

MELLOR PRIMARY SCHOOL

Updated Risk Assessment Covid -11 January 2021

Overarching Guidance for all staff:

We have revised our risk assessment to be in line with the latest guidance.

In all education, childcare and social care settings, preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- 1. Minimise contact with individuals who are unwell by ensuring that those who are required to stay at home do not attend school.
- 2. Where recommended, the use of face coverings in schools.
- 3. Clean hands thoroughly more often than usual.
- 4. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.
- 5. Introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.
- 6. Minimise contact between individuals and maintain social distancing wherever possible.
- 7. Where necessary, wear appropriate personal protective equipment (PPE).
- 8. Always keeping occupied spaces well ventilated. Numbers 1 to 5, and number 8, must be in place in all schools, all the time. Number 6 must be properly considered and schools must put in place measures that suit their particular circumstances. Number 7 applies in specific circumstances.

Key Information for Covid Symptoms

School must ensure that we know the NHS Test & Trace process and how to contact the local Public Health England protections team.

Greater Manchester HPT

Public Health England North West 2nd Floor 3 Piccadilly Place London Road Manchester M1 3BN

Email: Gmanchpu@phe.gov.uk; PHE.gmhpt@nhs.net

Telephone: 0344 225 0562 **Out of hours advice:** 0151 434 4819 **DfE** 0800 046 8687

If anyone becomes unwell with a new, continuous cough or a high temperature, loss of taste and smell and exhaustion in school, showing signs of possible COVID-19 they will be sent home and advised to follow the guidance 'COVID-19: guidance for households with possible coronavirus infection guidance'. As instructed by the DFE, all members of the school community should be ready and willing to <u>book</u> a test if they are displaying symptoms. See also <u>NHS</u> guidance or dial 119.

Staff Principles

- 1. Do not come to work if you have coronavirus symptoms or go home as soon as these develop (informing your school leadership team and access a test as soon as possible.
- 2. Clean your hands and wrists more often than usual with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered.
- 3. Use the 'catch it, bin it, kill it' approach, and place tissues in the lidded bins.
- 4. Avoid touching your mouth, nose and eyes.
- 5. Clean frequently touched surfaces often using standard products.
- 6. Think about ways to modify your interaction to keep a distance from children in your class as much as possible, particularly close face to face support (noting that it's understood that this is not possible at all times, which is why hygiene and hand cleaning is so important).
- 7. Consider avoiding calling pupils to the front of the class or going to their desk to check on their work if not necessary.
- 8. Help your class to follow the rules on hand cleaning, not touching their faces, 'catch it, bin it, kill it' etc. <u>including by updating your classrooms</u> <u>displays with posters.</u>
- 9. Limit your class from sharing equipment and resources (like stationery).
- 10. Keep your classroom door and windows open if possible, for air flow a minimum of doors/windows open during breaktimes/lunchtimes.
- 11. Limit the number of children from your bubble using the toilet at any one time, and remind the children of personal hygiene.
- 12. Limit your contact with other staff members, and don't congregate in shared spaces, especially if they are in small rooms.
- 13. Keep the integrity of your bubble.
- 14. Re-familiarise yourself with the school's behaviour policy and know what role in it you're being asked to take.
- 15. Staff to work from home if they choose to dependent on their role.
- 16. Information relevant to school regarding face coverings to be read. (See next page)

What a face covering is

In the context of the coronavirus (COVID-19) outbreak, a face covering is something which safely covers the nose and mouth. You can buy reusable or single-use face coverings. You may also use a scarf, bandana, religious garment or hand-made cloth covering, but these must securely fit round the side of the face.

Face coverings are not classified as <u>PPE (personal protective equipment)</u> which is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings.

Face coverings are instead largely intended to protect others, not the wearer, against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of virus that causes coronavirus infection (COVID-19).

If you wish to find out more about the differences between surgical face masks, PPE face masks, and face coverings see the MHRA's (Medicines and Healthcare products Regulatory Agency) regulatory status of equipment being used to help prevent coronavirus (COVID-19).

Face coverings are now compulsory across the UK when:

- Travelling on public transport
- In shops, supermarkets and shopping centres
- Not seated at a table to eat or drink in hospitality venues (when open according to the tier system and outside of lockdown)

People can be refused travel for not following the rules or fined as a last resort. The police can issue a £200 fine to someone breaking the face covering rules. Repeat offenders face bigger fines.

In England, face coverings are also compulsory in a number of indoor spaces, including:

- Banks, building societies and post offices
- Places of worship
- Museums, galleries and entertainment venues
- Libraries and public reading rooms

Face visors or shields

A face visor or shield may be worn in addition to a face covering, but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth.

