

PARTIAL RETURN TO SCHOOL INFECTIOUS DISEASES COVID-19

Colmers Farm School Version 15 – 26th February 2021

This risk assessment will be regularly updated based on Government advice/regulations and circumstances within our school. Please refer to www.gov.uk for the latest guidelines.

The use of this or any other Risk Assessment will NOT make any building COVID safe.

HAZARD	RISK GROUP	RISK	CONTROL MEASURES (Describe the existing workplace precautions and risk control systems in place)	Residual Risk Rating HIGH MED LOW	Are Existing Controls Adequate?	
					Yes	No*
Arriving to school	Pupils Staff Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> Parents are advised to bring pupils to school and to enter via the Rubery Nursery entrance (when access to the playground entrances is required). The Morrisons gate entrance will be divided into an entrance and exit lane with arrows to indicate which is which. Staggered start and end of day times (Reception, Year 2, Year 4 and Year 6 – Normal times (8:35-8:45 and end of day 3:15) and Year 1, Year 3 and Year 5 (8:45-8:55 and end of day 3:25). Families with children in classes which span both of these times, may bring all their children at the earlier time and collect them at the later time. Only 1 parent/carer per family to be allowed on site. Parents will be asked to wear a face mask (if they are able to) whilst on the school site. Any visitors who have been authorised to enter the school will have the risk assessment explained to them on entry. They will also be asked to provide track and 		Y	

			<p>trace contact details. They will also be requested to wear a face mask whilst onsite (unless directly working with children i.e. visiting teachers). They must wear a face mask whilst in the school building.</p> <ul style="list-style-type: none"> • No parents to be admitted into school building (except in exceptional circumstances). Access will be to exterior office reception area only in strictly enforced numbers. Queries to be dealt with via telephone/email if possible. Parents wishing to speak to staff, must make an appointment. • The 2-metre rule should be followed by parents while they are waiting for staff to receive their children. This will be communicated to be parents by website, letters, posters and social media. • Any staff members outside must wear a face covering. • No parental events i.e. workshops/parent evenings/sports days are to be undertaken initially, this will however be reviewed as the situation evolves. • Anyone exhibiting COVID symptoms should not enter the school site. • Children will enter school through their assigned year group doors (see the welcoming children back to Colmers Farm Primary School in March 2020 document on the school's website). • Hand sanitiser is located by office entrance for staff and visitors to use and by all entrance doors for children. This must be used by all staff and visitors. A member of staff will be on each entry door to ensure children use the hand sanitisers located by each entrance door or wash their hands on entry. 		
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Breakfast club/after school clubs			<ul style="list-style-type: none"> For breakfast club, children will be split into an EYFS/KS1 bubble and a KS2 bubble to minimise the number of children who may have to isolate in the event of a case. For afterschool clubs, all clubs will be year group specific. Room/s used for this will be well ventilated (windows and doors open). Hands should be washed/sanitised at the start and end of these sessions. Tissues should be available for children to use when needed during these sessions. Staff will try to keep a two-metre distance to children. Parents will only be permitted to use this provision if this is reasonably necessary to support them to work, seek work, undertake education/training, attend a medical appointment or address a medical need or attend a support group. To aid social distancing, all children will be given a choice of individually portioned, preprepared breakfast items. 		Y	
Staff receiving child from parent	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> Staff on the playground at the start and end of the day and staff receiving children by doors must wear a face mask. Please note, that the incorrect handling of face masks can lead to an increased risk of contamination. Staff will direct children to use the hand sanitiser by the door, or to wash their hands, and to proceed directly to their classroom. 		Y	
Classroom set up	Staff Children	Spread of Infection due	<ul style="list-style-type: none"> The classrooms in Year 1-6 will be set up in rows facing forwards. Children can be sat next to one another but should to the best of their ability sit facing forwards. 		Y	

		to close contact	<p>Normal paired talking rules of facing one another cannot be followed.</p> <ul style="list-style-type: none"> • EYFS classrooms will have free flow. The children should be encouraged to keep their distance, to wash hands regularly and to not put fingers in their mouths. Teachers should take care to limit children in various areas to aid distancing. • In all year groups, the teacher should endeavour to keep 2 metres away from the children's tables/desks. In particular, they should avoid close face to face contact and minimise time spent within 1 metre of anyone. • Tissues will be available on each table for pupils to use when coughing or sneezing and they must go into a bin after one use. Children should be regularly reminded about the importance of catch it, bin it, kill it. • Each child will have their own equipment bags, containing their pens, pencils etc. These will not be shared. • Equipment that is usually touched by multiple children and is difficult to clean i.e. sand, play doh will not be used. Where possible, frequently used equipment will be regularly cleaned. • Children are to use the same allocated desk each day within their bubbles. • Items that are soft furnishings e.g. soft toys, cushions etc will be removed from classrooms. • Classrooms should be well ventilated with windows and the main class door being opened. In cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space. 		
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			<ul style="list-style-type: none"> • If children change rooms, they should wash their hands or use the hand sanitiser. • Outside space, as a learning environment, should be used as often as possible with no more than one bubble together. • Reading books can be sent home. When returned, books should not be reused for 48 hours. A box should be set up in each classroom to receive returned books. All books should be returned to school on a Monday to ensure they are ready to be reissued later in the week. • School bags can be brought into school. Children will however be asked to limit what they bring in from home. • Children are not to bring in sweets, cakes and other treats from home for birthdays. • All staff must wear face masks whilst in corridors and other communal areas, but wearers must understand that the incorrect handling of face masks or removal of gloves can increase the risk of contamination. Hands should be thoroughly cleaned after the use of these. • PPE will be provided where required by the buildings, site supervisor. • Any equipment moving between bubbles should be cleaned. 			
Classroom Lessons	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Teaching staff must keep a safe distance at all times, where possible, when teaching. • Where children may require extra assistance a 2-metre rule must try to be enforced. • Interventions and 1:1 teaching may take place with due regard to distancing, shared resources and direction of speech. 		Y	

