

## COVID-19 Risk Assessment for St. Andrew's CEVA Primary School

**Version 17 for September 2021 school reopening** (Changes/ additions to version 16 highlighted in green. Changes/ additions to version 15 highlighted in yellow. Control measures from version 13 that are no longer required for September 2021 are highlighted red- these measures may have to be implemented again in the event of an outbreak (see p. 2).)

The technical name of the virus that causes COVID-19 is severe acute respiratory syndrome coronavirus 2, abbreviated as **SARS-CoV-2**

Whilst the COVID-19 virus can cause serious illness, especially for vulnerable adults with underlying health conditions evidence suggests that for the majority (particularly children and young people) they will experience a mild to moderate illness.

Whilst this is a complex and changing situation, there is enough known about the epidemiology of COVID-19 to provide a risk based approach to support staff in their roles.

The government continues to manage the risk of serious illness from the spread of the virus. Step 4 marked a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people's education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for 2 doses by mid-September.

The government's priority is for schools to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health. The government has worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to revise their guidance, *Schools COVID-19 operational guidance- last updated 17<sup>th</sup> August 2021*, that this risk assessment is based on.

### **Control measures schools should take:**

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

The assessment below has been developed based on the following principles:

- That we will act together to ensure the safety and reassurance of all staff, children & young people.
- PPE will be recommended according to evidence of **efficacy and assessment of clinical risk**.
- All efforts will be made to secure a reliable and adequate supply of suitable PPE.
- PPE does not negate the need for social distancing and hand and respiratory hygiene.
- Having entered a period of sustained, community transmission, all staff and pupils are approached as potentially carrying COVID-19.
- Increased transmissibility of the new strain of the virus.
- Application of the published system of controls to individual school circumstances.

The school has a COVID-19 Outbreak Management Plan based on the [contingency framework for managing local outbreaks](#) of COVID-19 and the [schools operational guidance from step 4](#), provided by the Department for Education (DfE).

We will only implement some, or all, of the measures in this plan in response to recommendations provided by our local authority (LA), director of public health (DsPH), Public Health England (PHE) health protection team or the national government.

It may be necessary to implement these measures in the following circumstances, for example:

- To help manage a COVID-19 outbreak within the school
- If COVID-19 infection rates in the community are extremely high, and other measures have failed to reduce transmission
- As part of a package of measures responding to a 'variant of concern' (VoC)

| Potential Hazard | Risk   | Who might be harmed?   | Minimum control measures to reduce risks to an acceptable level   |
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| COVID-19         | Staff not having appropriate knowledge on virus, transmission and risk leading to increased transmission of COVID-19 | Employee, visitors, agency staff, member of the public, Pupils | <p>All staff to keep themselves updated and follow the latest DfE guidance for schools and national Public Health England/NHS guidelines via <a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a></p> <p><a href="https://www.nhs.uk/conditions/coronavirus-COVID-19/">https://www.nhs.uk/conditions/coronavirus-COVID-19/</a></p> <p>In particular staff should be familiar with the schools operational guidance – Schools coronavirus (COVID-19) operational guidance.</p> <p><a href="https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance">https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance</a></p> <p>This was last updated on <b>2<sup>nd</sup> January 2022</b>.</p> <p>All staff to have received training on the correct use of PPE, including face coverings, and provided with the training link for further use.</p> <p><b>When wearing a face covering, staff, visitors and pupils should:</b></p> <ul style="list-style-type: none"> <li>• <b>wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on</b></li> <li>• <b>avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus</b></li> <li>• <b>change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose</b></li> <li>• <b>avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination</b></li> </ul> |

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|          |  |  | <p>When removing a face covering, staff, visitors and pupils should:</p> <ul style="list-style-type: none"> <li>• wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing</li> <li>• only handle the straps, ties or clips</li> <li>• not give it to someone else to use</li> <li>• if single-use, dispose of it carefully in a household waste bin and do not recycle</li> <li>• once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them.</li> <li>• if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric</li> <li>• wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed</li> </ul>  |
| COVID-19 | Infectious people coming into school leading to increased transmission of COVID-19 | Employee, visitors, agency staff, member of the public, Pupils | <p>To help ensure that the risk of virus spread is as low as possible, the school will inform staff, pupils and potential visitors, including contractors, not to enter the school if they are displaying any symptoms of coronavirus (COVID-19) or if they should be self-isolating.</p> <p>Anyone showing the symptoms (new continuous cough, loss of taste/smell and/or a high temperature) should not come to school/ work, obtain a PCR test, and should follow the relevant government protocols at home and before coming back, this will last at least 10 days from the day after displaying symptoms or receiving a positive PCR test.</p> <p>You may be able to end your self-isolation period before the end of the 10 full days. You can take an LFD test from 6 days after the day your symptoms started (or the day your test was taken if you did not have symptoms), and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result.</p> <p>Report your LFD test results after taking each test</p> |

