

Risk Assessment Covid-19 Schools (step 4)

Control Measures/Prevention

You must always:

- 1) Ensure good hygiene for everyone.
- 2) Maintain appropriate cleaning regimes, using standard products such as detergents.
- 3) Keep occupied spaces well ventilated.
- 4) Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19. Minimise contact with individuals who are required to self-isolate by ensuring they do not attend school.
- 5) Wear a face mask in communal areas inside the school
- 6) Wear a face mask or face covering when using public transport

In specific circumstances:

- Ensure individuals wear the appropriate personal protective equipment (PPE) where necessary.
- Promote and engage in asymptomatic testing, where available.

Response to any infection:

You must always:

- Promote and engage with the NHS Test and Trace process.
- Contain any outbreak by following local health protection team advice.

Key Considerations:

Cleaning / Hygiene protocols: Coronavirus can transfer from people to surfaces. It can be passed on to others who touch the same surfaces.

Keeping your school buildings clean and frequent handwashing reduces the potential for coronavirus to spread and is a critical part of making and keeping your school safe.

Ventilation: Adequate ventilation reduces how much virus is in the air. It helps reduce the risk from aerosol transmission, when someone breathes in small particles (aerosols) in the air after a person with the virus has been in the same enclosed area. The law says employers must make sure there's an adequate supply of fresh air (ventilation) in enclosed areas. This has not changed during the pandemic.

You should be maximising the fresh air in a space and this can be done by:

- Natural ventilation which relies on passive air flow through windows, doors and air vents that can be fully or partially opened.
- Mechanical ventilation using fans and ducts to bring in fresh air from outside, or
- a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air.
- Using CO2 monitors in classroom and offices to assure good air quality

Ventilation must be considered alongside other control measures needed to reduce risks of transmission as part of making your school building safe. A priority for your assessment is to identify and control [poorly ventilated occupied areas](#).

Respiratory hygiene: The 'catch it, bin it, kill it' approach continues to be very important. The following link contains free resources for you, including materials to encourage good hand and respiratory hygiene -[Information about the Coronavirus \(e-bug.eu\)](#)

Use of personal protective equipment (PPE): Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the [Safe working in education, childcare and children's social care settings, including the use of personal protective equipment \(PPE\) \(applies until Step 4\) - GOV.UK \(www.gov.uk\)](#).

Revised Risk Assessment with effect from August 2021

Social Distancing – [There is no recommendation on adherence to social distancing](#)

Face Coverings

- Mandatory face coverings remain in place on London transport. We recommend that children and young people aged 11 and over continue to wear a face coverings when travelling to secondary school or college.
- Our Local Public Health Team strongly recommend face coverings, where social distancing of 1m+ cannot be maintained (including the provision of First Aid).
- Government expects and recommends that people wear face coverings in crowded areas such as public transport.
- We recommend that visitors and contractors continue to be required to wear face coverings in schools.

Bubbles – As part of Step 4, the Government advice is that bubbles no longer need to be maintained. However, if there is an outbreak in your nursery, school, or college, or if your nursery, school, or college is in an enhanced response area, you might be advised that it is necessary to reintroduce bubbles or to keep groups apart for a temporary period to reduce mixing between groups.

Contact Tracing - Responsibility for contact tracing will be removed from schools and passed to NHS Test and Trace.

Reporting of Cases - School MDS reporting is to continue for cases. Parents will be asked to continue to let schools know of cases.

Outbreak - In the event of an outbreak, Directors of Public Health can advise on targeted time limited rules if necessary - awaiting further guidance on definitions.

This risk assessment template has been completed taking into full consideration current government guidelines for schools:




[Schools COVID-19 operational guidance](#)

[SEND and specialist settings - additional operational guidance: COVID-19](#)


[Contingency framework: education and childcare settings - GOV.UK \(www.gov.uk\)](#)

Risk Assessment Covid-19

Activity/Person/Location	Managing COVID-19 risks
School	John Perry Primary
Head Teacher	Wayne Pedro
Assessor(s) including employee representative	Steve Board - H&S Link Governor, Marc Hawkins - School Business Manager
Date of assessment	13 th December 2021
Review date (Monthly)	January 2022

Key	
	Social Distancing to minimise potential spread of COVID-19
	Hygiene protocols to minimise potential spread of COVID-19
	Additional considerations to manage and control risk

Resultant Risk Rating	
Please tick	
<input type="checkbox"/>	High
<input type="checkbox"/>	Medium
<input type="checkbox"/>	Low (normal)