			<ul style="list-style-type: none"> • Year groups will become a consistent bubble. These will support some teaching activities, play and lunchtimes. These bubbles will be kept apart from other bubbles where possible, such as through staggered dinnertimes and playtimes. • If children change rooms, they should wash their hands or use the hand sanitiser. • At least one senior leader will be non-class based at all times. • Teachers and teaching assistants should not leave their bubbles during lessons, unless in an emergency or to use the toilet. • Staff should not enter rooms which do not contain their bubbles (unless they are providing cover in these). • The message of social distancing should be reinforced to the children for when they are moving around school or outside. Children should equally be regularly reminded of the 'catch it, bin it, kill it' and washing/sanitising hands regularly message. 			
Children requiring use of the toilet	Children Staff	Infection Control	<ul style="list-style-type: none"> • Inform the child of the importance of washing their hands after using the toilet. • Ensure toilets are not overcrowded by limiting the numbers of children using at any one time. • All toilets within the school building will be regularly cleaned during the day. A cleaning checklist will be displayed on the outside of all toilet doors. 		Y	
Break times	Children Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Children informed in class about of the importance of social distancing whilst outside. • Look at providing activities which can be played while abiding by the rules. 		Y	

			<ul style="list-style-type: none"> Outdoor play equipment must not be used unless it is thoroughly cleaned between uses. Supervising staff must stay with their bubbles at breaktimes. All breaktimes will be staggered to avoid contact with other groups or will be held in separate zones. Year group equipment such as hoops or footballs may be used during this time, but must be cleaned after use. Children must use the hand sanitisers when re-entering the school building or wash their hands. 			
Break Times – Staff Room	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> Staffroom can be used as a leisure area, however the use of this should be kept to a minimum and social distancing should take place. No more than 6 members of staff should be in the staffroom at once and there should be no crossover of bubbles within this. Each staff bubble will be assigned a dining area. The drinks machine should be wiped down after each use with anti-bacterial wipes. Mobile phones must not be used where they are visible by pupils. Photocopiers will be provided with cleaning materials, please wipe down after each use. Staff must make their own drinks/food and wash and dry their own cups and other crockery and utensils thoroughly using warm soapy water. Dishwashers will not be used during this period. Staff should regularly wash their hands with soap and water as required. 		Y	
Lunch/Break Times	Staff Children	Spread of Infection due	<ul style="list-style-type: none"> Whilst children are on breaks, tables and door handles will be cleaned with a disinfectant or disinfectant spray. 		Y	

Classrooms		to close contact	Gloves must be worn whilst carrying out this task and hands should be appropriately washed after any cleaning.			
Lunch breaks	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> Children and staff should wash/sanitise their hands before and after eating their dinner (this should be with soap and water preferably) and before re-entering the school building at the end of dinner. Where more than one bubble is using the dining room simultaneously, both bubbles will have a separate entry/exit point and a large space will be kept between them. Tables will be washed when a bubble leaves the room, in preparation for the next bubble. Children will not sit opposite one another in the dining room. All lunchtimes to be staggered to avoid contact with other groups. Staff must ensure they are on time to receive their children back in their bubbles. Staff from within a bubble will supervise children during a lunch break, with MDSs stationed at key positions around school. Dining room use will be on a rota basis. MDSs in classrooms and dining areas should wear either a face mask or visor. 		Y	
Corridors/moving around school	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> All staff/visitors will use the one-way system on the main school stair well. All staff/visitors (unless they have an exception) will wear face masks when moving around school (a visor may also be worn if they wish, but this does not replace the need to wear a face mask). 		Y	
Assemblies	Staff Children	Spread of Infection due	<ul style="list-style-type: none"> All assemblies to take place within classrooms, using appropriate media (where required). 		Y	

		to close contact				
School building	Staff Children	Spread of infection through touch	<ul style="list-style-type: none"> • Cleaners to, throughout the day, clean regular contact points e.g. door handles, toilets, light switches etc. • Staff to leave their classrooms each day by 4:00 each day to ensure cleaners can complete a thorough clean of the building. • The lower hall can be used by staff until 5:30, although all personal belongings that they wish to take home should be with them during this period, as after 4:00 staff should not return to their classrooms. • Where social distancing is not possible, outside of classrooms, staff and visitors must wear face masks. This will include in narrow corridor space and communal areas. 		Y	
First Aid – minor treatment	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Where minor first aid treatment is required, First Aiders must ensure they wear disposable gloves, apron and a face covering when dealing with injuries. First aiders must have read https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_doffing_doffing_standard_PPE_health_and_social_care_poster_.pdf • Where possible (age and maturity of child) ask them to wipe away any blood or hold cold compresses etc. • Ensure records of injury and treatment are recorded in line with school policy and who administered first aid treatment. • Always wash hands after contact. 		Y	
First Aid – Life threatening	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> • In the event of a serious injury or incident call 999 immediately. 		Y	