When you do not need to wear a face covering

In settings where face coverings are required in England there are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

This includes (but is not limited to):

- children under the age of 11 (Public Health England does not recommend face coverings for children under the age of 3 for health and safety reasons)
- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- where putting on, wearing or removing a face covering will cause you severe distress
- if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid harm or injury, or the risk of harm or injury, to yourself or others including if it would negatively impact on your ability to exercise or participate in a strenuous activity
- police officers and other emergency workers, given that this may interfere with their ability to serve the public

There are also scenarios when you are permitted to remove a face covering:

- if required in order to receive treatment or services
- in order to take medication
- if you are undertaking exercise or an activity and it would negatively impact your ability to do so
- if you are an elite sports person, professional dancer or referee acting in the course of your employment

The government's <u>guidance for keeping workers and customers safe during COVID-19 in restaurants</u>, <u>pubs</u>, <u>bars and takeaway services</u> clearly advises that designated indoor seating areas for customers to eat or drink should at this time only be open for table service, where possible, alongside additional infection control measures. (When open according to the tier system and outside of lockdown)

Exemption cards

If you have an age, health or disability reason for not wearing a face covering:

- you do not routinely need to show any written evidence of this
- you do not need show an exemption card

This means that you do not need to seek advice or request a letter from a medical professional about your reason for not wearing a face covering. However, some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign.

Carrying an exemption card or badge is a personal choice and is not required by law.

If you wish to use an exemption card or badge, you can <u>download exemption card templates</u>. You can then print these yourself or show them on a mobile device. Please note that the government is not able to provide physical exemption cards or badges.

If you use assistive technology (such as a screen reader) and need a version of these templates in a more accessible format, please email publiccorrespondence@cabinetoffice.gov.uk. Please say what format you need the template in and what assistive technology you use. For exemptions in different parts of the UK please refer to the specific guidance for Northern Ireland, Scotland and Wales.

(COVID-19), including staying safe outside your home. If you have recent onset of any of the most important symptoms of coronavirus (COVID-19):

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of smell or taste (anosmia)

you and your household must isolate at home: wearing a face covering does not change this. You should <u>arrange to have a test to see if you have COVID-19</u>.

How to wear a face covering

A face covering should:

- cover your nose and mouth while allowing you to breathe comfortably
- fit comfortably but securely against the side of the face
- be secured to the head with ties or ear loops
- be made of a material that you find to be comfortable and breathable, such as cotton
- ideally include at least 2 layers of fabric (the World Health Organization recommends 3, depending on the fabric used)
- unless disposable, it should be able to be washed with other items of laundry according to fabric washing instructions and dried without causing the face covering to be damaged

When wearing a face covering you should:

- wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on
- avoid wearing on your neck or forehead
- avoid touching the part of the face covering in contact with your mouth and nose, as it could be contaminated with the virus
- change the face covering if it becomes damp or if you've touched it
- avoid taking it off and putting it back on a lot in quick succession (for example, when leaving and entering shops on a high street)

When removing a face covering:

- wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
- only handle the straps, ties or clips
- do not give it to someone else to use

- if single-use, dispose of it carefully in a residual waste bin and do not recycle
- if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric
- wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

Staying COVID Secure – Our Commitment

- ✓ We recognise the risk posed by Coronavirus (COVID-19) to our staff, pupils and their families. Control measures to minimise the risk of infection and the transmission of the virus are provided in this Risk Assessment.
- √ We will ensure, as far as is reasonably practicable, the Health, Safety and Wellbeing of our staff and pupils.
- √ We will share this Risk Assessment and its findings with our staff and consult on its contents.
- ✓ We will continue to comply with all relevant Health and Safety Legislation.

Supporting Staff and Children

- ✓ We value our staff and children highly.
- ✓ School has a range of systems for supporting both children and staff well-being. Please approach Mr Nicholson or Ms Parkin in confidence should you feel there us a need for further help.
- ✓ The DfE has also provided extra support. Parents and staff can contact www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers
 The Education Support Partnership (www.educationsupport.org.uk) provides a free helpline for school staff.