What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
1. There is a confirmed case of coronavirus in a setting	<p>Staff, pupils, contractors, visitors</p> <p>Possible transmission of the virus between staff to staff, Staff to pupil, pupil to pupil and into the wider community.</p> <p>People can catch the virus from others who are infected in the following ways:</p> <ul style="list-style-type: none"> • virus moves from person-to-person in droplets from the nose or mouth spread when a person with the 	<p>Protocol in place in line with Guidance for schools and educational settings contains detailed guidance for settings on: cleaning, testing and tracing, PPE and what settings should do in response to a case being confirmed. The schools will refer to this guidance and continue to follow measures, along with handwashing, cleaning, and self-isolation to lower the risk of transmission.</p> <p>Child / young person / staff member with symptoms Anyone with symptoms should be advised NOT to come to the school premises, they should be advised to take a PCR test.</p> <p>If a child, young person or staff member displays symptoms of coronavirus in a setting, they will be sent home and advised to get a PCR test.</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"> • they are fully vaccinated 	Please consult the relevant guidance to carry out this risk assessment.	HT SLT	

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	<p>virus coughs or exhales</p> <ul style="list-style-type: none"> the virus can survive for up to 72 hours out of the body on surfaces which people have coughed on, etc people can pick up the virus by breathing in the droplets or by touching contaminated surfaces and then touching their eyes or mouth Exposure to the virus may result mild or moderate symptoms e.g. coughing, fever or shortness of breath, more severe symptoms include pneumonia in both lungs which can lead to death. The children are generally asymptomatic or have mild symptoms only 	<ul style="list-style-type: none"> they are below the age of 18 years and 6 months they have taken part in or are currently part of an approved COVID-19 vaccine trial they are not able to get vaccinated for medical reasons <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 <u>PCR test</u>. We would encourage all individuals to take a PCR test if advised to do so.</p> <p>All staff and students who are attending an education or childcare setting will have access to a PCR test if they display symptoms of coronavirus and are strongly encouraged to get tested in this scenario. Employee refusal to arrange a test will need to be discussed with the manager and the employee. If the child, young person or staff member tests negative, they can return to their setting and the fellow household members (who are not exempt from self-isolation) can end their self-isolation.</p> <p>If a child with symptoms is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 1m+ away from other people. Any rooms they use should be cleaned after they have left.</p> <p>The household (including any siblings) should follow the PHE guidance: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection.</p> <p>If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be</p>			

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Covid-19 Outbreaks on site	and the transmission rate to other children or adults is low or negligible	<p>cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>PPE must be worn by staff caring for the child while they await collection if a distance of 1m+ cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance.</p> <p>Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or they have been requested to do so by NHS Test and Trace.</p> <p>Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.</p> <p>Child / young person / staff member with a positive test result</p> <p>If there is a confirmed case of coronavirus (a child, young person or a staff member with a positive test result) in a setting, they should be sent home and advised to self-isolate for 10 days. Their fellow household members (who are not exempt from self-isolation) should self-isolate for 10 days. Stay at home guidance is available here.</p> <p>Where the child, young person or staff member tests positive, the rest of their class within their childcare or education setting should not be sent home.</p> <p>As part of the NHS Test and Trace programme, if other cases are detected within the cohort or in the wider setting, Local Public Health</p>	Contact Local Public Health Team and LCRC in case of an outbreak. Please visit the council's website to access the Outbreak Action Cards and SOP for your setting		

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		<p>Team has put Outbreak Action Cards and SOPs in various settings as part of the Local Outbreak Management Plan. Further guidance can also be found: Contingency framework: education and childcare settings</p> <p>Please follow these.</p> <p>In case of an outbreak (please see definitions below), contact the local Public health team and PHE London Coronavirus Response Cell (LCRC) as below:</p> <p>Contact Local PH team on pauline.starkey@lbbd.gov.uk</p> <p>They will</p> <ul style="list-style-type: none"> • Respond to your enquiries • Give advice if there are suspected coronavirus cases (i.e. before test result back) • Gives ongoing support to settings managing outbreaks <p>Contact PHE (LCRC) on 0300 303 0450</p> <p>They will</p> <ul style="list-style-type: none"> • Give initial advice when there is a person with confirmed coronavirus in a high-risk setting • Want organisations to notify them of all confirmed (test positive) cases in high risk local settings (Notifications to be made via LCRC@phe.gov.uk or call 03003030450) • If PHE confirm that there is an outbreak in any setting, they will still: <ul style="list-style-type: none"> ○ Support setting to complete an outbreak risk assessment ○ Run through infection prevention and control check list ○ Support with communications, if needed ○ Alert local authority public health team who will provide ongoing support. 			