			<ul style="list-style-type: none"> • Wear disposable face covering and gloves when in close contact or dealing with bodily fluids. Wear eye coverings and fluid resistant face coverings if necessary, with disposable aprons. • In the event of CPR being required it is advised only that chest compressions are given and the use of a defib if required. • Always wash hands after contact 			
First Aid & Medication	Staff Pupils Others	First Aid Procedures	<ul style="list-style-type: none"> • First Aiders must always wear gloves when administering first aid procedures. • It is advisable that a disposable face covering is worn if having to deliver close contact first aid. (always refer to up to date information from Gov.UK). • Any dressings used to be double bagged. • Where any medications are administered try and encourage the pupils to self-administer or consider wearing a face covering (always refer to up to date information from Gov.UK). • Records of who and when children receive first aid will be kept. These should be given to the DHT/HT each week and kept in a separate place. 		Y	
Children who are upset	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Where a child is upset, it is advised to try to maintain a safe distance whilst offering comfort to child. • Encourage child to use a tissue to wipe eyes/nose etc. • If contact is required, consider wearing a face covering. • Wash hands after contact • The pastoral team must keep a register of who they have been in contact with. 		Y	
Children with behavioural issues	Staff	Spread of Infection due	<ul style="list-style-type: none"> • Where possible allow the child to vent their frustrations • Where possible allow child to be in a room on their own or outside. 		Y	

		to close contact	<ul style="list-style-type: none"> If team teach techniques are required, it is advised face coverings and gloves are worn. 			
Children leaving at the end of the school day.	Staff Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> Staff members supervising outside to inform parents/carers to abide by the 2-metre social distancing rule. Staff members to wear a face mask (unless exempt). Children to be dismissed via the appropriate doors. Parents are advised to stand clear of exit doors. Children released when parent/carers arrive. 		Y	
Parent wishing to talk to staff	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> Parents will be informed that the majority of conversations with staff will be either over the phone or if this is not possible a meeting will be arranged in exceptional circumstances and social distancing rules observed. Parents will be discouraged in congregating around the school site. 		Y	
Staff communication	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> Site staff to be contacted through the 'Every Site' online helpdesk facility. No members of staff are to enter another bubble or office/room unless absolutely necessary or an emergency. If this is so, then 2m social distancing rules and hand cleansing on entry and exit must be followed. All enquiries room to room/office should be made via internal telephone during the school day. Any members of staff who need to check on another classroom (such as pastoral team/ SLT) must not enter and should communicate from the doorway. IT staff to be contacted through the IT helpdesk facility. All staff training and briefings will take place via Teams. 		Y	

Taking home/marking books	Staff	Spread of infection through contact with books	<ul style="list-style-type: none"> As per the Government Guidance for full opening: schools, children's exercise books may be taken home by staff. We recommend that this is where possible kept to a minimum though. Staff should thoroughly wash their hands after being in contact with any books and that they should restrain from putting their hands near their mouths during this period. Gloves are available to be worn if required. 		Y	
Visitors and members of staff who move between bubbles	Staff	Spread of infection between bubbles	<ul style="list-style-type: none"> IT and BSS staff should wear either a face mask when entering classrooms (unless exempt) with children and/or other adults present. MDSs should wear a face mask when looking after classes indoors. Visitors should wear a face mask when in the school building (unless exempt). This does not include supply teachers (unless they are in the corridors). Staff should wear a face mask when they are outside of their classrooms in corridors and other communal areas. Social distancing should be adhered to as much as possible by staff/visitors who move bubbles. Hands should be sanitised when moving between rooms. First aiders, the nest team and teaching staff who move between bubbles should keep a list of pupils they have contact with. This should include the date and start and end times of contact. These should be given to the DHT/HT weekly. All visitors who visit the school and have entry to the main school building should be temperature checked upon entry. 		Y	

			<ul style="list-style-type: none"> MAT staff will take their own temperatures upon entry and record this in a log book located at the main office. 			
Awareness of policies / procedures / Guidance	Staff Pupils Others	Inadequate information	<ul style="list-style-type: none"> All staff returning back to work must ensure they are aware of the current guidelines in regard to safe distancing and washing hands on a regular basis. All staff are able to access the following information on-line for up to date information on COVID-19 <ul style="list-style-type: none"> ➤ Public Health England ➤ Gov.co.uk ➤ NHS ➤ DfE ➤ Department for Health and Social Care The relevant staff receive any necessary training that helps minimise the spread of infection, e.g. infection control training. (washing of hands, cleaning up bodily fluids). This risk assessment is to be read in conjunction with BCC COVID19 staff guidance <i>(We are in the process of producing our own staff guidance)</i> https://www.birmingham.gov.uk/staffguidance Cleaning Risk Assessment COVID19 Cleaning in a non healthcare setting https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings Staff are made aware of the school's infection control procedures in relation to coronavirus via email or staff meetings and contact the school as soon as possible if they believe they may have been exposed to coronavirus. Parents are made aware of the school's infection control procedures in relation to coronavirus via letter, 		Y	

