parents and carers know what has been agreed, for example: <ul style="list-style-type: none"> - plans for using alternative venues; - where a pupil or student is absent for acceptable reason, the opportunity to apply for special consideration to receive an exam result, based on the exams and non-exam-assessment that the student was able to complete; - the opportunity for pupils and students to sit any missed exam or formal assessment at a later date, where their qualification allows it. <p>Assessments</p> <input type="checkbox"/> If we have to close our school, or if a pupil misses a statutory assessment due to an emergency, we will consider alternative arrangements in line with the relevant guidance from the Standards and Testing Agency (STA) or the department. <input type="checkbox"/> We are responsible for making sure parents, carers and children know what has been agreed, for example: <ul style="list-style-type: none"> - moving the assessment to a different point in the assessment window where the assessment and reporting arrangements give us flexibility; - agreeing with STA a timetable variation (for the assessment to be taken on an alternative day) for end of key stage 2 tests in English reading and mathematics; - reporting alternative information about a child's performance to their parents where it is not possible for the child to take the statutory assessment. 		Med.

Hazards & Associated Risks	Risk Rating	Control Measures What are we doing now?	Notes/Additional Control Measures What more do we need to explain/do?	Residual Risk
Inadequate insurance arrangements in place during the health emergency	High	Business interruption insurance <input type="checkbox"/> We will contact our insurer direct.		Low
Lack of building/property maintenance during health emergencies	High	All routine external and in-house monitoring, testing and inspection will continue as normal (and if the premises have to close or prior to re-occupation following an extended closure) including: <ul style="list-style-type: none"> <input type="checkbox"/> Routine in-house health & safety inspections; <input type="checkbox"/> External and in-house maintenance of fire safety equipment and systems; <input type="checkbox"/> Ongoing external and in-house hot and cold water safety (legionella) monitoring, maintenance and testing; <input type="checkbox"/> In-house monitoring of asbestos containing materials; <input type="checkbox"/> External and in-house monitoring, testing and maintenance of all other systems and equipment in line with statutory requirements and manufacturer's instructions. 		Low

Further Action Required	Date Action Completed	Date RA Reviewed	Significant Changes Y/N	Shared with Staff Date or N/A
<p>Settings should review and update their wider risk assessments and consider the need for relevant revised controls in respect of their conventional risk profile considering the implications of Covid-19, flu or other respiratory infections. This risk assessment should be read and followed in conjunction with other applicable risk assessments for the setting, staff or pupil, adapted as necessary, and:</p> <ul style="list-style-type: none"> • UKHSA COVID-19 response: Living with COVID-19 • UKHSA: Guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19 • UKHSA: Guidance for living safely with respiratory infections, including COVID-19 • Reducing the spread of respiratory infections, including COVID-19, in the workplace • DfE: Emergency planning and response for education, childcare, and children’s social care settings • UKHSA Health protection in children & young people settings, including education • UKHSA Guidance for people previously considered clinically extremely vulnerable from COVID-19 • UKHSA COVID-19: guidance for people whose immune system means they are at higher risk • The Royal College of Obstetricians and Gynaecologists (RCOG): information on COVID-19 in pregnancy and vaccination • HSE: Ventilation in the workplace • NHS National infection prevention and control manual • COVID-19: information and advice for health and care professionals • Keeping children safe in education • Early Years Foundation Stage (EYFS) Statutory Framework • DfE: Working together to improve school attendance • Promoting and supporting mental health and wellbeing in schools and colleges • Promoting the health and wellbeing of looked-after children • DfE: Providing remote education - guidance for schools • Safeguarding and remote education during coronavirus (COVID-19) • Cabinet Office: preparation and planning for emergencies • Cabinet Office: pandemic flu • Keeping children safe during community activities, after-school clubs and tuition: non-statutory guidance for providers running out-of-school settings • HSE: Coronavirus (COVID-19) – Advice for workplaces • DfE: health and safety advice for schools 	7.10.22	7.10.22	N	7.10.22