

Theme/key actions/measures	Action/mitigations and Risk measure (low, medium high)	By when/whom
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Risk Assessment from 1st September 2021

Updated 07/01/2022 in blue: points 5, c

Risk Assessments and Plans			
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1. You must comply with health and safety law and put in place proportionate control measures. You must regularly review and update your risk assessments - treating them as 'living documents', as the circumstances in your school and the public health advice changes.	This includes having active arrangements in place to monitor whether the controls are effective and working as planned	This risk assessment will be regularly monitored and updated as required	CH Throughout the year
2. Bubbles are no longer required		Children will no longer need to be kept away from other children or adults. Children can sit in groups around tables in the classroom, do group work and mix generally, as they used to do. Year groups can mix with other year groups on the playground and in the lunch halls	All teaching staff
3. Assemblies can recommence		Some assemblies will be held in the Halls, but some will also remain on Teams, such as the Gold Book assembly on a Friday.	SLT, teachers, visitors

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		<p>Only class assemblies were held for the first two terms, due to the relatively high levels of Covid in the school. And then, only phase children and siblings were in the audience.</p>	
<p>4. An Outbreak Management Plan should be written</p>	<p>Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission</p>	<p>In recognition that a local outbreak may necessitate the reintroductions of ‘bubbles’ and other control measures, in order to reduce the spread of infection, an Outbreak Management Plan has been written so that staffing and structure has been identified and can be put in place.</p> <p>If we have several confirmed cases within 14 days, we may have an outbreak. In this case, advice would be sought and the implementation of the Outbreak Management Plan may follow.</p> <p>We kept in close contact with PHE in September when we had high levels of Covid, but our risk assessments were deemed to be robust and no further action needed to be taken.</p> <p>The contingency (outbreak management) plan was written in June but updated yesterday to reflect the latest guidance following on from the government’s announcement on Thursday 9th December that the country was moving to Plan B, and amendments to the existing guidance advising schools to revisit their contingency plans, should they be required in January.</p> <p>A timetable of working has been devised for KS2 mirroring the model we followed in the last lockdown 5th January to 7th March: year group teachers shared teaching in-school with taking</p>	<p>SLT</p>

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		<p>charge of remote learning at home. TAs helped to run classes in school. Children of key workers and vulnerable children were taught in-school. The government has stated that EYFS and KS1 will remain in school and KS2 will work remotely from home, if there is a need to reduce attendance, hence why a timetable has been devised for KS2 only. However, we will adapt this to incorporate KS1 and EYFS if needs be. We have already identified the vulnerable children from EYFS to Year 6 who would be offered a place in-school if necessary. We have also identified children who may require the loan of an electronic device to facilitate their ability to learn from home remotely.</p>	
<p>5. What to do if there is a positive case of Covid-19.</p>	<p>NHS Test and Trace will work with the positive case to identify close contacts. LPS may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>Pupils will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.</p>	<p>Contacts from a school setting will need to ring Claire with their CTAS ID and the names of close contacts within school. School will then ring the Self-isolation Self Service Hub to pass on these details. They pass these details on to NHS Test and Trace and they will contact close contacts.</p> <p>Children will no longer self-isolate if they are contacted by NHS Test and Trace – they will be advised to take a PCR test. They do not need to isolate whilst they await their test result, so will remain in school.</p> <p>Only symptomatic people, or people who test positive, will need to isolate in line with current guidance.</p>	

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		<p>Any staff member who is fully vaccinated, or pupils, will not need to self-isolate unless they are symptomatic and test positive themselves.</p> <p>The guidance changed on 14th December, stating that if a close contact tests positive for Covid, Test and Trace will advise close contacts to lateral flow test for 7 days. A negative result means that they can continue to work as normal. Staff were advised of this change, as were parents. A positive result would still mean 10 days isolation, following a confirmatory PCR result.</p> <p>Updated 02/01/2022 – asymptomatic testing that shows a positive lateral flow result does not need to be followed up with a PCR test to confirm. Test and Trace will get in touch with close contacts, once lateral flow test results have been registered on the NHS website.</p> <p>Anyone with symptoms who has a positive lateral flow must follow up with a PCR test.</p> <p>On day 6 and 7 of self-isolation following a positive result, all can lateral flow test and if negative on both days, can return to school. School requires evidence of both negative results.</p>	
<p>6. Face coverings will no longer be advised for pupils, staff and visitors either in</p>	<p>The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where</p>	<p>Face coverings are not advised for wearing around the school.</p>	<p>All</p>