			<p>website, posters or social media – they are informed that they must contact the school as soon as possible if they believe their child has been exposed to coronavirus.</p> <ul style="list-style-type: none"> • Pupils are made aware of the school's infection control procedures in relation to coronavirus via school staff and are informed that they must tell a member of staff if they feel unwell. • A fire drill will take place in the school at least once per term. • All staff, including those who use PPE, should read the following guidance. This has been emailed to all staff: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf 			
Poor hygiene practice	Staff Pupils Others	Ill Health	<ul style="list-style-type: none"> • Posters are displayed throughout the school reminding pupils, staff and visitors to wash their hands, e.g. before entering and leaving the school and also social distancing. • Pupils, staff and visitors are encouraged to wash their hands with soap or use the sanitiser provided and to follow infection control procedures in accordance with the DfE and PHE's guidance. • Sufficient amounts of soap (or hand sanitiser where applicable), clean water and paper towels/hand dryers are supplied in all toilets and kitchen areas. • Children to be reminded regularly about not touching faces • Pupils may be supervised by staff when washing their hands to ensure it is carried out correctly, where necessary (when they arrive in school, return from breaks, change rooms, before and after eating). 		Y	

			<ul style="list-style-type: none"> • Water dispensers will not be used in school. Pupils to be encouraged to bring in prefilled water bottles from home. • Pupils are forbidden from sharing cutlery, cups or food. • All cutlery and cups are thoroughly cleaned before and after use. • All classrooms to have lidded bins. Lids must be closed after use. • Tissues which have been used are to be double bagged (i.e. in nappy sack and bin bag). Children will be regularly reminded of the catch it, bin it, kill it message. • Bins to be emptied regularly throughout the day. • Cleaners to carry out daily, comprehensive cleaning that follows national guidance and is compliant with the COSHH Policy and the Health and Safety Policy. • Regular enhanced cleaning to be undertaken (including of regularly touched surfaces). This includes used rooms/shared areas and toilets. 			
Ill health	Staff Pupils Others	Coronavirus Symptoms	<ul style="list-style-type: none"> • Children/adults with others in their home who have symptoms should not be in school. • Any staff/pupils who exhibit symptoms must go for a test at the earliest possible time. They will not be allowed to return to school until this has been done. If the test proves negative, they are allowed to return to school if they are well enough to do so. • If a child or adult within a group tests positive for COVID, the local health protection team will be contacted (or they will contact the school). This team will then carry out a rapid risk assessment to confirm who has been in close contact with the person during 		Y	

			<p>the period they were infectious. The infected individual must self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Based on the advice from the health protection team, we will send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. See Appendix 4 for further information regarding this.</p> <ul style="list-style-type: none"> • Staff are informed of the symptoms of possible coronavirus infection, e.g. a persistent cough, difficulty in breathing, loss of taste or smell and high temperature, and are kept up to date with national guidance about the signs, symptoms and transmission of coronavirus. • If there is a risk of being splashed by vomit or other bodily fluids, then face coverings must be worn with a fluid resistant surgical facemask. • Any pupil or member of staff who displays signs of being unwell, such as having a cough, fever or difficulty in breathing, and believes they have been exposed to coronavirus, is immediately taken out of the class and placed in an area where they will not come into contact with others and are supervised at all times. The area for this school will be the June's old office. This room 		
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			<p>will be ventilated. PPE should be worn by the adult supervising any child if a 2-metre distance can't be maintained.</p> <ul style="list-style-type: none"> • Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use a hand sanitiser after any contact with someone who is unwell. • The relevant member of staff calls for emergency assistance immediately if pupils' symptoms worsen. • The parents of unwell pupils are informed as soon as possible of the situation by a relevant member of staff. • Where contact with a pupil's parents cannot be made, appropriate procedures are followed in accordance with those outlined in governmental guidance. • Unwell pupils, with non-Covid symptoms, who are waiting to go home are kept in an area where they can be at least two metres away from others. The area for this school will be Judy's old office. • Areas used by unwell staff and pupils who need to go home are appropriately cleaned once vacated, using a disinfectant and care to be taken when cleaning all hard surfaces. • If unwell pupils and staff are waiting to go home, they are instructed to use different toilets to the rest of the school to minimise the spread of infection. This school has designated toilet – In the first aid room. • Any pupils who display signs of infection are taken home immediately, or as soon as practicable, by their parents – the parents are advised to contact NHS 111 immediately or call 999 if the pupil becomes seriously ill or their life is at risk. • Any members of staff who display signs of infection are sent home immediately and are advised to contact NHS 		
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			<p>111 immediately or call 999 if they become seriously ill or their life is at risk.</p> <ul style="list-style-type: none"> Adults and pupils will not be allowed to return to school, if they have been sent home or display Covid symptoms, until they have received a negative test result. 			
Ill Health	Staff	Pre existing conditions	<ul style="list-style-type: none"> In local restriction tier 4 areas, individuals who are clinically extremely vulnerable are advised to work from home and where this is not possible, they should not go into work. See https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19 for a definition of this group. 		Y	
Spread of infection	Staff Pupils Others	Lack of infection control	<ul style="list-style-type: none"> Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with guidance, using PPE at all times. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_doffing_doffing_standard_PPE_health_and_social_care_poster_.pdf Parents are informed not to bring their children to school or on the school premises if they show signs of being unwell and believe they have been exposed to coronavirus. If a member of staff or pupils within a group have been in contact with a confirmed COVID-19 case, those persons in that group are not to return to school before the minimum recommended exclusion period (or the 'self-isolation' period) has passed, in line with national guidance. This is currently 14 days. 		Y	