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|  |  | <p>You should not take an LFD test before the sixth day of your isolation period, and you should only end your self-isolation after you have had 2 consecutive negative LFD tests which should be taken at least 24 hours apart. You should stop testing after you have had 2 consecutive negative test results.</p> <p>This guidance also applies to children and young people who usually attend an education or childcare setting.</p> <p>Process for collecting a child due to illness or an existing appointment during the school day is established and shared.</p> <p>Anyone living in a household where someone is showing symptoms should stay at home for 10 days following the day of the onset of symptoms or positive test. If they become ill then they must continue to isolate for 10 days from the day after they first showed their own symptoms (or sooner depending on two negative lateral flow tests 24 hours apart from Day 6- see green section above).</p> <p>Work to be undertaken will be initially prioritised, based on its importance to the school and being able to assist with potential critical functions during the COVID-19 outbreak. (Provision for the children of essential workers and vulnerable children).</p> <p>Schools should ensure that contact details of any visitors and contractors be maintained so that in the event of a positive case they can engage with Track and Trace.</p> <p>Schools only needed to do contact tracing up to and including 18th July 2021. Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. The school may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>From 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly</p> |
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|  |  | <p>advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:</p> <ul style="list-style-type: none"> <li>• fully vaccinated adults – people who have had 2 doses of an approved vaccine</li> <li>• all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status</li> <li>• people who are not able to get vaccinated for medical reasons</li> <li>• people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine</li> </ul> <p>Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts. Pupils with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing including, where appropriate, additional support to assist swabbing. For further information please see SEND guidance. Further information is available in NHS Test and Trace: what to do if you are contacted and in the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</p> <p>Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:</p> <ul style="list-style-type: none"> <li>• they are fully vaccinated</li> <li>• they are below the age of 18 years and 6 months</li> <li>• they have taken part in or are currently part of an approved COVID-19 vaccine trial</li> <li>• they are not able to get vaccinated for medical reasons</li> </ul> <p>Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a <a href="#">PCR test</a>. We would encourage all individuals to take a PCR test if advised to do so. The Department of Health for North and West Northamptonshire County Council are now asking that that any school age siblings of a positive case also seek an urgent PCR test and <b>remain at home until the result is known.</b></p> <p>Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as</p> |
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|  |  | <p>normal. Staff, and where possible children, should use a lateral flow test to test themselves daily before coming into school during what would have been the 10 day self-isolation period.</p> <p>18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.</p> <p>Schools will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see <a href="#">Stepping measures up and down</a> section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.</p> <p>All individuals who have been identified as a close contact of a suspected or confirmed case of the Omicron variant of COVID-19, irrespective of vaccination status and age, will be contacted directly and required to self-isolate immediately and asked to book a <a href="#">PCR test</a>. They will be informed by the local health protection team or NHS Test and Trace if they fall into this category and provided details about self-isolation.</p> <p>Further actions for educational settings may be advised by a local Incident Management Team (IMT) investigating a suspected or confirmed case of the Omicron variant of COVID-19.</p> <p><b>On Return to School After Half Term (Autumn 2021)</b></p> <p><b>(Taken from the Department of Public Health letter 22.10.21 North and West Northamptonshire County Councils)</b></p> <p><i>As many of you will have seen in the national press, there is widespread concern about the current COVID-19 case rates and mounting pressure on the NHS. In order to ensure that there is as little disruption to education and care services as possible, especially as we head into winter and see other seasonal illnesses also increase, we are asking that:</i></p> <ul style="list-style-type: none"> <li>• All secondary school aged children continue to do a LFT at least twice a week</li> </ul> |
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|  |  | <ul style="list-style-type: none"> <li>• <i>If a child tests positive using a LFT, that a PCR test is sought as soon as possible and that the child remains at home until the result of the PCR is known</i></li> <li>• <i>On receipt of a positive PCR test, that any school age siblings of the case also seek an urgent PCR test and remain at home until the result is known - and if negative, take a daily LFT for 10 days thereafter to ensure no transmission into other school years/other school settings occurs</i></li> <li>• <i>That pupils adhere to any requests made by Head Teachers for the use of face coverings where infection risks are identified and/or outbreaks occur.</i></li> </ul> <p><i>Although it is recognised that these requests may cause some short term inconvenience for a small number of families, we believe that by requesting these simple additional measures we will see less wide scale disruption to education this winter and can play our part in trying to keep pressure of local health and care services as low as possible.</i></p> <p>Schools should display a copy of the NHS QR code. For a link in how to create one for your establishment follow the link below).</p> <p><a href="https://www.gov.uk/create-coronavirus-qr-poster">https://www.gov.uk/create-coronavirus-qr-poster</a></p> <p>Provide guidance to visitors and contractors on the use of the NHS COVID-19 app (staff sign in using the INVENTORY system).</p> <p>All staff will wear a face mask in communal areas of school (corridors/ staffroom/ hall, etc), except when they are eating or drinking, outside or in their normal work area (classroom/ office). (Staff are no longer permitted to wear a face 'covering' of just a face shield/visor alone.) It is down to personal choice whether staff wear a face mask in their area of work (classroom/office) and in the outside areas of the school. <b>The government continues to recommend that face coverings should be worn by staff in situations outside of classrooms where social distancing is not possible (for example, when moving around in corridors and communal areas).</b></p> <p>The reintroduction of face coverings for staff in classrooms/ offices may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. In all cases, any educational drawbacks should be balanced with the benefits of managing transmission. The Local Action Committee structure (Bronze/Silver/Gold) should be used in such circumstances to re-introduce the use of face</p> |
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|   |                                   |                            | <p>coverings. Immediate outbreak response (at the level of individual settings or a cluster of settings) remains for local Directors of Public Health to advise on.</p> <p>Parents and visitors in the school building will be required to wear masks at all times. There may be person specific exemptions where face coverings cannot be worn (e.g. for medical or communication reasons). They will be risk assessed on an individual basis. See identified risk 'Intimate care and minimising the risk of COVID-19' below.</p> <p>Although the guidance states that children under 12 years old do not need to wear a face covering, if a parent wants their child to wear a face covering for well-being or medical purposes the school will allow it. The only time a member of staff will request for a child to remove their face covering is if they are contaminating it or if the face covering is restricting breathing.</p> <p>Numbers of staff in staff areas at any one time is limited through staggered breaks &amp; lunches and additional areas to be used (Community Room). Signs remind staff of the number limit. Staff will restrict themselves to limited areas of the school to avoid entering other year group areas. The staff room is only to be used for access to drinks/food, the telephone, the work desk station, the photocopier and for up to 8 people to have their break/lunch in the comfy chair area. If the staff room is at full capacity, staff should take their breaks in a designated area in their work area or socially distanced in the community room or courtyard.</p> <p>In the staffroom, seating is planned to promote social distancing. There are also notices / visual reminders in staff areas of the importance of maintaining social distancing and hygiene requirements, such as washing hands before and after using the kitchen area. There is provision in place for the cleaning of surfaces / facilities before and after use. Staff are aware of the risk of cross-contamination where food and drink is available for sharing in these areas through training and visual signs. Staff are given reminders generally in routine staff meetings and other communications.</p> |
| Injury during travel and whilst onsite. | Increase d pressure on an already | Employee, visitors, agency | Overnight residential visits and educational day visits are permitted with appropriate COVID-19 controls and risk assessments.   |