Our Staff

Ref	Control Measure	DfE guidance	Risks
01	Following the reintroduction of shielding, clinically extremely vulnerable staff are advised that they should not attend the workplace.	Staff who are clinically extremely vulnerable Following the reintroduction of shielding,	Individual Risk Assessment not completed with relevant staff.
02	All employees who live with a person who is Clinically Extremely Vulnerable can attend school.	clinically extremely vulnerable staff are advised that they should not attend the workplace. Clinically extremely vulnerable	Staff not vigilant on Health and safety
03	All employees, themselves or persons within their household have COVID-19 symptoms, should not attend school.	individuals are those identified through a letter from the NHS or a specialist doctor as	Families not truthful about household health
04	We regularly contact / keep in touch with any colleagues who are self- isolating/ working from home and monitor / support all staff for both their Physical and Mental Health & Wellbeing	in the group deemed clinically extremely vulnerable (CEV or shielding list). Staff who are identified as clinically extremely vulnerable should follow the published guidance. Staff should talk to their employers	
05	Support is available for all staff via Health, Safety and Wellbeing Team; healthandsafety@stockport.gov.uk - 0161 474 3056.	about how they will be supported, including to work from home. Schools should continue to pay clinically extremely vulnerable staff on their usual terms.	Staff not engaged with virtual conferencing could miss latest advice/guidance
06	We provide suitable information and equipment to work at home safely and effectively including those staff who require additional aids and adaptations.	Those living with someone who is clinically extremely vulnerable can still attend work where home-working is not possible.	
07	Health risk assessments to be undertaken with any returning staff. Occupational health Assessment if needed.	Staff who are clinically vulnerable Clinically vulnerable staff can continue to attend school where it is not possible to work	
08	Staff to avoid physical contact. Where possible, meeting and training sessions conducted through virtual conferencing	from home. While in school they should follow the sector-specific measures in this	
09	Staff to receive appropriate instruction and training on infection control and the standard procedure and risk assessments within which they will operate.	document to minimise the risks of transmission. This includes taking particular care to observe good hand and respiratory hygiene, minimising contact and maintaining	
10	Following DfE guidance, staff kept up to date with plans e.g. safety measure, timetable changes, staggered arrival and departure	social distancing in line with the provisions set out in the 'prevention' section of this	

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44	times. Admin team – Limit contact with other adults	guidance. This provides that ideally, adults	
11	- parents to contact via email/ telephone.	should maintain 2 metre distance from	
12	Staff assigned to different 'bubbles' to remain	others, and where this is not possible avoid	
12	the same for the duration of the term.	close face to face contact and minimise time	
13	Staff should only enter the school site	spent within 1 metre of others. While the risk	
.0	between 7.30am and 6.00 pm unless covering	of transmission between young children and	
	OOSC for children of key workers and	adults is likely to be low, adults should	
	excepting caretaker.	continue to take care to socially distance	
		from other adults including older children	
	OOSC can resume, but staff to be deployed	and adolescents. People who live with those	
	with fixed bubble e.g. Rec/ Y1&2 / Y3&4 /Y5&6	-	
	echoing school bubbles	who are clinically vulnerable or clinically	
14	All visiting staff, including coaches, supply	extremely vulnerable can attend the	Peripatetic staff not washing hands on arrival or
	teachers, peripatetic staff must wash hands,	workplace but should ensure they maintain	between sessions.
	on arrival and when moving between class	good prevention practice in the workplace	Supply teachers not following procedures or not
	bubbles. No additional visitors allowed in school.	and home settings.	given the correct information.
	SCHOOL.	Staff who are pregnant	given the correct information.
		As per national restrictions, staff should work	
		at home where possible. If home working is	
		not possible, pregnant staff and their	
		employers should follow the advice in the	
		Coronavirus (COVID-19): advice for pregnant	
		employees. Pregnant women are in the	
		'clinically vulnerable' category and are	
		generally advised to follow the above advice,	
		which applies to all staff in schools. All	
		pregnant women should take particular care	
		to practise frequent thorough hand washing,	
		and cleaning of frequently touched areas in	
		their home or workspace, and follow the	
		measures set out in the system of controls	
		section of this guidance to minimise the risks	
		of transmission. Pregnant women are not	
		advised to be vaccinated against COVID-19.	
		An employer's workplace risk assessment	
		should already consider any risks to female	
		employees of childbearing age and, in	
		particular, risks to new and expectant	
		particular, risks to new and expectant	

mothers (for example, from working conditions, or the use of physical, chemical or biological agents). Any risks identified must be included and managed as part of the general workplace risk assessment. As part of their risk assessment, employers should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks.

If a school is notified that an employee is pregnant, breastfeeding, or has given birth within the last 6 months, the employer should check the workplace risk assessment to see if any new risks have arisen. If risks are identified during the pregnancy, in the first 6 months after birth, or while the employee is still breastfeeding, the employer must take appropriate sensible action to reduce, remove or control them. While it is a legal obligation for employers to regularly review general workplace risks, there is not necessarily a requirement to conduct a specific, separate risk assessment for new and expectant mothers. However, an assessment may help identify any additional action that needs to be taken to mitigate risks. Employers should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any gestation, may be at greater risk of severe illness from coronavirus (COVID-19). This is because, although pregnant women of any gestation are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, for those women who are 28 weeks pregnant and beyond

there is an increased risk of becoming severely ill, and of pre-term birth, should they contract coronavirus (COVID-19). This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness from coronavirus (COVID-19). We recommend that schools follow the same principles for pregnant pupils, in line with their wider health and safety obligations. Read more guidance and advice on coronavirus (COVID-19) and pregnancy from the Royal College of Gynaecologists.