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		<ul style="list-style-type: none"> ○ Establish a multi-agency incident management team (if required) <p>The LA will undertake an outbreak risk assessment to help mitigate the risks. (Please note this is different from the Individual RA and Schools RA already undertaken)</p> <p>Where settings are observing guidance on COVID-19: infection prevention and control (IPC) , which will reduce risk of transmission, closure of the whole setting will not generally be necessary.</p> <p>Outbreak definition as follows.</p> <ul style="list-style-type: none"> • 5 pupils or adults, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or • 10% of pupils or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period <p>For our ARP setting that operates with 20 or fewer pupils and staff at any one time:</p> <ul style="list-style-type: none"> • 2 pupils and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period <p>See guidance here.</p> <p>End of outbreak No test-confirmed cases with illness onset dates in the last 28 days in that setting.</p> <p>When a setting should consider extra action</p> <p>The thresholds, detailed below, can be used by settings as an indication for when to seek further public health advice, for example when to introduce extra measures. Most education and childcare settings, whichever of these thresholds is reached first:</p>			



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2. Testing and contact tracing	<p>Staff, Pupils, visitors, contactors</p> <p>(Risk - as set out in section 1)</p>	<p>Daily testing for contacts of Covid-19</p> <p>From Tuesday 14 December 2021, a new national approach to daily testing for contacts of COVID-19 has being introduced (including until the end of this term). All adults who are fully vaccinated and children aged 5 to 18 years and 6 months, identified as a contact of someone with COVID-19 – whether Omicron or not – should take a lateral flow device (LFD) test every day for 7 days instead of self-isolating. Daily testing by close contacts will help to slow the spread of COVID-19</p> <p>Once notified by NHS Test and Trace as a close contact, all eligible staff, pupils and students should take an LFD each day for 7 days and report the results through the Online Reporting System and to their setting. If they test negative, they can continue to attend their education setting. Outside of the education setting, they should continue to follow the advice set out in the Sunday 12 December press release. This</p>			




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		<p>approach should also be adopted over the winter break and on return in January.</p> <p>If they test positive, they should self-isolate and order a PCR test to confirm the result. If the PCR is positive, they must self-isolate for 10 days. If the PCR test is negative, they no longer need to self-isolate but should continue to carry out the remainder of the daily tests, and only need to isolate if it is positive.</p> <p>The NHS Test and Trace programme will play an important role in helping to minimise the spread of coronavirus in the future. It will also include more traditional methods of contact tracing if a child, young person or parent test positive.</p> <p>Children under five years old do not need to take part in daily testing for contacts of COVID-19 and do not need to isolate.</p> <p>Anyone over the age of 18 years and 6 months who is not vaccinated, must isolate in line with government guidelines if they are a close contact of a positive case.</p> <p>For students with SEND who struggle to or are unable to self-swab daily for 7 days, settings should work with students and their families to agree an appropriate testing route, such as assisted swabbing. Information on further support measures will be provided.</p> <p>Testing remains voluntary but strongly encouraged by Public Health. Staff who have had a positive COVID-19 PCR test in the past 90 days should not take another (PCR test or LFD antigen test) unless they develop new symptoms of Covid-19.</p> <p>If it is more than 90 days since you tested positive by PCR for COVID-19, and you have new symptoms of COVID-19, or a positive LFD antigen or PCR test, follow the steps in this guidance again.</p> <p>The schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:</p>	<p>Parents, visitors and contractors with a smart phone should download the app.</p>		



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		<ul style="list-style-type: none"> • Book a test if they are displaying symptoms. 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, including children under 5, but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit. • Self-isolate if they are displaying symptoms and follow the guidance: <u>Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk)</u>. <p>Coronavirus testing is available to everyone in England with symptoms (a new, continuous cough; high temperature; or a loss of or change in your normal sense of smell or taste). Further guidance can be found using the following link: https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/</p> <p>You can get an NHS test if at least one of the following applies:</p> <ul style="list-style-type: none"> • you have a high temperature • you have a new, continuous cough • you've lost your sense of smell or taste or it's changed • you've been asked to get a test by a local council • you're taking part in a government pilot project • you've been asked to get a test to confirm a positive result <p>You can also get a test for someone you live with if they have symptoms.</p> <p>How to book a test</p>			

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		<ul style="list-style-type: none"> • People can register for a test at Testing for coronavirus (COVID-19) - NHS (www.nhs.uk) • Those who do not have any access to the internet, or who have difficulty with the digital portals, can ring a new 119 service to book their test. People with hearing or speech difficulties can call 18001 119. <p>When to get a test</p> <p>If you have symptoms, get a test as soon as possible.</p> <p>Book a visit to a test site to have the test today. Test sites are open 7 days a week Get a coronavirus test LBBB. Order a home test kit if you cannot get to a test site.</p> <p>Staff should undertake twice weekly home tests whenever they are on site until further notice.</p> <p>Staff must report their result to NHS Test and Trace as soon as the test is completed either online or by telephone as per the instructions in the home test kit.</p> <p>Confirmatory PCR tests</p> <p>Staff or pupils with a positive LFD test result must self-isolate in line with the stay-at-home guidance https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection. They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result. Please see link: Get a free PCR test to check if you have coronavirus (COVID-19) - GOV.UK (www.gov.uk)</p> <p>Whilst awaiting the PCR result, the individual should continue to self-isolate.</p>			