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|                              | stretched NHS            | staff, Pupils              | <p>Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, schools are advised to ensure that any new bookings have adequate financial protection in place.</p> <p>From the start of September 2021, schools can go on international visits that have previously been deferred or postponed and organise new international visits for the future.</p> <p>Schools should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and you must comply with international travel legislation and should have contingency plans in place to account for these changes.</p> <p>Schools should speak to either your visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits.</p> <p>Schools should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. <a href="#">General guidance</a> about educational visits is available and is supported by specialist advice from the <a href="#">Outdoor Education Advisory Panel (OEAP)</a>.</p> <p><b>Overnight visits for groups of pupils are currently against DfE guidance, although day visits with appropriate COVID-19 controls are possible.</b></p> <p>Where playground equipment is in use this should be 'more frequently cleaned'. Records of cleaning are required.</p> |
| Transmission of COVID-19 via | Increase transmission of | Employee, visitors, agency | Staff and pupils will be encouraged to consider how they travel to school (following government guidance) and reduce any unnecessary travel on coaches, buses or public transport. Walking, cycling and individual use of cars to be encouraged. From June the 15 <sup>th</sup> 2020, it is compulsory to wear face coverings on public transport (with exceptions for the very young and some disabled persons). Vehicles provided under  |

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| arrival and exit at school | virus on arrival and exit at the school premises | staff, member of the public, Pupils. | <p>contract as 'school transport' Vehicles provided under contract as 'school transport' count as 'dedicated' transport.</p> <p>Where home school transport is mandatory, plans and risk assessments will take place with the local authority and transport providers.</p> <p>Parents encouraged to telephone the school or email enquiries@ rather than wander around the site and to the school office.</p> <p>Hand washing on arrival and at other key points in the day is mandatory- sanitizer provided/ handwashing facilities- and to be supervised by staff.</p> <p>Sanitiser will be available at Reception Desk and forms part of the signing in protocol.</p> <p>Processes and procedures are established and shared with Parents for pick up and drop off arrangements. Additional school entrances and exits to be used to reduce crowding. <b>These are to be staggered to avoid mixing between groups.</b></p> <p>The school distributes asymptomatic Lateral Flow Test kits to the staff- the participation in testing is an individual decision. Staff and pupils with a positive LFD test result should self-isolate in line with the <a href="#">stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>. They will also need to <a href="#">get a free PCR test to check if they have COVID-19</a>.</p> <p>Whilst awaiting the PCR result, the individual should continue to self-isolate.</p> <p>If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the member of staff can return to school, as long as the individual doesn't have COVID-19 symptoms.</p> <p>Additional information on <a href="#">PCR test kits for schools and further education providers</a> is available.</p> <p><b>Asymptomatic testing</b></p> <p>Testing remains important in reducing the risk of transmission of infection within schools. That is why, whilst some measures are relaxed, others will remain, and if necessary, in response to the latest</p> |
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|   |   |  | <p>epidemiological data, we all need to be prepared to step measures up or down in future depending on local circumstances.</p> <p>Over the summer, staff and secondary pupils should continue to test regularly if they are attending settings that remain open, such as summer schools and out of school activities based in school settings. Schools will only provide tests for twice weekly asymptomatic testing for pupils and staff over the summer period if they are attending school settings. However, testing will still be widely available over the summer and kits can be collected either from your local pharmacy or ordered online.</p> <p>Schools may commence testing from 3 working days before the start of term and can stagger return of pupils across the first week to manage this. Secondary school pupils should then continue to test twice weekly at home until the end of September, when this will be reviewed.</p> <p>Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.</p> <p>Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.</p> <p>There is no need for primary age pupils (those in year 6 and below) to test over the summer period. They will be offered the 2 tests at an ATS at the beginning of the autumn term when they start at their secondary school as a new year 7. Schools may choose, however, to start testing year 6 pupils earlier, including in summer schools, depending on their local circumstances.</p> |
| <p>Inadequate implementation of social distancing at school</p> | <p>People being unable to adhere to social distancing</p> | <p>Employee, visitors, agency staff, member of the</p> | <p>The government no longer recommend that it is necessary to keep children in consistent groups ('bubbles'). This means that bubbles will not need to be used in schools from the autumn term. As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and schools no longer need to make alternative arrangements to avoid mixing at lunch.</p>  |