			<ul style="list-style-type: none"> • Pupils will not be taken on school trips initially, although this will be reviewed accordingly. • Parents must notify the school if their child has an impaired immune system or a medical condition that means they are vulnerable to infections. • The school in liaison with individuals' medical professionals where necessary, reviews the needs of pupils who are vulnerable to infections. • Any additional provisions for pupils who are vulnerable to infections are put in place by the headteacher, in liaison with the pupil's parents where necessary. • All essential staff training/ meetings, where social distancing cannot be facilitated, to be held virtually. • Children will be asked to come to school in suitable PE kits on PE days. 			
Poor management of infectious diseases	Staff Pupils Others	Lack of infection control	<ul style="list-style-type: none"> • Everyone is instructed to monitor themselves and others, stay alert and look out for similar symptoms if a pupil or staff member has been sent home with suspected coronavirus. • Staff are vigilant, stay alert and report concerns about their own, a colleague's or a pupil's symptoms to the Headteacher or SLT as soon as possible. • The school is consistent in its approach to the management of suspected and confirmed cases of coronavirus. • The school is informed by pupils' parents when pupils return to school after having coronavirus – the school informs the relevant staff. • Staff inform the headteacher/head of school when they plan to return to work after having coronavirus. 		Y	

			<ul style="list-style-type: none"> A nominated person monitors the cleaning standards of school cleaning contractors and discusses any additional measures required with regards to managing the spread of coronavirus. 			
Covid 19 variants becoming present within the local community.	Staff Pupils Parents Others	Increased spread or mortality rate of new variants	<ul style="list-style-type: none"> We will follow the local or national government procedures for this. 		Y	
Asymptomatic spreaders	Staff	Inadvertent spread of coronavirus	<ul style="list-style-type: none"> Staff are encouraged to test themselves using LFD kits provided by the school on a Sunday evening and a Wednesday evening. All results are inputted on the track and trace site. School are informed directly by the member of staff if a positive result has occurred. 		Y	
Use of face masks	Staff	Contamination due to use of face masks	<ul style="list-style-type: none"> Hands should be washed/sanitised before and after touching facemasks. Facemasks should be stored in a sealable plastic bag between use. Face masks must be worn in all corridors spaces and other communal areas. Visors may also be worn if required, but these cannot be worn instead of a face mask. Staff/visitors may wear their own face masks if they desire. 		Y	

Please note:

Colmers Farm Primary School will undertake all measures possible to prevent the spread of infection. Unfortunately even with all measures put into place, the school/Excelsior MAT cannot guarantee 100% that any school site, or persons upon the site are COVID free. Nor can we guarantee that we can fully maintain social distancing between the children and adults within each group.

Appendix 1

Cleaning Schedule for use in Excelsior Schools

This guidance is to be used alongside the Government Publication COVID 19 decontamination in non-healthcare settings.

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

- One member of the cleaning staff to be in school all day to clean areas that are being used during the day – toilets, classrooms, corridors, door handles, clean surfaces that children and staff are touching, desks, chairs, doors, sinks, toilets, light switches, bannisters.
- Cleaning staff will be rota'd throughout the week where possible.
- The designated cleaner to make sure there is ample supplies of hand soap/paper towels in all areas of the school where needed. All hand sanitisers to be checked and refilled daily.
- Tissues and hand sanitisers are to be available in every classroom in use.

- All bins are emptied throughout the day with facilities to ensure used tissues etc are double bagged.
- All remaining cleaning staff to be in at the end of the day to do a deep clean daily in all rooms in use that day – all non-cleaning staff must be off site before the deep clean is started so as not to cross contaminate areas to ensure a ready and clean start of the next school day.
- All areas/supplies to be checked at the end of the day to make sure for eg soap, paper towels, tissues, tissue bags, hand sanitisers are fully stocked up ready for the start of the next school day.



Schools and COVID-19: guidance for Black, Asian and minority ethnic (BAME) staff and their employers in school settings

At the start of May 2020, the NHS released their [call to action to support BAME NHS people](#) and communities during and beyond COVID-19. A draft NHS England document proposed trusts ensure every staff member has a risk assessment to keep them safe, and that guidance will be provided to support employers to create proactive approaches for BAME staff, covering physical and mental health.

While it may not yet be clear why the danger of contracting COVID-19 and subsequent mortality rates are higher for BAME colleagues, it should be clear that a bespoke health and wellbeing offer for BAME staff should be developed and rolled out not just within the NHS, but also across the education system as we start to encourage more teachers and children back into face to face contact. Through acknowledging the very different outcomes for BAME people in particular with regards COVID-19, this could be a vital opportunity to not only put in place safeguards for colleagues now, but also affect lasting change in the imbalance of power, decision-making and representation for BAME colleagues within our education organisations as a whole for the long term.