Talk to staff about the plans (for example, safety measures, timetable changes and staggered arrival and departure times), including discussing whether training would be helpful.

Keep 'bubbles' together where possible and:

- ensure that children and young people are in the same small groups at all times each day, and different groups are not mixed during the day, or on subsequent days
- ensure that the same teacher(s) and other staff are assigned to each group and, as far as possible; these stay the same during the day and on subsequent days, including OOSC.

Our Pupils

Ref	Control Measure	DfE guidance	Risks
15	Clinically Extremely Vulnerable pupils should not attend school during the current national lockdown	Pupils who are shielding or self- isolating - Education settings As our knowledge of COVID-19 has grown, we now know that very few children and young people are at highest risk of severe illness due to the virus. Doctors have therefore been reviewing all children and young people who were initially identified as clinically extremely vulnerable to confirm whether they are still thought to be at highest risk. If you have already discussed this with your child's doctors and they have confirmed your child is still considered	Families not truthful about household health Staff mixing with different 'bubbles' and cross contamination Lack of space Difficulty of social distancing young children
16	All pupils or persons within their household that have COVID 19 symptoms should not attend school/ setting.	clinically extremely vulnerable, your child should follow this shielding advice.	
17	We will provide on-line/distance learning for all pupils who are not in school if capacity allows.	Under the current national lockdown, children will learn remotely until	
18	Only children who are symptom free or have completed the required isolation period attend school.	February half term, except for vulnerable children and the children of critical workers who may still attend school.	
19	All pupils in school are required to be in 'bubble'. These 'bubbles' are groups to limit unnecessary contact. Class 'bubbles' will be the main structure during the school day, then OOSC 'bubbles' if possible. Desks to be front facing spaced as far apart as possible for Years 5 & 6. And in other classes where space is allowed. Only children toilet trained to return to school	Clinically extremely vulnerable children and young people should not attend school or other educational settings, because the risk of exposure to the virus in the community is now very high. Your school or college will make appropriate arrangements for you to be able to	

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21	To minimise distress in under 5's, children who are confident, who can cope with change,	continue your education at home.
22	will be suited for return. Children who do not follow our clear Behaviour Policy of Safe, Ready, Respect will be given two warnings. If they continue to disobey the strict rules on social distancing and /or hygiene routines then the leadership team may ring parents and that pupil may be sent home. Children are not to be inside the building alone during lunchtime unless they have requested the toilet. (See Behaviour Policy).	• 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)
		Read the <u>current advice on</u> <u>shielding</u>
		 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
23	P.E. will be taught if access to the outdoor environment is feasible. Non-contact physical activity can take place in the hall if full ventilation is adhered to including the fan system and windows and doors opened.	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.

Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity (as set out in the section below).

Where children are not able to attend school as parents are following clinical and/or public health advice, absence will not be penalised.

<u>Pupils and families who are anxious</u> about return to school

All other pupils must attend school. Schools should bear in mind the potential concerns of pupils, parents and households who may be reluctant or anxious about returning and put the right support in place to address this. This may include pupils who have themselves been shielding previously but have been advised that this is no longer necessary, those living in households where someone is clinically vulnerable, or those concerned about the comparatively increased risk from coronavirus (COVID-19), including those from Black, Asian and Minority Ethnic (BAME) backgrounds or who have certain conditions such as obesity and diabetes.

If parents of pupils with significant risk factors are concerned, we recommend schools discuss their concerns and

provide reassurance of the measures they are putting in place to reduce the risk in school. Schools should be clear with parents that pupils of compulsory school age must be in school unless a statutory reason applies (for example, the pupil has been granted a leave of absence, is unable to attend because of sickness, is absent for a necessary religious observance etc.).

In light of the need for children to behave differently when they return to school, and any new systems you have put in place to support that, you'll need to make changes to your behaviour policy.

Behaviour policy changes will also need to be communicated to pupils, parents and staff.

School has added:

- altered routines for arrival or departure
- instructions on hygiene, such as handwashing and sanitising
- instructions on who pupils can socialise with at school
- moving around the school as per specific instructions (for example, one-way systems, out of bounds areas, queuing)
- expectations about sneezing, coughing, tissues and disposal ('catch it, bin it, kill it') and avoiding touching your mouth, nose and eyes with hands
- tell an adult if you are experiencing symptoms of

coronavirus • rules about sharing any equipment or other items including drinking bottles • amended expectations about breaks or play times, including where children may or may not play • use of toilets • clear rules about coughing or spitting at or towards any other
person • clear rules for pupils at home about conduct in relation to remote education • rewards and sanction system where appropriate Identify any reasonable adjustments that need to be made for students with more challenging behaviour.