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| <p>Large numbers of people mixing</p> | <p>therefore<br/>Large numbers of people coming together therefore increasing the transmission and spread of COVID-19</p> | <p>public, Pupils</p> | <p>The school should make sure the contingency plan (sometimes called outbreak management plan) cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.</p> <p>Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.</p> <p>As our school has a large number of pupils and staff, we will continue, where and when possible, to keep the children and staff in a consistent large group (comprising of a year group- up to 60 children). This will not be to the detriment of the curriculum and we will allow year groups to mix if needed (e.g. for extra-curricular clubs, school council, key stage assemblies). Break and lunchtimes will continue to be staggered- staff have highlighted the many positives for the children of having these separate times.</p> <p><b>Plan is in place to ensure that each class/ year group bubble of children is staffed appropriately, minimising adults and children mixing with different groups.</b></p> <p><b>Adults to maintain a 2m distance from pupils as far as possible.</b></p> <p>Each class/ year group <b>bubble</b> will have their own base room separate to other groups. Where and when possible, pupil desks to be arranged to reduce possibility of face to face contact.</p> <p>All pupils to be provided with own stationery and regularly used equipment.</p> <p>Each class/ year group <b>bubble</b> to be with the same adults, whenever possible.</p> <p><b>Year group bubbles are separated at play and lunchtimes on the MUGA, playground and field (weather permitting). This has been the case since the full opening of the school in September 2020.</b></p> <p><b>Records to be kept of pupils and staff within groups and any close contact that takes place between children and staff in different groups.</b></p> |
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|  |  | <p>Consideration in all settings must be given to minimising contacts and mixing, whilst delivering a broad and balanced curriculum. Specifically when timetabling, groups should be kept apart and movement around the school kept to a minimum – avoid creating busy corridors entrances and exits.</p> <p>Whole School Assemblies should not take place.</p> <p>The playing of musical instruments, group performances and singing are subject to separate advice with very strict social distancing controls (see Page 54 of Schools coronavirus operational guidance).</p> <p>Shielding advice has been paused nationally from 31st March. Clinically Extremely Vulnerable (CEV) individuals are no longer advised to shield but must continue to follow the rules in place for everyone under the current national restrictions. Staff in schools who are CEV will be advised to continue to work from home where possible, but if they cannot work from home should attend their workplace. Any member of staff with identified enhanced risks should be specifically risk assessed before working at school. Specific risk assessments are required for expectant mothers. It is strongly recommended that expectant mothers in the third trimester or those with underlying health conditions at any point of gestation should work from home because they may be at greater risk of severe illness if they catch coronavirus.</p> <p>Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take. Further information can be found in the <a href="#">guidance on protecting people who are CEV from COVID-19</a>.</p> <p>Social distancing measures have now ended in the workplace and it is no longer necessary for the government to instruct people to work from home. Employers should be able to explain the measures they have in place to keep CEV staff safe at work. The Health and Safety Executive (HSE) has published guidance on <a href="#">protecting vulnerable workers</a>, including advice for employers and employees on <a href="#">how to talk about reducing risks in the workplace</a>.</p> <p>Lunch times, break times, and movement around the site will be staggered to reduce gatherings.</p> <p>Everyone will be either taught or asked to follow the <a href="#">social distancing guidelines</a>. (We recognise that younger children and some SEN children will not be able to maintain social distancing.)</p> <p>Review behaviour policy and amend as appropriate. Parents to sign to agree that they and their children will follow the policy.</p> |
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|  |  | <p>Staff and visitor codes of conducts to be amended and staff to sign to say that they will adhere to the code.</p> <p>Identify actions required to ensure sufficiency in meeting increased demand for support where pupils are:</p> <ul style="list-style-type: none"> <li>• At risk of exclusion</li> <li>• In need of early help</li> <li>• Have additional needs such as behaviour, sensory impairment etc.</li> <li>• Exhibiting mental health and well-being issues</li> <li>• In need of bereavement counselling</li> <li>• Meeting the social care thresholds</li> </ul> <p>Unnecessary sharing of offices will be avoided and ideally staff will avoid using computers that have been used by others in the previous 72 hours. If this is not possible protocols and equipment will be established to allow sanitisation before and after use.</p> <p><b>When indoor seating in the same space is necessary, seating to be arranged 2m apart. Good ventilation required when sharing internal spaces. The HSE recommend that chairs in communal not in use be marked with a cross. (Reception area and staffroom).</b></p> <p>Separated toilets will be used where possible – different groups to utilise different toilets where possible.</p> <p>Unnecessary staff gatherings will be avoided. Staff meetings/ training will take place in the Hall or Studio (with good ventilation) with staff wearing face coverings.</p> <p>Staff who go into classrooms that are not their own working spaces (i.e. to observe a colleague for training purposes, for lesson observations, pupil voice, etc.) need to ensure that they wear a face mask and clean their hands before and after the activity.</p> <p>Schools should implement procedures for the safe disposal of face masks and other items of PPE.</p> <p>Where staff and pupils are clinically vulnerable the employer has a duty to ‘make reasonable adjustments’ under the Equalities Act. This may result in departure to the general guidance as a response to individual needs.</p> |
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| Inadequate ventilation | Poor ventilation leading to increased transmission of COVID-19 | Employee, visitors, agency staff, member of the public, Pupils | <p>When the school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.</p> <p>Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.</p> <p>If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</p> <p>Where mechanical ventilation systems exist, the school should ensure that they are maintained in accordance with the manufacturers' recommendations.</p> <p>Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).</p> <p>The school should balance the need for increased ventilation while maintaining a comfortable temperature.</p> <p>The <a href="#">Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic</a> and <a href="#">CIBSE COVID-19 advice</a> provides more information.</p> <p>DfE is working with Public Health England, NHS Test and Trace, and the Scientific Advisory Group for Emergencies (SAGE) on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.</p> <p>All systems to remain energised in normal operating mode.</p> <p>Where mechanical ventilation is present, re-circulatory systems should be adjusted to full fresh air. If this is not possible, systems should be operated as normal.</p> |
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|                                 |  |                            | <p>Where possible, occupied room windows should be open. Under the Health Welfare and Safety Regulations room temperatures have to be comfortable. The accompanying Approved Code of Practice defines this as a minimum room temperature of 16°C for non-manual occupations. (Advice on managing ventilation as temperatures fall with the onset of winter can be found in the latest government guidance for schools).</p> <p>Ventilation to chemical stores should remain operational.</p> <p>Maximise opportunities for Learning Outdoors on the school site. For free guide see following link. <a href="https://www.lotc.org.uk/get-outside-toolkit/">https://www.lotc.org.uk/get-outside-toolkit/</a></p> |
| Consultation with staff         | Staff made aware of implications for them                  | Staff                      | <p>Staff meetings held prior to reopening (in person or virtually) to share expectations with all staff and to address concerns.</p> <p>Regular meetings timetabled to allow staff opportunities to express concerns.</p> <p>Access to well-being and mental Health support communicated and shared with staff.</p> <p><a href="#">Staff and visiting group leaders to be aware of key national guidance for school/education settings.</a></p>   |
| Staffing                        | Insufficient key staff available to allow school to reopen | Staff and Pupils           | <p>Staffing numbers required for entire eligible cohort have been determined including support staff such as facilities, IT, midday and office/admin staff.</p> <p>Including at least one of the following:</p> <ul style="list-style-type: none"> <li>• Paediatric First aider (where children in Reception age group)</li> <li>• Designated Safeguarding Lead (DSL)</li> <li>• SENCO</li> <li>• Caretaker/site member</li> <li>• Office staff member</li> </ul>   |
| Poor hand & respiratory hygiene | Poor hand & respiratory                                    | Employee, visitors, agency | <p>Follow Hand Washing protocol at appendix 1 below <a href="https://www.who.int/gpsc/clean_hands_protection/en/">https://www.who.int/gpsc/clean_hands_protection/en/</a></p> <p>Soap and water, and regular hand washing for at least 20 seconds, is the best way of staying safe. Hand washing with soap employs mechanical action that loosens bacteria and viruses from the skin, rinsing them into the drain. Drying hands afterwards makes the skin less hospitable to the virus. Hand sanitiser</p>  |