The following are what an equivalent set of top five calls to action would look like in the education sector if they were to mirror that of the NHS guidance:

- 1) **Protection of staff** which includes risk assessments that specifically take into account the physical and mental health of BAME staff. The NHS has provided [guidance](#) for employers on risk prioritisation and management which includes ethnicity. This includes ensuring that line managers are supported to hold conversations with BAME staff that are sensitive and comprehensive, and that these should be held on an ongoing basis as physical and mental health are prone to changes.
- 2) **Engagement with staff** and relevant networks is paramount. Communication with these should be strengthened so that managers can hear and learn from lived experience - this includes initiating webinars and facilitated discussions including BAME and non-BAME colleagues within unions, MATs, BAME network leaders, local authorities, the DfE, leadership and governance associations and other stakeholders with the aim of starting a meaningful dialogue that will result in some real change across the education sector.
- 3) **Representation in decision making** is critical to include BAME staff as key influencers in decisions that may be made that directly affect them. There should be a national audit of BAME representation (segmented into the respective groups and not lumped together as a broad category of 'non-white' peoples) across educational leadership, governance and leading policy-making functions of all education organisations. This should be tackled head on and the imbalance addressed from school level and right up into government policy as a matter of urgency.
- 4) **Rehabilitation and recovery** to make sure there is bespoke and continuing health and wellbeing support throughout and beyond the crisis. The disproportionate impact of COVID-19 on BAME communities is acute, both personally and professionally. Teaching colleagues are already under pressure as frontline actors in uncertain times. We need to ensure that the unique needs of our BAME colleagues are met both now, and in the future. This could be the start of a long-awaited change.
- 5) **Communications and media.** The media representations of the education sector do not tend to include BAME colleagues. To create positive representations from, with and about BAME staff and students, we should be holding to account all education organisations from the

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smallest school settings and through to the higher echelons of decision-makers and power holders, to ensure that their media and other communications are positive about BAME colleagues and students and representative in terms of optics as well as content matter.

We are indebted to our education professionals, teachers and support staff alike, who are going above and beyond to adapt and excel, teaching and caring for the young people they serve in these difficult times. We need to harness our collective passion, and commitment to true equality for all, at a time of increased complexity, challenge and emotional strain. We hope we can make real and lasting change for our BAME colleagues and the communities we all serve.

The duty of care

There are a range of statutory requirements that together form part of the duty of care that schools owe to their staff, and by extension to pupils and visitors such as parents. In the school setting these would include

- **Section 1 (2) Health and Safety at Work etc Act 1974** which states: "It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees."
- **Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999** which provides that: "Every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking"
- An Equality Impact Assessment or some other means of meeting the requirement of the **Public Sector Equality Duty contained in section 149 of the Equality Act 2010**, which requires public authorities to have due regard to a number of equality considerations when exercising their functions.

The duty of care is to all staff, and by extension pupils and visitors. No one should work in an environment where foreseeable risk has not been mitigated or removed as far as is reasonably practicable. Staff (including managers) have a duty of care to themselves, to colleagues, to those they manage or employ and to those they provide services to.

We know from Public Health England, from the Office of National Statistics and from a range of recently published research that some groups of people are more at risk from COVID 19, notably those with certain long term health conditions. BAME staff are particularly at risk, and the NHS has specifically identified the importance of risk assessments for BAME staff

This evidence has underpinned the NHS approach to risk assessment for all staff, not simply those in high risk areas. The core document being used to underpin risk assessments is <https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection>

If we were to have a parallel risk assessment guidance document and tool for staff in education settings, they may look like this:



Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in school settings

Introduction

There is an officially acknowledged high and disproportionate number of deaths of Black, Asian and Minority Ethnic (BAME) people due to COVID-19. As such, there is a need for initial guidance on risk mitigation for urgent implementation across all education settings.

Risk assessment

Risk assessment should be carried out for all staff, but especially for BAME staff as a priority, so that a personalised risk mitigation plan can be put in place for each member of staff. This requires an open and collaborative one to one conversation between the staff member and line manager, aided by the HR or occupational health team as required. It should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff member should see the risk assessment document and paperwork before the one to one conversation takes place.

Risk mitigation

Surveys and accounts from various professional medical and nursing bodies indicate that BAME staff face particular issues with being supported with measures to reduce their exposure to risk. The assumption is that this may be the same across other caring professions, including for teaching and school support staff professionals.

Measures to reduce exposure to risk must be implemented as a priority to protect the lives of staff and students. The measures will need to be in place for some time as the pandemic takes its course, so need to be sustainable. There is a widespread assumption at senior levels of the NHS that a “second wave” of COVID 19 is likely in late Autumn 2020. Regular feedback to see whether interventions are working is vital.

Long term work designed to improve organisational culture and capability will also enhance risk management.

Personal protection equipment (PPE)

Appropriate PPE should be made available and clear instruction and training should be provided to school staff regarding how to wear and dispose of, or re-use these, where fitting. There is ongoing debate for and against use of face masks/face coverings in general for staff, students and the public - guidance should be updated as the evidence evolves and is made available.

Students should be offered an explanation and reassurance about staff wearing PPE.

Staff testing

There is now a national testing process for England. It should be offered to staff with consideration given to prioritising BAME staff and their families, to enable healthy staff to attend work.

Aids for remote working

It is advised that organisations provide resources for remote working for all staff as priority.