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		<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 pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.</p> <p>Those with a negative LFD test result can also continue to attend school and use protective measures.</p> <p>Additional information on PCR test kits for schools and further education providers is available via the following link: Coronavirus (COVID-19): test kits for schools and FE providers</p> <p>Tracing close contacts and isolation</p> <p>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. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if central government offers the area an enhanced response package, our director of public health might advise a setting to temporarily reintroduce some control measures.</p>			

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		<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"> • they are fully vaccinated • they are below the age of 18 years and 6 months • they have taken part in or are currently part of an approved COVID-19 vaccine trial • they are not able to get vaccinated for medical reasons <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 PCR test. We would encourage all individuals to take a PCR test if advised to do so.</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 normal.</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>Follow the steps in this guidance: Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</p>			
3.	Staff, Pupils, visitors, contactors				

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Contingency Plan to deal with an outbreak	(Risk - as set out in section 1)	<p>If a local area sees a spike in infection rates that is resulting in localised community spread, appropriate authorities will decide which measures to implement to help contain the spread. The Department for Education will be involved in decisions at a local and national level affecting a geographical area, and will support appropriate authorities and individual settings to follow the health advice.</p> <p>For self-isolating pupils, remote education plans will be put in place. These should meet the same expectations as those for any pupils who cannot yet attend school at all due to coronavirus (COVID-19).</p> <p>The school should maintain capacity to deliver remote learning for the next academic year, including pupils who face challenges to return due to COVID-19 travel restrictions for the period they are abroad. See guidance on remote education support. Full expectations for remote education, support and resources can be found on the Safeguarding - Get Help with Remote Education - GOV.UK.</p> <p>In the event of a local outbreak, the PH health protection team or local authority may advise the school or number of schools to close temporarily to help control transmission. Schools will also need a contingency plan for this eventuality. This may involve a return to remaining open only for vulnerable children and the children of critical workers, and providing remote education for all other pupils.</p>			
4. Communication strategy (communication to parents / guardians)	Staff, Pupils, visitors, contactors (Risk - As set out in section 1)	 <ul style="list-style-type: none"> • We recommend that visitors and contractors continue to be required to wear face coverings in schools. • If parents of pupils with significant risk factors are concerned, we will discuss their concerns and provide reassurance of the measures we are putting in place to reduce the risk in school. • If there is an outbreak in the school, the Director of Public Health may advise that face coverings should temporarily be worn in 			





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		<p>communal areas or classrooms (by pupils, staff and visitors, unless exempt).</p> <ul style="list-style-type: none"> Those positive with Covid-19 or symptomatic - phone or email notification to be urgently made to the school and affected persons to stay away from site until required isolation periods have passed. Parents to be advised to follow guidance below COVID-19: guidance for households with possible coronavirus infection - GOV.UK (www.gov.uk) 			
<p>5. Shielded and clinically vulnerable Groups including those who are pregnant</p> <p>SEND pupils</p>	<p>Staff, pupils, contractors, visitors (Risk - as set out in section 1)</p>	 <ul style="list-style-type: none"> Where parents are concerned about their child's attendance, they should speak to the school about their concerns and discuss the protective measures that have been put in place to reduce the risk. They should also discuss other measures that can be put in place to ensure their children can regularly attend school. Please see link for specific information on: SEND and specialist settings - additional operational guidance: COVID-19. 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. Please see link: School attendance: guidance for schools Where children and young people with EHC plans are not attending their education setting because they are following public health advice, multi-agency professionals should collaborate to agree how to meet their duties to deliver the provision set out in the EHC plan. This may include face-to-face visits to the home, or virtual support by means of video or telephone calls, or via email. As shielding is paused, some who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). 	<p>If parents of pupils with significant risk factors are concerned, we recommend schools discuss their concerns and provide reassurance of the measures they are putting in place to reduce the risk in school. Schools should be clear with parents that pupils of compulsory school age must be in school unless a statutory reason applies (for example, the pupil has been granted a leave of absence, is unable to attend because of sickness, is absent for a necessary religious observance etc.).</p>		