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|  | <p>hygiene leading to increased transmission of COVID-19</p> | <p>staff, member of the public, Pupils</p>      | <p>can be effective if soap is not available, or the situation makes using soap less feasible (for example, when outside), but using hand sanitiser provides none of the virus-destroying friction that rubbing your hands together and rinsing with water provides.</p> <p>Staff, visitors and pupils should be reminded to wash their hands for 20 seconds more frequently than normal, including on arrival at the setting, before and after eating, and after sneezing or coughing.</p> <p>Staff should supervise young children to ensure they wash their hands for 20 seconds with soap and water (or hand sanitiser if soap is not available or feasible in the particular situation).</p> <p>Staff will ensure that pupils clean their hands regularly, including:</p> <ul style="list-style-type: none"> <li>• When they arrive at school</li> <li>• When they return from breaks</li> <li>• When they change rooms</li> <li>• Before and after eating</li> </ul> <p>Coughs and sneezes to be caught in tissues. Bins for tissues should be emptied throughout the day.</p> <p>Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent hand washing distressing. Staff should know where this is likely to be the case, and how they can best support individual children and young people.</p> <p>Site supervisor to ensure there are enough hand washing or hand sanitiser stations available so that all pupils, staff and visitors can clean their hands regularly.</p> <p>Consider dangers related to ingestion and fire in relation to hand sanitiser.</p> |
| <p>Surfaces contaminated with COVID-19</p> | <p>Increase transmission of COVID-19 via</p>                 | <p>Employee, visitors, agency staff, member</p> | <p>Thorough cleaning of the school site at the end of each school day.</p> <p>Regular points of contact that children and staff touch such as door handles, push plates, code pads, hard surfaces, touch screens and WC levers should be cleaned regularly throughout the day with an appropriate cleaning product unless it is already known (with certainty) that the building has not been in use for 48hrs.</p>   |

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|  | surface<br>– face<br>contact | of the<br>public | <p>It should be assumed this is not the case unless there is knowledge to the contrary.</p> <p>Follow government guidelines as follows:</p> <p><a href="https://www.gov.uk/government/publications/COVID-19-decontamination-in-non-healthcare-settings">https://www.gov.uk/government/publications/COVID-19-decontamination-in-non-healthcare-settings</a></p> <p>Checklist of cleaning has been created and is used to ensure that all frequently used objects and items are cleaned to include:</p> <ul style="list-style-type: none"> <li>• Door handles</li> <li>• Desks, table tops</li> <li>• Toys</li> <li>• Teaching equipment/resources</li> <li>• Bannisters</li> <li>• Light switches</li> <li>• Books</li> <li>• Toilets</li> <li>• Sinks</li> <li>• Use of disposable cloths</li> </ul> <p>Additional cleaning capacity in place through use of teaching and support staff. HSE advice is that a formal system for monitoring and recording of cleaning should be maintained by teaching establishments.</p> <p>Where playground equipment is in use this should be subject to ‘more frequent cleaning’ i.e. cleaning between use by different bubbles.</p> <p>Maximise opportunities for Learning Outdoors.</p> <p>Deep clean the kitchen prior to reopening before food preparation resumes. School kitchens should follow the guidance at <a href="https://www.gov.uk/government/publications/COVID-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-COVID-19">https://www.gov.uk/government/publications/COVID-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-COVID-19</a></p> <p>Clean and disinfect all areas and surfaces prior to reopening and if necessary, utilise pest control for insect infestations, particularly in the kitchen and/or food preparation areas.</p> |
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| Intimate care and minimising the risk of COVID-19 | Intimate care procedures leading to increased transmission of COVID-19                                       | Employee, visitors, agency staff, member of the public, Pupils   | <p>The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces. The advice for schools, colleges and childcare settings is to follow steps on <a href="#">social distancing</a>, <a href="#">hand washing and other hygiene measures</a>, and <a href="#">cleaning</a> of surfaces.</p> <p>If staff are providing intimate care to someone, PPE is needed.</p> <p>Some children, and young people with special educational needs, may be unable to follow social distancing guidelines, or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing. School staff should continue to use the PPE that they have always used (such as an apron and gloves) when undertaking more intimate care with pupils.</p> <p>Suggested protocol for the use of PPE (Based upon Public Health England Guidelines).</p>  |  |          |                  |                     |   |   |  |  |   |  |  |  |
|---|--|--|---|--|----------|------------------|---------------------|---|---|--|--|---|--|--|--|
|   |  |  | <table border="1"> <thead> <tr> <th data-bbox="656 671 750 735"></th> <th data-bbox="750 671 1099 735">Category</th> <th data-bbox="1099 671 1503 735">PPE Requirements</th> <th data-bbox="1503 671 1787 735">Educational Setting</th> </tr> </thead> <tbody> <tr> <td data-bbox="656 735 750 1086">1</td> <td data-bbox="750 735 1099 1086">Staff / Pupil interaction where distance of 2m can be maintained throughout</td> <td data-bbox="1099 735 1503 1086">           Close adherence to hand (i) and respiratory hygiene protocols (ii).<br/><br/>           No additional PPE required beyond what would usually be worn for any given task         </td> <td data-bbox="1503 735 1787 1086">The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to.</td> </tr> <tr> <td data-bbox="656 1086 750 1340">2</td> <td data-bbox="750 1086 1099 1340">Staff / pupil interaction where momentary (iii) physical contact is required or cannot maintain 2m distance.</td> <td data-bbox="1099 1086 1503 1340">           Close adherence to hand and respiratory hygiene protocols.<br/><br/>           Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances. For staff in primary schools staff should wear masks         </td> <td data-bbox="1503 1086 1787 1340">In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g.</td> </tr> </tbody> </table> |  | Category | PPE Requirements | Educational Setting | 1 | Staff / Pupil interaction where distance of 2m can be maintained throughout | Close adherence to hand (i) and respiratory hygiene protocols (ii).<br><br>No additional PPE required beyond what would usually be worn for any given task | The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to. | 2 | Staff / pupil interaction where momentary (iii) physical contact is required or cannot maintain 2m distance. | Close adherence to hand and respiratory hygiene protocols.<br><br>Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances. For staff in primary schools staff should wear masks | In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g. |
|   | Category   | PPE Requirements   | Educational Setting   |  |          |                  |                     |   |   |  |  |   |  |  |  |
| 1   | Staff / Pupil interaction where distance of 2m can be maintained throughout                                  | Close adherence to hand (i) and respiratory hygiene protocols (ii).<br><br>No additional PPE required beyond what would usually be worn for any given task   | The majority of school and childcare settings will fall into this category. For example Class Teacher and Classroom assistants working within a classroom environment where social distancing can be adhered to.  |  |          |                  |                     |   |   |  |  |   |  |  |  |
| 2   | Staff / pupil interaction where momentary (iii) physical contact is required or cannot maintain 2m distance. | Close adherence to hand and respiratory hygiene protocols.<br><br>Surgical facemask to be worn by member of staff. Sessional (iv) use is adequate in these circumstances. For staff in primary schools staff should wear masks | In some childcare and school settings where intimate care is required it may be necessary to wear a surgical facemask when undertaking certain tasks (e.g.  |  |          |                  |                     |   |   |  |  |   |  |  |  |