Redeployment



BAME staff should be considered for redeployment to lower risk work areas or home working. A proactive offer by the manager as part of an ongoing review, keeping staff needs in mind, will engender confidence that the staff members' needs are being taken seriously.

Working from home

If completely working from home or redeployment is not possible, a balance between working from home and school may be a way of reducing COVID-19 risk exposure. This should be carefully and actively considered rather than staff being made to feel guilty.

Other infection prevention and control measures

Social distancing in all work areas including staff rooms, classrooms and dining areas and hand washing should be undertaken as described in national guidance and should be strictly maintained.

Support for BAME school setting employees to manage additional impact of COVID-19

Vitamin D supplements

Although there is no evidence to suggest that Vitamin D gives specific protection against COVID-19 or prevents complications associated with the virus, low levels of Vitamin D may predispose to severe infection. Staff should be encouraged to have their Vitamin D levels tested, especially BAME staff members. Line managers should meet to discuss ways of making this advice available to staff, especially BAME staff as a priority, as they may be overrepresented in those with low levels of Vitamin D.

BAME staff engagement

Engagement with BAME employees should be a priority, including any staff networks, committees, union and other representative groups that should be invited to Q&A and other engagement events with senior staff. This can ensure the BAME voice is heard by leaders. Staff forums can be useful mediums to initiate debate. It is vital to discuss this issue in all mainstream staff side forums and not just with BAME colleagues. These issues are not just BAME issues but have relevance to all staff and to the whole organisation.

Psychological safety

Staff will need reminders of avenues available to speak out about issues such as poor access to equipment, bullying, and other issues, with an aim to reduce fear of raising concerns and ensuring there is a safe space to do so.

The risk assessment process

The risk assessment tool (below) is a means of structuring the assessment

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Risk assessment tool for staff during the COVID-19 pandemic

General information					
Staff member's name(s)			Job title		
Line manager			Manager's job title		
Work location			Working hours		
Date of assessment			Review date		
Individuals underlying health condition category / other factors	Please tick appropriate box		Current post involves	Please tick appropriate box	
	Notified as on 12 week shielding (very high risk group)			Direct contact with other adults	
	Age (>65 years) Please tick if age is over 50 for BAME staff			Direct contact with children under 12	
	Diabetes			Direct contact with children over 12	
	Chronic lung disease			Providing support to colleagues within the setting (e.g. cleaning, estates, IT)	
	Chronic heart disease			Providing support to colleagues but not directly in the setting (e.g. training)	
	Cancer				
	Pregnancy please tick if over 28 weeks, under 28 weeks if pre-existing risks present				
	Immunosuppression				
	Pre-existing disability that impacts on respiratory morbidity				

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	Impact of carers stress or concerns about family		
	BAME background		
	Gender (please tick if male BAME above 50)		
	Is there a anyone that you live with who is "shielded" in according with the Public England schedule of conditions requiring shielding		

What are you already doing?		
Interventions	Current position	Additional action to reduce risk
Can this work be done at home?		
Could alternative work be undertaken at home or elsewhere across the school/trust (redeployment)?		
Can face to face interactions be limited?		
Have arrangements been made for remote working?		
PPE		
Access to swab testing and prioritising at-risk groups and their family members		
Has the individual had any sickness in the past linked to their health condition?		
Has the individual had a Vitamin D test showing deficiency?		
What arrangements are you going to put in place to ensure		

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regular contact/wellbeing?		
Other considerations:		

Assessment			
<i>Please tick appropriate box</i>		Monitoring / further action	
Actions agreed as detailed above reduce the risks to the colleague		Manager to review and monitor	
Actions agreed as detailed above do not fully reduce the risk to the colleague / some concerns remain		Seek further advice and support	
Additional notes			
Please add any additional notes as appropriate / following discussion with appropriate advice and support provider			
Individual's signature (can be electronic signature of reference to email confirmation)		Date signed	
Print name			

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Line manager's signature (can be electronic signature of reference to email confirmation)	Line manager's job title
Print name	
HR manager's signature (can be electronic signature of reference to email confirmation)	HR manager's job title
Print name	

Guidance notes:

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement – it should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff should see the risk assessment document and paperwork before the one to one conversation.
2. There should be guidance produced for staff and line managers to follow should there be a disagreement regarding either the outcome of the risk assessment or the follow up action to be taken.
3. The risk assessment can be used in conjunction with but not replace occupational health assessments of pre-existing disabilities
4. It is recommended that the risk assessment is completed by a line manager, co-signed by a member of staff and further validated by the HR department
5. The risk assessment should be a rolling programme – and should be done again at least every time any family or household member is required to self-isolate, and the staff member should be told with clarity as to what happens immediately
6. Please refer to NHS advice on risk factors and the government advice on shielding staff [here](#)
7. Suggested approach to interpreting risk factors are below:

Number of risk factors	Proposed action
Singular risk factor	Consider home working
Multiple factors (≥ 2) or have a very high risk single risk factor	Strong emphasis on home working

Acknowledgements: based on Lincolnshire Partnership NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Somerset Partnership NHS Trust, Royal College of Psychiatrists and Faculty of Occupational Medicine guidance and assessment.