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Black, Asian and Minority Ethnic (BAME) and clinically vulnerable groups	UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are disproportionately affected by COVID-19.	<ul style="list-style-type: none"> • Please read COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for more advice. • Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, the school will immediately offer them access to remote education. • As the school is applying the full measures in this guidance the risks to all staff will be mitigated significantly, including those who are extremely clinically vulnerable and clinically vulnerable. We expect this will allow most staff to return to the workplace, although we advise those in the most at risk categories to take particular care while community transmission rates continue to fall. • Advice for pregnant women, is available here. If you are 28 weeks pregnant and beyond, or if you are pregnant and have an underlying health condition that puts you at a greater risk of severe illness from COVID-19 at any gestation, you should take a more precautionary approach. • This is because although you are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, you have an increased risk of becoming severely ill and of pre-term birth if you contract COVID-19. • Our advice is still that those who are 28 weeks plus, continue to work from home, if possible. • 28 weeks plus staff who wish to continue working on site, need to request in writing to their line manager or Head Teacher. Requests will be considered on an individual basis, taking into consideration health/medical circumstances. • Previous practices should continue, i.e., Individual Risk Assessment, referral to OH, when necessary. • Staff should discuss these matters with line management/Schools HR and undertake a risk assessment. • All pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, in line with the age group roll out. Please see link for further information: COVID-19 vaccines, pregnancy and breastfeeding (rcog.org.uk) 	School leaders should be flexible in how those members of staff are deployed. People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.		





What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> • Individual SEND care plans and risk assessments (where in place) will be reviewed regularly to include the need for relevant PPE use. • Where closer contact may be necessary (for example personal care) appropriate PPE to be worn. This would include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection will also be made available if the individual is coughing or spitting. • Staff to follow manufactures instructions on how to use PPE correctly. <p>Individual Health Risk Assessments will be undertaken with BAME / Clinically Vulnerable staff members using the BAME Risk Assessment.</p>			



Important considerations for occupied spaces within the school building.







- Frequent and thorough hand cleaning is a regular practice. The school will continue to ensure that staff / visitors and pupils clean their hands regularly. This can be done with soap and water to minimise possible adverse dermatological effects (20 seconds minimum recommended) or with sanitiser.
- Implementation and maintaining an appropriate cleaning schedule. This will include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces. PHE has published guidance on the [cleaning of non-healthcare settings](#).
- Occupied spaces will be kept well ventilated when school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained. Any poorly ventilated spaces will be identified and steps will be taken to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example Class Sharing Assemblies, school plays/parents' evenings.
- 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. 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.
- Where mechanical ventilation systems exist, the school will ensure that they are maintained in accordance with the manufacturers' recommendations. 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).
- CO2 monitors have been provided to all state-funded education settings from September to help assess whether a space is poorly ventilated.
- The school will aim to achieve a sensible balance between increased ventilation and a comfortable temperature (thermal comfort) in classrooms and other occupied spaces. The minimum temperature maintained in classrooms and offices should not be below 16°C. To balance the need for increased ventilation while maintaining a




What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
<p>comfortable temperature, high level windows will be opened in colder weather in preference to low level to reduce draughts, ventilation will be increased while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused), providing flexibility to allow additional, suitable indoor clothing, furniture will be rearranged where possible to avoid direct draughts. Heating will be used as necessary to ensure comfort levels are maintained particularly in occupied spaces.</p> <ul style="list-style-type: none"> The 'catch it, bin it, kill it' approach continues to be very important. The following link contains free resources, including materials to encourage good hand and respiratory hygiene -Information about the Coronavirus (e-bug.eu.) The use of face masks in communal areas has been reintroduced. 					
<p>6. Entry to school premises egress from school premises</p>	<p>Staff, pupils, contractors, visitors (Risk - as set out in section 1)</p>	<p> We will consider well in advance future events, including parents' evenings – how they will be managed in terms of COVID-19 arrangements e.g., maintaining good hygiene and well ventilated spaces.</p> <p>The use of face masks in communal areas for staff has been reintroduced.</p> <p>All visitors and contractors continue to be required to wear face coverings in schools.</p> <p></p> <ul style="list-style-type: none"> Appropriate disposal of face coverings and hygiene arrangements are in place are in place for staff and pupils who continue to wear face coverings. <p></p> <ul style="list-style-type: none"> Clean hands thoroughly more often than usual. Hand washing / sanitisation stations (ideally soap and water to minimises possible adverse dermatological effects) at point of entry to school. All 	<ul style="list-style-type: none"> Advice / instruction on recommended social distancing of 1m+ / hygiene and cleaning practices 		


What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<p>people entering the school must sanitise hands prior to entry. (20 seconds minimum recommended for washing with soap and water)</p> <ul style="list-style-type: none"> • Staff trained on hygiene protocols to eliminate cross-infection risks. • Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents • Age-appropriate instruction provided to pupils on hand washing methods. <p>To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues, and PPE:</p> <ul style="list-style-type: none"> • Put it in a plastic rubbish bag and tie it when full • Place the plastic bag in a second bin bag and tie it • Put it in a suitable and secure place marked for storage • Waste to be stored safely and securely kept away from children. 			
7. Reception areas	<p>Staff, pupils, contractors, visitors</p> <p>(Risk - as set out in section 1)</p>	<p> The use of face masks in communal areas for staff has been reintroduced.</p> <p>All visitors and contractors must wear face coverings in school.</p> <p></p> <ul style="list-style-type: none"> • Enhanced cleaning frequency of regular touched items. • Catch it, Bin it, kill it notices displayed. • Hand washing poster displayed. • Hand sanitiser stations located in reception. • Sanitisation/hand washing protocols observed when handling deliveries. • Non fire/security doors propped open to minimise touching of surfaces and increase ventilation. • Provision of closed top bins available for disposal of face masks and other PPE which may be worn. Face masks are not recyclable at present and should not be placed in recycle bins. Further guidance can be found here 			