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classrooms or in communal areas.	you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.	<p>Face coverings can be worn in enclosed or crowded spaces where you come in to contact with people you don't normally meet.</p> <p>From 29th November, following updated government guidance, staff were recommended to wear face coverings in communal areas, and to be extra vigilant who they were mixing with outside of their phase or year groups. Staff have mainly stayed in their phase teams at breaks and lunchtimes, so this wasn't a problem. Face coverings and social distancing were recommended during team meetings where possible.</p> <p>From 9th December, it became mandatory to wear face coverings in places of worship and visitors to schools were advised to take lateral flow tests before entering schools.</p> <p>These changes were communicated to parents in advance of our KS2 carol services at Christchurch and our KS1 nativities in school w/c 13th December.</p>	
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Minimise COVID-19 risks

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<p>You should:</p> <ol style="list-style-type: none"> 1. Ensure good hygiene for everyone. 2. Maintain appropriate cleaning regimes. 	<p>a) Hand-cleaning Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be</p>	<p>Frequent hand-washing is to be continued, as well as hand-sanitising. It is recommended for children to wash hands on arrival at school and before lunch, and to use hand-sanitiser before and after break, after lunch and before home-time.</p>	All
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<p>3. Keep occupied spaces well ventilated.</p> <p>4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.</p>	<p>done with soap and water or hand sanitiser.</p>	<p>Adults should hand-wash or use sanitiser as regularly as they feel is appropriate.</p>
	<p>b) Hygiene The 'catch it, bin it, kill it' approach continues to be very important.</p>	<p>Lidded bins are still to be used where available. Tissue boxes should be available for children to use. Continue to teach children the importance of sneezing in to a tissue and binning the tissue. Increased hand hygiene would be recommended at this point also.</p>
	<p>c) Self-isolation When an individual develops COVID-19 symptoms or has a positive test Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do. 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). If anyone in your school develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.</p>	<p>No adult or child should be in school if they:</p> <ul style="list-style-type: none"> • Have Covid symptoms (see point d) • Have tested positive, including on a lateral flow test (LFT). They need to get a PCR test to check, (if symptomatic) and still self-isolate whilst waiting for the result. A negative PCR result, within 2 days of a positive LFT, overrides the LFT and the child can return to school if symptom-free. • Are quarantining • Have been told not to by NHS Test and Trace
	<p>d) Wearing PPE How much PPE you need to wear when caring for someone with symptoms of COVID-19 depends on how much contact you have. A face mask should be worn if you are in face-to-face contact.</p>	<p>You are not expected to wear PPE unless you are helping someone who is displaying symptoms.</p> <p>The main symptoms of COVID-19 are:</p> <ul style="list-style-type: none"> • a high temperature

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	<p>If physical contact is necessary, then gloves, an apron and a face mask should be worn. Wear eye protection if a risk assessment determines that there is a risk of fluids entering the eye, for example, from coughing, spitting or vomiting.</p>	<ul style="list-style-type: none"> • a new, continuous cough – this means coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hours • a loss or change to sense of smell or taste – this means they cannot smell or taste anything, or things smell or taste different to normal <p>Face masks, aprons and gloves are provided for you to wear when dealing with a child who is displaying symptoms (see points 1 to 3 on the left).</p>	
	<p>e) Child with symptoms If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the use of PPE in education, childcare and children’s social care settings guidance.(see point above)</p> <p>Any rooms they use should be cleaned after they have left.</p>	<p>If a child displays symptoms of Covid-19, please seat them preferably outside on the bench outside reception, wearing outdoor clothing if needs be, whilst waiting for parents to collect.</p> <p>Use the old First Aid room (outside the main hall) to seat them if the weather is not good enough. Do not stay in the room with the child, but wait outside with the door open. Give the child activities to keep them occupied- there are Where’s Wally activities in the room already. Once the child has been collected, it is your responsibility to ensure that the room is cleaned thoroughly afterwards.</p>	