School

		Capacity, Access and Egress	
Ref	Control Measure	DfE guidance	Risks
24	Designated Entrance and Exit Points to the Building (for each class of pupils where possible).		Families not sticking to start / finish times or using good time management
25	Increased number of Entrance and Exit Points to the Building (external class room doors should be used where possible). Signage for movement around external building for parents.		Families not following the entrance and exit rules. Families not monitored at exit points due to staff capacity
26	Develop, share and display drop off/ collection protocols e.g. one way system and one parent/carer only to drop off/ collect child.		Families not sticking to social distancing Families not truthful about household health
27	Restrictions on access to school by third parties (parents, members of the public, visitors etc.) Unannounced visitors not to be admitted. All peripatetic staff, supply and visitors to wash hands and be reminded of procedures.		Staff not challenging families about health Non-essential travel and social interaction guidelines not followed by staff and families Families not advising school if children have had
28	Stagger drop off and collection times, lunch and break times for each group.		medication Not enough staff to ensure children can adapt easier
29	Only parents who are symptom free and /or have completed the required isolation period will be able to drop off or collect their child.		to routine changes
30	Parents to drop off and collect children at indicated areas for each 'bubble' outside. (Parents not to enter school to avoid any possible contamination.)		
31	Parents to use post box in entrance porch to avoid entering school.		
32	Prop doors open, where safe to do so (bearing in mind fire safety and safeguarding), to limit use of door handles and aid flow of air.		
33	One way circulation to be implemented, where possible.		

		Physical / Social Distancing in the	ne Building
Ref	Control Measure	DfE guidance	Risks
34	Class rooms organised maintaining space between seats/ desks where possible. Social distancing message is re-enforced to		
33	pupils and staff at regular intervals.		
36	Outside space is used wherever possible for learning.	 for outdoor education, where possible, as this can limit transmission and more easily allow for distance between children and staff although outdoor equipment should not be used unless the setting is able to ensure that it is appropriately cleaned between groups of children and young people using it, and that multiple groups do not use it simultaneously. Read COVID-19: cleaning of non-healthcare settings 	
37	Reduced movement around school - ensure 'bubble' move around school together. 'Bubbles' are to remain apart from each other for the day in their key zone. Nur Rec / Y1&2 / Y3&4 / Y 5&6	Keep cohorts together where possible and: ensure that children and young people are in the same small groups at	
38	The hall to be ventilated as much as possible.	all times each day, and different	
39	Staff room to be used with no more than 4 adults at one time.	groups are not mixed during the day, or on subsequent days	
40	Kitchen staff to maintain social distancing of 2 metres in the kitchen where possible.	 ensure that the same teacher(s) and other staff are assigned to each 	
41	The use of communal internal spaces should be restricted as much as possible.	group and, as far as possible; these stay the same during the day and on subsequent days. ensure that wherever possible children use the same classroom or area of a setting throughout the day, with a	

		thorough cleaning of the rooms at the end	
		of the day. You may want to consider	
		seating students at the same desk each	
		day if they attend on consecutive days	
42	Johnson Room to be used as isolation room		
	for anyone presenting symptoms. OOSC as a	If a child is awaiting collection, they	
	second emergency space.	should be moved, if possible, to a room	
		where they can be isolated behind a	
		closed door, depending on the age and	
		needs of the child, with appropriate adult	
		supervision if required. Ideally, a window	
		should be opened for ventilation. If it is	
		not possible to isolate them, move them	
		to an area which is at least 2 metres away	
		from other people. If they need to go to	
		the bathroom while waiting to be	
		collected, they should use a separate	
		bathroom if possible. The bathroom must	
		be cleaned and disinfected using standard	
		cleaning products before being used by	
		anyone else. PPE must be worn by staff	
		caring for the child while they await	
		collection if a distance of 2 metres cannot	
		be maintained (such as for a very young	
		child or a child with complex needs). More	
		information on PPE use can be found in	
		the safe working in education, childcare	
		and children's social care settings,	
		including the use of personal protective	
		equipment (PPE) guidance.	
		As is usual practice, in an emergency, call	
		999 if someone is seriously ill or injured or	
		their life is at risk. Anyone with	
		coronavirus (COVID-19) symptoms should	
		not otherwise visit the GP, pharmacy,	
		urgent care centre or a hospital. 12 Any	
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member of staff who has provided close contact care to someone with symptoms, even while wearing PPE, and all other members of staff or pupils who have been in close contact with that person with symptoms, even if wearing a face covering, do not need to go home to selfisolate unless: • the symptomatic person subsequently tests positive • they develop symptoms themselves (in which case, they should arrange to have a test) • they are requested to do so by NHS Test and Trace or the PHE advice service (or PHE local health protection team if escalated) **Everyone must wash their hands** thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned after they have left to reduce the risk of passing the infection on to other people. See the **COVID-19: cleaning of non-healthcare** settings guidance. Public Health England has good evidence that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID19).