What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<p>https://www.gov.uk/guidance/coronavirus-covid-19-disposing-of-waste</p> <ul style="list-style-type: none"> • <u>Ventilation</u> is maximised (maintaining <u>thermal comfort</u>) in this space via: • <u>Natural ventilation</u> - passive air flow through windows, doors and air vents that can be fully or partially opened • <u>Mechanical ventilation</u> - using fans and ducts to bring in fresh air from outside, or • a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air • CO2 monitors in all classrooms and school office to secure good air quality <p>Note: Fire Doors must not be propped open unless connected to specifically designed electronic/magnetic devices which release automatically when fire alarm is activated.</p>  <ul style="list-style-type: none"> • Screens will remain in place. • Queuing minimised, where reasonably practicable.  <ul style="list-style-type: none"> • Contractors and delivery companies should have safe systems of work, risk assessment and follow our Covid-19 secure arrangements. 			
8. Classrooms	Staff, pupils, contractors, Visitors (Risk - as set out in section 1)	 All visitors and contractors continue to be required to wear face coverings on site.			


What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		 <p>COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK (www.gov.uk)</p> <ul style="list-style-type: none"> • Increased cleaning frequencies of hard surfaces / emptying of bins. in place. • Adequate tissues are available to clear up spills and to catch sneezes in line with Catch it / Bin it / Kill it advice. • <u>Enhanced cleaning</u> frequency of regular touched surfaces / items. • Catch it, Bin it, kill it notices displayed. • Hand washing poster displayed. • Hand sanitiser available for staff / pupil use. • Non fire / security doors propped open to minimise touching of surfaces. • <u>Ventilation</u> is maximised (maintaining <u>thermal comfort</u>) in this space via: <ul style="list-style-type: none"> • <u>Natural ventilation</u> - passive air flow through windows, doors and air vents that can be fully or partially opened • <u>Mechanical ventilation</u> - using fans and ducts to bring in fresh air from outside, or • A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. • CO2 monitors installed in all classrooms and school office to identify if a space is poorly ventilated.  <ul style="list-style-type: none"> • Consider the guidance: Covid-19-SEND-risk-assessment-guidance. 			




What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
9. Lunch times/Break times	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	 The school will put in place and maintain an appropriate cleaning schedule. This will include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces. PHE has published guidance on the COVID-19: cleaning of non-healthcare settings outside the home - GOV.UK (www.gov.uk) <ul style="list-style-type: none"> • Hand washing / sanitisation to be followed e.g., clean hands thoroughly more often than usual. Hand washing / sanitisation stations (ideally soap and water to minimise possible adverse dermatological effects) at point of entry to school (20 seconds minimum recommended for washing with soap and water). • Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.  <ul style="list-style-type: none"> • Outdoor spaces utilised where practicable. 			
10. Communal Areas (Halls, Corridors, Staircases)	Staff, pupils, Contractors, Visitors (Risk - as set out in section 1)	 All visitors and contractors continue to be required to wear face coverings in schools. The lease of the hall and facilities for third parties e.g. Bright Futures breakfast and after-school club will be risk assessed in terms of hygiene - including enhanced cleaning regimes to determine if the hall can be used by third parties in line with COVID-19 arrangements. 			




What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> • <u>Enhanced cleaning</u> frequency of regular touched surfaces / items. • Catch it, Bin it, kill it notices displayed. • Hand washing poster displayed. • Hand sanitiser available for staff / pupil use. • Non fire / security doors propped open to minimise touching of surfaces. • <u>Ventilation</u> is maximised (maintaining <u>thermal comfort</u>) in these spaces via: <ul style="list-style-type: none"> • <u>Natural ventilation</u> - passive air flow through windows, doors and air vents that can be fully or partially opened • <u>Mechanical ventilation</u> - using fans and ducts to bring in fresh air from outside, or • A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. • CO2 monitors installed in all classrooms and school office to identify if a space is poorly ventilated. 			
11. Toilets	<p>Staff, pupils, Contractors, visitors</p> <p>(Risk - as set out in section 1)</p>	<p></p> <p>All visitors and contractors continue to be required to wear face coverings in schools.</p> <p>Toilets will be cleaned regularly and pupils will be encouraged to clean their hands thoroughly after using the toilet.</p> <p></p> <ul style="list-style-type: none"> • Hand washing protocol increased to before and after use of toilet facilities (20 seconds minimum recommended) • Hand washing poster displayed in all WCs 			



