

Staffordshire County Council

General Risk Assessment Record Form – January 2021 March 2021

1. Section/Service/Team Tillington Manor Primary School

2. Assessor(s) Mr I R Goodwin/Mrs K Martin

3. Description of Task/Activity/Area/Premises etc. Schools full opening Sept 2020 - Minimising the risk of transmission of COVID-19

What are the hazards?	Who might be harmed and how?	What are you already doing? List the control measures already in place	What is the risk rating – H, M, L? See section 5	On-going Contingency Measures/Considerations and Issues to be kept under review	Action Completed	What is the risk rating now – H, M, L? See Section 5
<p>Exposure to COVID-19</p> <p>The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).</p>	<p>Everyone on site.</p> <p>General transmission may occur: Through close contact between colleagues, pupils and visitors and touching contaminated surfaces.</p>	<ul style="list-style-type: none"> • Anyone with COVID-19 symptoms or who have someone in their household who does is informed not to attend school. • Anyone developing COVID-19 symptoms during the school day is sent home and procedures followed to manage transmission risks. • Symptomatic staff and pupils advised to access testing. Home test kits offered to individuals who would not be able to access testing by the normal testing routes. • Active engagement with NHS Test and Trace service. • Aware of LA Local Outbreak Control Plans. • Parents needing to access Reception/school site (from 01/11/2020) to wear face coverings • Frequent handwashing promoted. Incorporate this into the timetable. • Hand sanitiser available in classrooms, shared spaces, and entrance and exit points. 	<p>M</p>	<ul style="list-style-type: none"> • School policy on the wearing of face coverings – on school site for adults when dropping off/collecting ch from 1st Nov – contactors from 1st Sept required in school building). • Face visors or shields should not be worn as an alternative to a face covering. • Contingency supply of face coverings available where pupils are struggling to access a face 	<p>Sept 2020 →</p>	<p>L/M</p>

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		<ul style="list-style-type: none"> • Good respiratory hygiene encouraged by promotion of ‘catch it, bin it, kill it’ approach. • Enhanced cleaning of frequently touched surfaces. • Disposable tissues available in classrooms. • Maintain ventilation in rooms – in winter months aim for short periods where windows are open – consider option of working with door open from 6th January 2021 One window open at all times. During break times open all windows to allow • Bins for tissues emptied during the day. • Control measures in place for staff and pupils who are clinically vulnerable or at higher risk → Risk assessments completed • Wellbeing support in place for staff and pupils. • Grouping pupils together and avoiding contact between groups. • Social distancing maintained wherever possible between all adults on site – close contact working with pupils limited and to side or behind to avoid face to face – 1 to 1 interventions at social distance • Staff meetings through TEAMS and not through face to face 		<p>covering or where they have forgotten it or are unable to use their face covering due to having become soiled/unsafe to use.</p> <ul style="list-style-type: none"> • Follow advice given by local outbreak/health protection teams. • Encourage staff and parents to engage with Test and Trace process and to inform them immediately of the results of a test. • Maintain supply of home test kits. • Record kept for 21 days of visitors to site. • Record of staff and pupil groups – particular focus on 		

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		<ul style="list-style-type: none"> • Social distance maintained for any individual meetings with staff • Number of staff in staffroom regulated • Jan 2021 → Given greater transmission rates of new variant, aim for one child per desk – max number per room/team bubble = 15/16/17 if distance to be maintained and adequate ventilation is to be encouraged. Plastic chairs more than 2m apart with cleaning materials to wipe before/after use. • Breaks staggered to limit numbers in corridors and circulation routes. • Lunch in the hall in two group more than 2m apart and facing the opposite way? and pupils wash hands and enter lunch areas in their group. Groups kept apart and tables cleaned between groups. <ul style="list-style-type: none"> ○ Pupils encouraged to maintain space with other children when playing/ queuing • Staff, pupils, parents and visitors informed of the measures in place to reduce transmission. 		<p>situation where mixing of bubbles cannot be avoided e.g. Club House</p> <ul style="list-style-type: none"> • Review COSHH assessment for hand sanitiser and cleaning materials. • Review cleaning schedules. include more frequent cleaning of touch points and shared rooms/areas. • Signage to promote hygiene and social distancing. • Review stocks of soap, hand sanitiser, number of hand sanitiser stations, tissues (Weekly updates from site staff). • Consider if skin friendly cleaning 		

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				<p>wipes are needed for younger children and pupils with complex needs.</p> <ul style="list-style-type: none"> • Review number, type and location of waste bins consider replacing with foot operated. • Minimise the number of contacts between staff and pupils • Individual risk assessments carried out for staff and pupils who are clinically vulnerable or at higher risk. (KBr) • Review team stress risk assessment. (Planning day in last week to supplement PPA) • Consider publishing risk assessment on school 		

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				website.		