Guidance for full opening: School (DFE) – 30th December 2020**Response to any infection****9. Engage with the NHS Test and Trace process**

Schools must ensure they understand the NHS Test and Trace process. Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:

- [book a test](#) if they 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 self-isolate 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)

Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked online through the NHS [testing and tracing for coronavirus](#) website, or ordered by telephone via NHS 119 for those without access to the internet. Essential workers, which includes anyone involved in education or childcare, have priority access to testing.

The government will ensure that it is as easy as possible to get a test through a wide range of routes that are locally accessible, fast and convenient. We will release more details on new testing avenues as and when they become available and will work with schools so they understand the quickest and easiest way to get a test.

All schools have been sent an initial supply of 10 home test kits and information about how to order to replenish this supply when they are running out. Schools should call the Test and Trace helpdesk on 119 if these have not arrived.

Having a test at a testing site will deliver the fastest results. The test kits sent to schools are provided to be used in the exceptional circumstance that an individual becomes symptomatic and schools believe they may have barriers to accessing testing elsewhere. It is for schools to determine how to prioritise the distribution of their test kits in order to minimise the impact of the virus on the education of their pupils.

These kits can be given directly to staff or parents and carers collecting a child who has developed symptoms at school. In particular, these tests kits will also help ensure that symptomatic staff can also get a test and if they test negative, can return to work as soon

as they no longer have symptoms of coronavirus (COVID-19). Further information is provided in our guidance [Coronavirus \(COVID-19\): test kits for schools and FE providers](#).

Schools should ask parents and staff to inform them immediately of the results of a test and follow this guidance.

1. If someone with symptoms tests negative for coronavirus (COVID-19), then they should stay at home until they are recovered as usual from their illness but can safely return thereafter. The only exception to return following a negative test result is where an individual is separately identified as a close contact of a confirmed case, when they will need to self-isolate for 10 days from the date of that contact.
2. If someone with symptoms tests positive, they should follow the [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#) and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should continue to self-isolate until their temperature returns to normal. Other members of their household should all self-isolate for the full 10 days from the day after the individual tested positive.

NHS COVID-19 app

The app is available to anyone aged 16 or over to download if they choose. For some young people, particularly some with special educational needs and disabilities (SEND), parents will need to decide whether or not their use of the app is appropriate.

This will mean that some students in year 11, and the majority of students in years 12 and above will be eligible to use the app and benefit from its features. Staff members will also be able to use the app. The guidance for schools and further education colleges in England is intended to provide information to senior leaders in education settings about the app and how it works, and to set out guidance for its use within schools in England.

10. Manage confirmed cases of coronavirus (COVID-19) amongst the school community

Schools must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Schools can contact the dedicated advice service introduced by Public Health England (PHE) and delivered by the NHS Business Services Authority. This can be reached by calling the DfE Helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive case. Schools will be put through to a team of advisers who will inform them of what action is needed based on [the latest public health advice](#)

The advice service will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate. If, following triage, further expert advice is required the adviser will escalate the school's call to the PHE local health protection team.

The advice service (or PHE local health protection team if escalated) will work with schools to guide them through the actions they need to take. Based on their advice, schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 10 days from the day after contact with the individual tested positive. Close contact means:

- direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
- proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
- travelling in a small vehicle, like a car, with an infected person

The advice service (or PHE local health protection team if escalated) will provide definitive advice on who must be sent home. To support them in doing so, we recommend schools keep a record of pupils and staff in each group, and any close contact that takes place between children and staff in different groups (see [section 6 of the system of control](#) for more on grouping pupils). This should be a proportionate recording process. Schools do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.

Where individuals who are self-isolating and are within our definition of vulnerable, it is important that schools put systems in place to keep in contact with them, offer pastoral support, and check they are able to access education support.

A template letter will be provided to schools, on the advice of the health protection team, to send to parents and staff if needed. Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.

Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within the 10-days from the day after contact with the individual tested positive should follow [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#). They should get a test, and:

- if someone who is self-isolating because they have been in close contact with someone who has tested positive for coronavirus (COVID-19) starts to feel unwell and gets a test for coronavirus themselves, and the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop coronavirus (COVID-19) within the remaining days.
- if the test result is positive, they should inform their setting immediately, and should isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 10-day isolation period). Their household should self-isolate for at least 10 days from when the symptomatic person first had symptoms, following [guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)

Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

In the majority of cases, schools and parents will be in agreement that a child with symptoms should not attend school, given the potential risk to others. In the event that a parent or guardian insists on a child attending school, schools can take the decision to refuse the child if in their reasonable judgement it is necessary to protect their pupils and staff from possible infection with coronavirus (COVID-19). Any such decision would need to be carefully considered in light of all the circumstances and the current public health advice.

The PHE local health protection team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school - as identified by NHS Test and Trace.

Further guidance is available on [testing and tracing for coronavirus \(COVID-19\)](#).

11. Contain any outbreak by following local health protection team advice

If schools have two or more confirmed cases within 10 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak and must continue to work with their local health protection team who will be able to advise if additional action is required.

In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. If schools are implementing controls from this list, addressing the risks they have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of health protection teams.

In consultation with the local Director of Public Health, where an outbreak in a school is confirmed, a mobile testing unit may be dispatched to test others who may have been in contact with the person who has tested positive. Testing will first focus on the person's class, followed by their year group, then the whole school if necessary, in line with routine public health outbreak control practice.