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		Please also inform Claire Harmer who will ensure that the cleaning company know to bleach the room after school.
	<p>f) Cleaning You should put in place and maintain an appropriate cleaning schedule in the classroom or work room. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.</p>	Continue with the cleaning regime implemented from September 2020, i.e. cleaning tables using the usual 'pink' cleaning fluid or diluted washing up liquid. Tables to be cleaned at lunchtime and any other time of the day as you feel is appropriate, e.g. after swapping for maths setting.
	<p>g) Ventilation It is important to ensure the classroom or occupied area is well ventilated and that a comfortable teaching environment is maintained.</p>	<p>Windows and/or doors to be kept open as much as possible to ensure maximum ventilation, as you have been doing for the last year. However, children and staff must be warm, so please use your discretion when opening windows/doors in inclement weather.</p> <p>If parents are in the halls, for example watching a performance, or an assembly is being held, adequate ventilation must be provided.</p> <p>CO2 monitors arrived and were handed out to staff for use in classrooms. No major issues have been found with ventilation so far.</p>
	<p>h) Lateral Flow tests 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>The voluntary use of lateral flow tests will continue through September and then this practice is due for review.</p> <p>Lateral flow tests continued to be made available to school staff.</p>

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<p>i)Admitting children into school In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others. If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.</p>	<p>Head teacher and deputy head teachers will make a decision on this situation, should be arise.</p>	
<p>j)Clinically extremely vulnerable All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend. Further information is available in the guidance on supporting pupils at school with medical conditions.</p>	<p>The SENCo will liaise with parents and act accordingly. See point p also.</p>	
<p>k)Attendance School attendance is mandatory for all pupils of compulsory school age and it is a priority to ensure that as many children as possible regularly attend school.</p>	<p>Office staff to record absences as denoted.</p>	

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<p>Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness). For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. Further guidance about the use of codes is provided in the school attendance guidance.</p>		
<p>I) Remote education Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. You should maintain your capacity to deliver high-quality remote education for the next academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad. The remote education provided should be equivalent in length to the core teaching pupils would receive in school.</p>	<p>We will continue to use SeeSaw to provide remote learning for children who are self-isolating.</p>	

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	<p>You should work collaboratively with families and put in place reasonable adjustments so that pupils with special educational needs and disabilities (SEND) can successfully access remote education.</p> <p>m)School workforce School leaders are best placed to determine the workforce required to meet the needs of their pupils. 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 guidance on protecting people who are CEV from COVID-19. 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 protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace. We welcome your support in encouraging vaccine take up and enabling staff who are</p>	<p>CEV staff should follow the guidance. If any CEV staff feel they need to take additional precautions, please discuss with the head teacher. Appointments for vaccines are encouraged to be taken up.</p>	

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	eligible for a vaccination to attend booked vaccine appointments where possible even during term time.	
	n)Free School Meals You should continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.	No change to free school meal provision.
	O)Educational visits Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place.	If you are planning an educational visit, please discuss with Claire Harmer, EVC, first so that adequate financial protection is in place and safety procedures have been considered.
	p) Clinical studies have shown that children and young people, including those originally considered to be clinically extremely vulnerable (CEV), are at very low risk of serious illness if they catch the virus. The UK Clinical Review Panel has recommended that all children and young people under the age of 18 should no longer be considered CEV and should be removed from the Shielded Patient List, the national database of people considered clinically extremely vulnerable. All children and young people should continue to follow the same guidance as everyone else, which can be found at www.gov.uk/coronavirus . For a very few individual children specific clinical advice	Children are no longer classed as being CEV (clinically extremely vulnerable) and have been removed from the shielding list. <i>Added to guidance 26/8/21</i>

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	may be given and this should continue to be followed.		

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