43	First Aid Room to be used as refreshment station for one of the bubbles and office.	
44	First Aid to take place in 'bubble'. More complex First Aid by Trophy cabinet to ensure good ventilation. (But also see Infection control below)	
45	Non Essential repair / contracted works in buildings to be carried outside school hours	
46	New family show rounds paused during current lockdown.	
47	Children and staff to remain in their designated 'bubble' area for lunch or outdoors	

	Infection Control, Cleaning and Hygiene Arrangements		
Ref	Control Measure	DfE guidance	Risks
48	Staff and/or pupils who are experiencing symptoms associated with COVID-19 are instructed not to attend the school/ setting and to refer to current advice and guidance	All school staff and pupils can access The NHS Test and Trace testing system, used to test symptomatic people (using a 'polymerase chain reaction (PCR) test'). If a pupil who has attended school, or a staff member, receives a positive PCR test having developed symptoms, schools should follow the guidance below.	Face coverings or face masks should not be worn in any circumstance by those who may not be able to handle them e.g. young children or those with special educational needs or disabilities, as it may inadvertently increase the risk of infection. Staff/ pupils return to school before appropriate isolation
49	Staff who experience symptoms as above whilst at work should immediately go home and follow the guidance set out above.	Schools must ensure they understand the NHS Test and Trace process. Schools must also ensure that staff members and parents/carers understand that they will need to be ready and willing to: • book a PCR test if they	Testing shows a false negative PPE supplies not used appropriately by staff
50	If a child or member of staff becomes ill they must be tested. They will only be allowed back into school after a negative test result or appropriate isolation has finished. However, if a child or member of staff lives with someone or has been in contact with someone who has symptoms, they must continue to isolate for 10 days from their first point of contact even if they receive a negative test. It is suggested that all other staff having contact also be tested. If a positive test result all other children and adults in the 'bubble' must be tested and can only return after a negative result. There is no need to test members of their household unless they have a positive result.	or their child are displaying symptoms. The main symptoms are a high temperature, a new continuous cough and/or a loss or change to your sense of smell or taste. Staff and pupils must not come into the school if they have symptoms and must be sent home to selfisolate if they develop them in school. All children can be tested if they have symptoms, including children under 5, but children aged 11 and under will need to be helped by their parents or carers if using a home testing kit • provide details of anyone they or their child have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace • self-isolate if they have been in close contact with someone who tests positive for coronavirus (COVID-19), or if anyone in their household develops symptoms of coronavirus (COVID-19), or if they are required to do so having recently travelled from certain other countries. Anyone who displays symptoms of coronavirus (COVID-19) can and should get a PCR test. PCR tests can be	Cleaning and washing not undertaken sufficiently Toileting procedure whilst isolating needs monitoring and cleaning

51	Pupils who experience COVID-	booked online through the NHS testing and tracing for	
0.	19 symptoms should be	coronavirus website, or ordered by telephone via NHS	
	collected from school as soon	119 for those without access to the internet. Essential	
	as possible. They should be		
	isolated in the Johnson Room	workers, which includes anyone involved in education or	
	with the internal door closed but	childcare, have priority access to PCR testing. The	
	with the external door and	government will ensure that it is as easy as possible to	
	windows open for ventilation. If	get a PCR test through a wide range of routes that are	
	not possible to isolate then move them to an area 2m apart	locally accessible, fast and convenient. We will release	
	from all other pupils and staff	more details on new PCR testing avenues as and when	
	whilst on site. If pupil needs	they become available and will work with schools so they	
	direct personal care until they	understand the quickest and easiest way to get a PCR	
	can return home, staff should	test. The PCR test kits sent to schools are provided to be	
	wear gloves, an apron and a	used in the exceptional circumstance that an individual	
	face mask. Eye protection	becomes symptomatic and schools believe they may have	
	should also be worn if deemed risk from	barriers to accessing testing elsewhere. It is for schools to	
	coughing/spitting/vomiting.	determine how to prioritise the distribution of their test	
	(Made up PPE kit bags will be	kits in order to minimise the impact of the virus on the	
	provided.) The area should then	education of their pupils. These kits can be given directly	
	be immediately thoroughly	to staff or parents and carers collecting a child who has	
	cleaned if the area cannot be left	developed symptoms at school. In particular, these test	
	unvisited. The person	kits will also help ensure that 21 symptomatic staff can	
	responsible for cleaning the	also get a test and if they test negative, can return to	
	area should wear appropriate PPE.	work as soon as they no longer have symptoms of	
52	Waste from possible cases and	coronavirus (COVID-19). Further information is provided	
	cleaning of areas where	in our guidance Coronavirus (COVID-19): test kits for	
	possible cases have been,	schools and FE providers.	
	should be double bagged and		Storage issues
	put in a suitable and secure	Schools should ask parents of children attending school	
	place, marked for storage for at	and staff to inform them immediately of the results of	
	least 72 hours and put with normal waste.	any tests taken outside school and follow this guidance:	
53	If the person displaying	any tests taken outside sensor and ronow this guidance.	
	symptoms needs to go to the	1.If someone with symptoms tests negative for	
	bathroom while waiting to be	coronavirus (COVID-19), then they should stay at home	
	collected then the bathroom	until they are recovered as usual from their illness but	
	should be cleaned and	•	
	disinfected using standard	can safely return thereafter. The only exception to return	
	cleaning products before being	following a negative test result is where an individual is	
	used by anyone else.		