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<p>Exposure to COVID-19</p> <p>The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).</p>	<p>Pupils</p> <p>Transmission may occur:</p> <p>When travelling to and from school</p> <p>When arriving and leaving school.</p>	<ul style="list-style-type: none"> • Start and finish times reviewed to keep groups apart as they arrive and leave school and to reduce demand on public transport at peak times. → Parents informed of arrangements for drop-off and collection of children <ul style="list-style-type: none"> ○ Parents advised to wear face coverings when dropping off/collecting children (1st Nov 2020→) • Dedicated school transport arrangements and plans revised – extra cleaning for touch points in coach transport to swimming – single bubble/staff use – staff to wear masks • Active travel promoted. Parents, staff and pupils encouraged to walk, scoot or cycle to school. Plans communicated to parents • Staff, pupils and visitors informed to wash/sanitise hands on arrival at school. 	<p>L/M</p>	<ul style="list-style-type: none"> • Contingency supply of face coverings available where pupils are unable to use their face covering due to it having become soiled/unsafe to use. • Discuss transport arrangements with providers, LA and parents. • Review arrangements for parents to “drop off” pupils – at least monthly • Discourage car sharing between different households. 	<p>August 2020 →</p>	<p>L</p>

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Exposure to COVID-19 The virus is spread in minute water droplets that are expelled from the body through sneezing, coughing,	Staff and pupils. Transmission may occur when providing personal or intimate care	<ul style="list-style-type: none"> • PPE provided (such as disposable gloves, disposable apron, masks/visors) • Hand washing before and after providing care. 		Staff using PPE instructed on the safe “donning and doffing” of PPE. Review personal care plans to assess PPE requirements.		

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<p>talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature).</p>	<p>Staff and casualty. Transmission may occur when providing First Aid</p>	<ul style="list-style-type: none"> • Wash/sanitise hands before and after treating a casualty. • Assist at a safe distance where possible, if they are capable instruct them to do things for you. • Minimise time sharing a breathing zone. • Wear appropriate PPE (such as disposable gloves, disposable apron). • When directly treating people with symptoms of COVID-19 a fluid repellent surgical mask should be worn and eye protection may be needed where there is a risk of body fluids entering the eyes. <p>When performing CPR:</p> <ul style="list-style-type: none"> • Call an ambulance • Use chest compressions or defibrillator • Use a cloth or towel to cover the casualty's mouth and nose while still permitting breathing • Use PPE – gloves, apron, fluid repellent surgical mask, eye protection. 	<p>M</p>	<ul style="list-style-type: none"> • Review first aid needs assessment and PPE requirements. • First aiders instructed on the safe “donning and doffing” of PPE. • Maintain stocks of PPE. Where this is not available contact LA. • List of LA PPE suppliers communicated to schools. • PPE Exchange can be used to help with finding a supplier. https://www.ppeexchange.co.uk/ <p>Resuscitation Council UK advice: https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19</p>	<p>August 2020 →</p>	<p>M/L</p>

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<p style="color: red;">Paediatric advice - Resuscitation Council UK Statement: It is likely that a child having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child. 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.</p>						
	<p>Staff Transmission may occur when supervising pupils taken ill with symptoms of COVID-19 and need direct personal care until they return home.</p>	<ul style="list-style-type: none"> • Increase ventilation in the room if possible. • PPE provided for supervising adult: Fluid resistant surgical mask if a 2-metre distance cannot be maintained. <p>Where contact with the pupil is needed: Fluid resistant surgical mask, disposable gloves and disposable apron.</p>		<ul style="list-style-type: none"> • Maintain stocks of PPE. • Supervising adult instructed on the safe “donning and doffing” of PPE. • Consider using first aiders to supervise to reduce numbers of staff who need access to PPE. 		

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	Staff and pupil. Transmission may occur when staff administer medicines or supervise pupils who self-administer.	<ul style="list-style-type: none"> • Only emergency medication to be administered – other medicines parents to administer by appointment • Parents to be given time to come in to administer routine medication • Supervising staff to maintain 2m social distance. 	M/L	<ul style="list-style-type: none"> • Review medication plans to assess PPE requirements (if any) for staff administering medication. 	Sum 2020 →	L/M

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4. Tick (✓) if any of the identified hazards relate to any of the following specific themes:

Hazardous Substance	Manual Handling	Display Screen Equip	Fire	Work Equip / Machinery	Stress	Individual Person such as Young Person New/ Expectant Mother or Service User
✓			✓		✓	✓

If any are ticked a specific risk assessment form must be completed separately. For example, a COSHH form must be completed if a hazardous substance is used.

5. Risk Rating

The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

Risk Rating	Description	Action Priority
High	Where harm is certain or near certain to occur and/or major injury or ill-health could result	Urgent action
Medium	Where harm is possible to occur and/or serious injury could result e.g. off work for over 3 days	Medium priority
Low	Where harm is unlikely or seldom to occur and/or minor injury could result e.g. cuts, bruises, strain	No action or low priority action

6. Assessment

Signature of Assessor(s):

Print Name:

Date Assessed:

Signature of Line Manager:

Print Name:

Review Date:

7. Communication and Review

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent incident.