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|  |  |  |   | where social distancing is not possible between adults.  | administration of medication where it cannot be self medicated, or When administering first aid, self-administration is not possible e.g. child places their own plaster on a cut / laceration  |  |
|  |  |  | 3 | Prolonged/intimate (v) physical contact is required between member of staff and Pupil.                                 | <p>Close adherence to hand and respiratory hygiene protocols.</p> <p>PPE required - Disposable gloves, disposable apron, sessional surgical facemask, (include eye protection if client is coughing or sneezing). Donning and doffing according to standard protocols (vi) and disposing of clinical waste appropriately (vii).</p> | Anyone who is symptomatic should not be in a childcare or school setting. However if required to undertake intimate care with a child or young person then category 3 PPE will apply e.g. If a child requires intimate care when administering first aid as a result of serious injury. If that child were coughing or spitting, this should include eye protection. |
|  |  |  | 4 | Any scenario in the household of a 'shielded' (viii) person. Close adherence to hand and respiratory hygiene protocols | PPE required - Disposable gloves and plastic apron in addition to single use (ix) surgical facemask.  | Not applicable   |
|  |  |  | 5 | Specialist scenarios e.g. Aerosol generating procedures, hospital inpatients, home births,                             | Specialist PPE requirements   | Not applicable   |

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|  |  |  | <table border="1"> <tr> <td></td> <td>phlebotomy in non-compliant patients etc.</td> <td></td> <td></td> </tr> </table> <p>NB: This summary relates to PHE's COVID-19: infection prevention and control, last updated 18<sup>th</sup> June 2020</p> <p>Review above table alongside appendix 2</p> <p>In circumstances where staff feel PPE is appropriate following the principles above careful judgement should be used to consider likely risk and also any impact of behaviour the child/young person may demonstrate as a result of PPE being worn. The wearing of full PPE unless carefully removed in itself can add increased risk therefore the wearing of PPE will be subject to training sessions. Separate guidance is available on the use of PPE in education and child care is available at;<br/> <a href="https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe">https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</a></p> <p>Face masks and eye protection (together with gloves and aprons) will be available for staff to administer First Aid in an emergency.</p> |  | phlebotomy in non-compliant patients etc. |  |  |
|  | phlebotomy in non-compliant patients etc.  |  |   |  |   |  |  |
| When essential travel in a vehicle is required | Sharing a vehicle where social distancing is not possible leading to increased transmission of | Drivers, Pupils and accompanying staff | <p>When having to travel for business related please only travel when this is essential.</p> <p>When using a private vehicle to make a journey that is essential, cars should only be shared by members of the same household. Those who normally share a car with people who are not members of their own household for a journey that is essential, e.g. getting to work, should consider alternatives such as walking, cycling and public transport where you maintain a distance of 2 metres from others.</p> <p>Where using a car is essential involving two or more people, it is recommended that two or more cars are used rather than staff travelling together in the same vehicle.</p> <p>Staff where possible should use their own vehicle.</p> <p>Staff should only share a vehicle with a pupil as an absolute last resort (e.g. Emergency response).</p>   |  |   |  |  |