54	If a member of staff has helped	consustatividantified as a class contact of a confirmed	
34	someone who has displayed	separately identified as a close contact of a confirmed	
	symptoms they do not need to	case, when they will need to self-isolate for 10 days from	
	go home unless they develop	the date of that contact.	
	symptoms themselves. They	2. If someone with symptoms tests positive, they should	
	should wash their hands	follow the guidance for households with possible or	
	thoroughly for 20 seconds after	confirmed coronavirus (COVID-19) infection and must	
	any contact with someone who	continue to self-isolate for at least 10 days from the onset	
	is unwell.	of their symptoms and then return to school only if they	
55	Provision of hand-washing /	do not have symptoms other than cough or loss of sense	
	hand-hygiene facilities at entrances and throughout	of smell/taste. This is because a cough or anosmia can	
	school. (Regularly monitored &	last for several weeks once the infection has gone. The	
	maintained).	10-day period starts from the day when they first became	
56	All staff and pupils are reminded	ill. If they still have a high temperature, they should	
	to regularly wash their hands	continue to self-isolate until their temperature returns to	
	with soap and water, especially	normal. Other members of their household should all	
	upon arrival at school, prior to	self-isolate for the full 10 days from the day after the	
	eating, following break/lunch	individual tested positive	
	time and any other time deemed necessary (after	marriada tessea positive	
	coughs/sneezes). Organise		
	children in order to wash hands.	https://www.gov.uk/government/publications/coronavirus-	
57	Different hand wash facilities	outbreak-faqs-what-you-can-and-cant-do	
	should be available for each		
	'bubble' within school where		
	possible.	If anyone in the school becomes unwell with a new and	
		persistent cough or a high temperature, or has a loss of or	
		change in, their normal sense of taste or smell (anosmia),	
		they must be sent home and advised to follow guidance	
		for households with possible or confirmed coronavirus	
		(COVID-19) infection, which sets out that they should	
		self-isolate for at least 10 days and should arrange to	
		have a test to see if they have coronavirus (COVID-19).	
		Other members of their household (including any	
		siblings) should self-isolate for 10 days from the day after	
		the individual tested positive. If a child is awaiting	
		collection, they should be moved, if possible, to a room	
		where they can be isolated behind a closed door,	
		depending on the age and needs of the child, with	
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appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else. PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance. As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not otherwise visit the GP, pharmacy, urgent care centre or a hospital.

Any member of staff who has provided close contact care to someone with symptoms, even while wearing PPE, and all other members of staff or pupils who have been in close contact with that person with symptoms, even if wearing a face covering, do not need to go home to self-isolate unless: • the symptomatic person subsequently tests positive • they develop symptoms themselves (in which case, they should arrange to have a test) • they are requested to do so by NHS Test and Trace or the PHE advice service (or PHE local health protection team if escalated) Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned after they have left to reduce the risk of passing

		the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.	
		Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.	
		If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn	
58	Remove unnecessary items from class rooms and soft toys/ toys / soft furnishings that are hard to clean. (No toys, teddies or blankets (or similar) to be brought into school. No use of play-dough. Water-play with added washing-up liquid allowed.	Equipment and resources are integral to education in schools. For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared. Classroom based resources, such as books and games, can be used and shared within the bubble; these should be cleaned regularly, along with all frequently	
59	Encourage pupils to avoid touching their face, eyes, nose and mouth.	touched surfaces. Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and	
60	Sharing of pencils/ pens and other items of stationery is avoided where-ever possible. (Pupils have their own stationery packs provided by school.)	meticulously and always between bubbles, or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles. Outdoor playground equipment should be more	Children from different 'bubbles' using other's stationery.
61	School returned to our usual uniform policy from the Autumn	frequently cleaned. This would also apply to resources	

62	Term, following DfE guidance, however children should wear suitable clothing taking into account the cold weather. Clean and disinfect frequently touched surfaces throughout the day. Wear one pair of disposable gloves and dispose of immediately after use. Staff will be responsible for cleaning their areas regularly. (Photocopier has hand sanitiser located by it)	used inside and outside by wraparound care providers. It is still recommended that pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books. Bags are allowed. Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.	Staff not adhering to self-cleaning regime. e.g. not using hand sanitiser before & after using photocopier.
63	Equipment that may need to be shared (laminators, guillotines etc.) should be cleaned and sanitised before and after use.		
64	Regularly clean electronics, e.g. tablets, touch screens, keyboards, telephones and remote controls throughout the day.		Rota/system of cleaning not adhered to. Hardware used not identified as being used.
65	All staff and pupils are encouraged to cough / sneeze into tissues and dispose of these in appropriate waste disposal bins. (Catch it, Kill it, Bin it)		Tissues not disposed of properly.
66	Bins and cleaning of 'bubble' area to be done by staff working in that area. Staff to be trained on cleaning processes		