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> Enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergent. <u>Ventilation</u> is maximised (maintaining <u>thermal comfort</u>) in this space via: <ul style="list-style-type: none"> <u>Natural ventilation</u> - passive air flow through windows, doors and air vents that can be fully or partially opened <u>Mechanical ventilation</u> - using fans and ducts to bring in fresh air from outside, or A combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air. CO2 monitors installed in all classrooms and school office to identify if a space is poorly ventilated. 			
12. Staff Areas including: <ul style="list-style-type: none"> Staff rooms Meeting rooms Offices 	Staff, contractors, visitors, (Risk - as set out in section 1)	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;">+</div> All visitors and contractors continue to be required to wear face coverings in schools. <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 10px;">🚰</div> <ul style="list-style-type: none"> <u>Enhanced cleaning</u> frequency of regular touched surfaces / items. Catch it, Bin it, kill it notices displayed. Hand washing poster displayed. Increased natural ventilation. Hand washing/sanitisation protocols to be followed available for staff / pupil use. Non fire / security doors propped open to minimise touching of surfaces. Increased cleaning frequencies of hard surfaces. Hand washing poster displayed. Increased natural ventilation. Handwashing /sanitisation protocols to be followed. 			





What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> Ventilation is maximised (maintaining <u>thermal comfort</u>) in this space via: <ul style="list-style-type: none"> Natural ventilation - passive air flow through windows, doors and air vents that can be fully or partially opened Mechanical ventilation - using fans and ducts to bring in fresh air from outside, or a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air CO2 monitors installed in all classrooms and school office to identify if a space is poorly ventilated.  <ul style="list-style-type: none"> Conduct meetings where possible via Teams 			
13. Lifts	Staff, pupils, contractors, visitors (Risk - as set out in section 1)	 <p>Safety controls will remain in place for the use of lifts (confined space). This will typically include, restricted numbers allowed to use lifts at any one time and wearing a face covering.</p>  <ul style="list-style-type: none"> Increased Hygiene protocols introduced including enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.  <ul style="list-style-type: none"> Protocol in place to restrict number of people using lifts to a minimum. People to wear face coverings when not using lifts on their own. 			
14. First Aid	Staff, pupils, visitors	 <ul style="list-style-type: none"> Adequate numbers of trained staff to administer First Aid. 			





What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
	(Risk - as set out in section 1)	<ul style="list-style-type: none"> • The Medical Officer will do a regular check of First aid boxes content and facilities available.  <p>Where closer contact may be necessary, First Aider will use PPE to protect themselves and the child or adult. This will include disposable gloves, disposable apron and fluid resistant surgical facemask. Eye protection is also required if the casualty is coughing, spitting, or vomiting.</p> <p>The best way to protect is through rigorous cleaning, personal hygiene and regular hand hygiene.</p> <p>Guidance for first aiders</p> <ul style="list-style-type: none"> • Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone. • If they are capable, tell them to do things for you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery. • Please see link: COVID-19: guidance for first responders <p>Preserve life: CPR</p> <ul style="list-style-type: none"> • Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms • Ask for help. If a portable defibrillator is available, ask for it • Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation • If available, use: <ul style="list-style-type: none"> ○ a fluid-repellent surgical mask ○ disposable gloves ○ eye protection ○ apron or other suitable covering 			





What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<p>Only deliver CPR by chest compressions and use a defibrillator (if available) – don't do rescue breaths (for CPR in paediatric settings see specific guidance from the Resuscitation Council UK)</p> <p>Contact the Health and Safety team if it is suspected that a staff member at work has been diagnosed as having COVID-19 attributed to an occupational exposure (not societal) to coronavirus (needs to be evidence based).</p> <p>Management and staff must read and follow manufactures instructions on how to use PPE correctly. Guidance on PPE and the correct fitting of face masks can be found here: COVID-19: personal protective equipment use for non-aerosol generating procedures</p>			
15. Transport Arrangements	<p>Staff, pupils, Contractors, visitors</p> <p>(Risk - as set out in section 1)</p>	<p> Mandatory face coverings remain in place on London transport.</p> <p>All staff assisting on school transport should wear face masks. The government expects and recommends that face coverings are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet.</p> <p>Please follow the link for further information: Dedicated transport to schools and colleges COVID-19 operational guidance - GOV.UK (www.gov.uk) and Transport to schools and colleges during the COVID-19 pandemic - GOV.UK (www.gov.uk)</p> <p> The approach to dedicated transport should align as far as possible with a system of controls, it is important to consider:</p> <p>Frequent and thorough hand cleaning should now be regular practice. Pupils, staff and visitors to the school are reminded to clean their hands regularly. This can be done with soap and running water or hand sanitiser.</p> <ul style="list-style-type: none"> The 'catch it, bin it, kill it' approach continues to be very important. 			