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|  | COVID-19   |  | If you have to share the vehicle with another staff member – remember to wear a face covering, wipe down the car after the visit has taken place e/g steering wheel, handbrake, door handles etc with an antibacterial wipe (dispose of the wipes by double bagging) and open windows.   |
| Increased lone working                           | Becoming injured when help is not at hand  | Employees and contractors                            | <p>Many social distancing measures result in an increase in lone working, something that is usually minimised.</p> <p>If you are lone working it is important to follow lone working guidance and ensure a buddy system is implemented and you are in regular contact re your whereabouts.</p>   |
| Managing risk of an individual displays symptoms | Proximity to a person displaying COVID-19 symptoms leading to increased transmission of COVID-19 | Employee, pupils, agency staff, member of the public | <p><a href="https://www.gov.uk/government/publications/guidance-to-educational-settings-about-COVID-19/guidance-to-educational-settings-about-COVID-19">https://www.gov.uk/government/publications/guidance-to-educational-settings-about-COVID-19/guidance-to-educational-settings-about-COVID-19</a></p> <p>Identified room has been located enabling anyone displaying symptoms to be contained, if required.</p> <p>For pupils refer to;<br/> <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915553/Symptomatic_children_action_list_SCHOOLS.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/915553/Symptomatic children action list SCHOOLS.pdf</a></p> <p>If someone becomes unwell and starts to display symptoms and starts to display with a new, continuous cough, a high temperature or loss of taste or smell in an education setting they must be sent home, advised to arrange a PCR test and self-isolate. Testing is now available to children including those under five.</p> <p>Consider treating all pupils and staff who are unwell as possible COVID-19 cases and isolate as per procedures in school accordingly.</p> |

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|  |  | <p>The DfE helpline on 0800 046 8687 should be informed and advice sought, in cases of confirmed transmission. Where multiple cases are identified within school advice should be sought from PHE and local Health Protection teams.</p> <p>Where transmission of COVID-19 is thought to have taken place as a result of work place contact this becomes a notifiable incident to the HSE under RIDDOR.</p> <p><b>Important note;</b> diarrhoea and vomiting have been identified in recent research as additional symptoms of COVID-19 in children. As these symptoms would ordinarily require a child to be sent home, the protocol for a possible coronavirus infection should be followed.</p> <p>If an affected person is awaiting collection, they should be moved, if possible, to the medical room where they can be isolated behind a closed door. If they are a child, depending on the age of the child appropriate adult supervision may be required. Further information on this can be found in the <a href="#">use of PPE in education, childcare and children’s social care settings</a> guidance. Any rooms they use should be cleaned after they have left.</p> <p>If they need to go to the bathroom while waiting to be collected, they should use the office toilet. This should then be taped off until it is cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.</p> <p>The household (including any siblings) should follow the PHE <a href="#">stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>.</p> <p>Clinical waste will be disposed of in a yellow clinical waste bag.</p> <p>Wider testing is now available for anyone showing symptoms over the age of five years.</p> <p>If it is not possible to maintain a two metre distance from a pupil exhibiting COVID-19 symptoms, additional PPE is required.</p> |
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| Deliveries and Maintenance on school sites | Increased number of people onsite leading to increased transmission of COVID-19 | Employee, pupils, agency staff, member of the public | <p>Only essential repairs and maintenance work should be carried out.</p> <p>Deliveries that need to be handled immediately should be sanitized with wipes before taking them inside the premises.</p> <p>Keep deliveries to a minimum with important items only.</p>  |
| Catering                                   | Catering facilities may not be available due to social distancing restrictions  | Pupils   | <p>There is an expectation that school kitchens will be operational. Consultation with contract caterers will be required and adjustments to provision required in order to minimise risk to staff and pupils.</p> <p>Arrangements in place to provide food to CYP on site, including the requirement of universal free school meals.</p> <p>Arrangements for the continued provision of FSMs for children not attending school owing to isolation and remote learning requirements are in place.</p> <p>Arrangements for when and where each group will take lunch (and snack time if necessary) are in place so that, where possible, children do not mix with children from other groups.</p> <p>Arrangements for food deliveries in place.</p> <p><b>It is desirable if packed lunches are sent in a disposable bag to allow disposal during the school day.</b></p> <p>Parents sending their child/ren's lunches in a packed lunch box must clean the packed lunch box thoroughly outside and inside after each use. School will inform and remind parents of this expectation.</p> |

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| <p>Pupil Re-orientation</p> <p>Back into school after a period of closure/ being at home</p> | <p>Pupil and parents not aware of the new requirements and routines</p> | <p>Pupils and staff</p>        | <p>Approach and expectations around school uniform determined and communicated with parents.</p> <p>Changes to the school day/timetables/pick up and drop off arrangements shared with parents.</p> <p>All children instructed to bring a water bottle each day. Water fountains not in use or strict social distancing and cleaning arrangements in place.</p> <p>Approach to preparing pupils for a return to academic work and new social situations is developed and shared by all teaching staff.</p> <p>Arrangements for the education of pupils who are isolating should be communicated in advance so that disruptions to education are kept to a minimum. It is now a legal requirement for schools to have in place procedures for remote learning. This includes bringing together pupils who have remained in school during closure and those at home and celebrating non-academic achievements of pupils whilst at home/ during school closure.</p> <p>Pupils, staff and other adults should follow public health advice on <a href="#">when to self-isolate and what to do</a>. They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine after returning from a country abroad).</p> |
| <p>Covid 19</p>  | <p>Increased vulnerability to illness</p>                               | <p>BAME Children and staff</p> | <p>Identify all children and staff in school who may be considered as part of this community. Ensure that staff supporting those identified are aware of the elevated risk to health.</p> <ul style="list-style-type: none"> <li>• Discuss concerns with parents or staff and consider a personal risk assessment if appropriate.</li> <li>• Ensure all those identified have the opportunity to share concerns.</li> <li>• Ensure adequate PPE is always available for staff use.</li> <li>• Ensure that information shared and updated by the DfE and <a href="https://bameednetwork.com">https://bameednetwork.com</a> is reflected in revisions of this risk assessment.</li> <li>• Conduct specific risk assessments for Clinically vulnerable staff and young and expectant mothers– UK govt guidance, expectant mothers should work from home in the third trimester or at</li> </ul>  |