67	e.g. which bucket, cloth etc. Bins to have liners to limit contact with waste. All working areas within the building should be well- ventilated (Windows and Doors open) where safe and	
68	appropriate to do so. Increased frequency of cleaning of communal areas and locations / high contact points, including: • Toilets	Insufficient materials.
	 Door Handles/ Access Buttons Kitchen areas and associated equipment Water dispensers/ coolers 	
	Printers/ PhotocopiersWhite BoardsPlay Equipment	
69	Use of refreshment areas to be limited to preparation of hot drinks, cleaning of cups / mugs etc. Staff to use own / designated mug, or ensure hands are clean.	
70	Staff not to use shared coat racks, but to store coats on the back of their chairs and bags safely under their desks.	
71	Staff and pupils are provided with instructions on how to achieve effective handwashing; for example in the form of posters, written guidance and videos clips etc. Hand-Washing Guidance	

	Hand-Washing Video
	Italia-vvasiniig video
	Hand-Washing Poster
72	Staff who receive deliveries,
	post etc. are encouraged to
	wash their hands more
	frequently and are provided
	with sanitiser.
73	Increased frequency of toilet
	inspections and checks to
	ensure sufficient supplies of
	liquid soap and paper towels are maintained. Staff to report
	shortages to admin
	office/caretaker
74	Suppliers and Contractors
	advised if attending premises
	of infection control
	arrangements, no-access areas
	and expectations around
	personal hygiene.

Key Roles and Responsibilities				
Ref	Control Measure	DfE guidance	Risks	
75	Sufficient staffing / resources are in place to maintain the security of the building and its occupants.		Insufficient capacity to monitor school grounds.	
76	Sufficient staffing / resources are in place to maintain the cleanliness of the building and		Incidental occurrences affect staff capacity to maintain routine.	
	to carry out necessary inspections of consumables needed to maintain hygiene (including their replenishment).		Staff illness affecting capacity.	
77	Sufficient numbers of trained staff are in place to provide Emergency First Aid.			
78	Sufficient numbers of staff are in place to enable safe evacuation of the building in the event of an emergency.			
79	Activities and lessons will be co-designed by all staff during the initial planning phase but will include: PSHE programme to help mental wellness. Outdoor learning to ensure engaging activity and reduced opportunity for virus spread. Phased in Maths / English lessons. Confident approach to self-marking and corrections – considering feedback process. Physical activity – outside weather permitting.	refresh the timetable: decide which lessons or activities will be delivered consider which lessons or classroom activities could take place outdoors		
80	'Bubbles' should have staggered break times and lunch times. Parents handover, emotional welfare check	Reduce mixing within education or childcare setting by: staggering breaks to ensure that any corridors or circulation routes used have a limited number of pupils using		
	in and initial hygiene routine and	them at any time		

registration: staggering lunch breaks - children and young people should clean their Times for arrival: hands beforehand and enter in the 8.55 am Registration groups they are already in, groups should be kept apart as much as possible and tables should be cleaned between each group. If such measures Time for collection at the end of the sessions/day: are not possible, children should be brought their lunch in their classrooms 3.15 pm as per usual school day Start and finish times may change depending on the effectiveness of the proposed structure. Lunch to be eaten at the same desk in the classroom area, except for Early Years. Children are not to access the building during lunch time unless for toileting and only then, if it can be assured, that they will be with children from their own bubble.

Ref	Control Measure	Risks
81	PPM (Planned Preventative Maintenance) work continues to be delivered for critical building systems (Life-Safety) including: • Fire Alarm and Detection • Gates • Sanitary bin collection • Reception mat • Photocopier • Telephones • I.T. • Legionella and Water Testing • Electrical Safety • Gas Safety • PAT Testing https://www.hse.gov.uk/news/workin g-safely-during-coronavirus- outbreak.htm?utm_source=hse.gov.u k&utm_medium=refferal&utm_campa ign=coronavirus&utm_term=working- safely&utm_content=home-page- popular	
82	Defect Reporting arrangements are in place.	

For further Information -

Health, Safety and Wellbeing Team; healthandsafety@stockport.gov.uk - 0161 474 3056

Or Stockport MBC's Covid Team 0161 474 2437

Approved by Head Teacher	T	Date 18.01.21
Chair of Governors	Dovid Hoult	Date 18.01.21