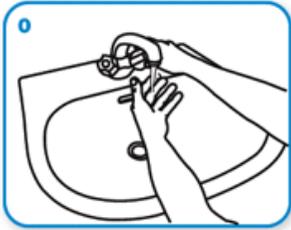
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|  |  |  | point in gestation if have underlying health conditions. If before 28 weeks strict social distancing should be observed. |
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## **Appendix 1: Clean hands protect against infection (WHO protocol)**

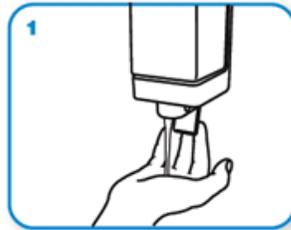
Protect yourself

- Clean your hands regularly.
- Wash your hands with soap and water, and dry them thoroughly.
- Use alcohol-based handrub if you don't have immediate access to soap and water.

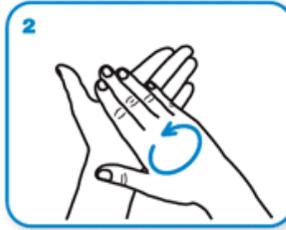
How do I wash my hands properly? Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below:



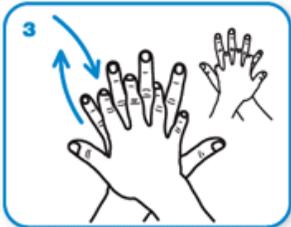
Wet hands with water



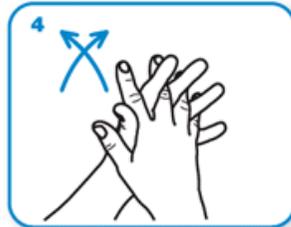
apply enough soap to cover all hand surfaces.



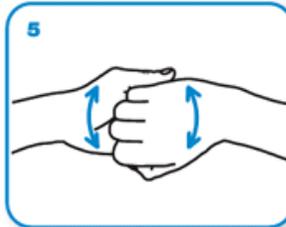
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



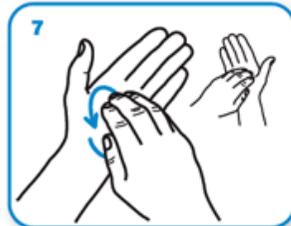
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



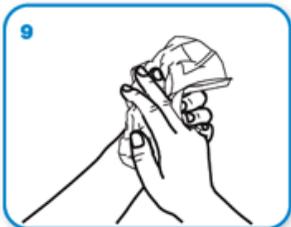
rotational rubbing of left thumb clasped in right palm and vice versa



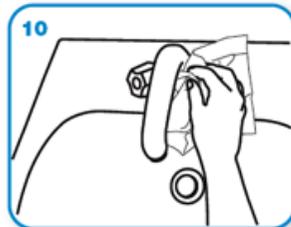
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



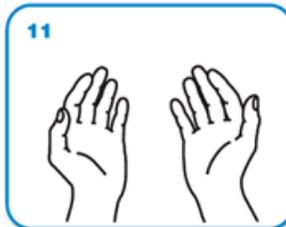
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

|     |                              |  |
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| i.  | Handwashing Protocol         | Attached at appendix 1 above<br><a href="https://www.who.int/gpsc/clean_hands_protection/en/">https://www.who.int/gpsc/clean_hands_protection/en/</a>  |
| ii  | Respiratory hygiene protocol | This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. <a href="https://www.who.int/emergencies/diseases/novel-coronavirus2019/advice-for-public">https://www.who.int/emergencies/diseases/novel-coronavirus2019/advice-for-public</a>  |
| iii | Momentary contact            | Relates to ad hoc interventions that may create proximity to bodily fluid – e.g. a driver putting a seatbelt onto a client.  |
| iv  | Sessional use                | Surgical facemask can be used multiple times and need not be disposed of until wet, damaged or uncomfortable.<br><a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control/COVID-19-personal-protective-equipment#section-6">https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control/COVID-19-personal-protective-equipment#section-6</a>                 |
| v   | Intimate care                | Is defined as a role which is personally supporting the client to bathe, wash, feed etc. where there may be close proximity to bodily fluids.  |
| vi  | Donning and doffing          | Refers to the correct method by which PPE should be put on and taken off. <a href="https://www.gov.uk/government/publications/COVID-19-personalprotective-equipment-use-for-non-aerosol-generating-procedures">https://www.gov.uk/government/publications/COVID-19-personalprotective-equipment-use-for-non-aerosol-generating-procedures</a><br><a href="https://www.youtube.com/watch?v=-GncQ_ed-9w">https://www.youtube.com/watch?v=-GncQ_ed-9w</a> |
| vii | Disposal of PPE              | PPE should be bagged and disposed of in a lidded bin followed by close adherence to hand washing protocol.   |

|      |                  |   |
|------|------------------|---|
| viii | Shielded person  | Definition at appendix 3.   |
| ix   | Single use       | Refers to disposal of PPE after each client interaction.  |
| x    | PHE COVID-19 IPC | <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304cf38d248abba&amp;utm_medium=email&amp;utm_campaign=govuknotifications&amp;utm_content=immediate">https://www.gov.uk/government/publications/wuhan-novel-coronavirusinfection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304cf38d248abba&amp;utm_medium=email&amp;utm_campaign=govuknotifications&amp;utm_content=immediate</a> |

### **Appendix 3**

People falling into this **extremely vulnerable group** include:

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer □ people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.

6. Women who are pregnant with significant heart disease, congenital or acquired.

NB: Patients should have received notification directly from the government and or their GP practice about whether they fall into this group and how to reduce their risk.