What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> An appropriate cleaning schedule is in place and maintained with a particular focus on frequently touched surfaces. Vehicles will be well ventilated when occupied, particularly by opening windows and ceiling vents. There will be a balance between the need for increased ventilation while maintaining a comfortable temperature.  <ul style="list-style-type: none"> Discussion between school, local authority and transport provider to confirm suitable safe protocols are in place e.g., avoid overcrowding should be minimised / cleaning / hygiene and supervision arrangements. The transportation of special needs children risk assessment reviewed in line with Covid-19 requirements. <p>Drivers and passenger assistants will be required to use personal protective equipment (PPE) on home to school transport. For further guidance, please see link: SEND and specialist settings: additional COVID-19 operational guidance</p> <p>For children with complex medical needs such as tracheostomies, please refer to the following guidance:</p> <p>The use of personal protective equipment (PPE) in education, childcare and children's social care settings, including for aerosol generating procedures (AGPs) - GOV.UK (www.gov.uk)</p>			
16. School Trips	<p>Staff, pupils, contractors, visitors</p> <p>(Risk - as set out in section 1)</p>	 <p>The school will undertake a full and thorough risk assessment in relation to educational visits. Please see following links: Health and safety on educational visits - GOV.UK (www.gov.uk). Specialist advice is available from: The OEAPNG https://oeapng.info .</p>			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> School has observed and followed current guidance on educational visits. The school has undertaken a full and thorough risk assessments in relation to all educational visits to ensure they can be done safely. As part of this risk assessment, the school has considered what control measures need to be used and is aware of wider advice on visiting indoor and outdoor venues. 			
17. Air conditioning systems	(Risk - as set out in section 1)	 <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>If using a central ventilation system that removes and circulates air to different rooms, we turn off re-circulation and use a fresh air supply. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</p> <ul style="list-style-type: none"> Ventilation / air conditioning / extraction systems maintained. Mechanical ventilation systems have been 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. Natural ventilation – has been maximised to include opening windows and opening internal non-fire doors to assist with creating a throughput of air and external doors where safe to do to (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). <p>To balance the need for increased ventilation while maintaining a comfortable temperature, consider and indicate where in place:</p> <ul style="list-style-type: none"> Opening high level windows in colder weather in preference to low level to reduce draughts. 			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		<ul style="list-style-type: none"> Increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused). Providing flexibility to allow additional, suitable indoor clothing. Rearranging furniture where possible to avoid direct draughts. The school has assessed its ventilation systems and requirements. <p>Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces.</p> <ul style="list-style-type: none"> HSE guidance on use of air conditioning systems followed https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation and CIBSE coronavirus (COVID-19) advice 			
18. Fire	<p>Staff, pupils, contractors, visitors</p> <p>Smoke inhalation, exposure to heat</p>	<p></p> <ul style="list-style-type: none"> Fire risk assessment and Emergency Evacuation Plans revised to consider areas which may not be in use and changes of use to the building. Personal Emergency Evacuation Plans (PEEPS) in place and revised where necessary. Ensure emergency evacuation routes out of the building are not compromised including fire doors and final exit doors. Fire Assembly points arranged and monitored. 			
19. Behaviour of pupils / staff	<p>Staff, pupils, contractors, visitors</p> <p>(Risk - as set out in section 1)</p>	<p></p> <ul style="list-style-type: none"> Review of the school's pupil behaviour policy to ensure that they cover COVID-19 risk related incidents (to include individual risk assessment of children with known challenging behaviour). Designated spaces in place for pupils displaying ACEs/Trauma/anxiety Provision in place for the school to be able to sanction pupils who wilfully refuse to adhere to arrangements and deliberately cough or spit at pupils or staff, putting them at risk. Policy reviewed in line with current Government guidance considering staff also. Guidance is available here. 			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
20 Behaviour of parents / visitors / contractors (Violence and aggression)	Staff, pupils, visitors (Risk - as set out in section 1)	 <ul style="list-style-type: none"> The school's violence and aggression policy has been reviewed to ensure that it covers COVID-19 risk related incidents. Provision is in place as the school will not tolerate and will take the firm action should any person wilfully refuse to adhere to arrangements. 			
21. COSHH Cleaning / Sanitisation products MARC TO CHECK THIS SECTION	Pupils due to required increased cleaning/sanitising of hard surfaces and items in classrooms, there is a need to ensure no residual traces of cleaning products / or access to the cleaning / sanitising product by children	 <ul style="list-style-type: none"> COSHH risk assessment updated to include all newly introduced cleaning products Training provided to all staff members required to use cleaning products (in consultation with the schools cleaning provider) Manufacturers COSHH Safety Data Sheet provided to users of chemical outlining safe use, storage, emergency arrangements and PPE to be used. Strict instruction to staff / cleaning provider to always keep any cleaning / sanitisation products stored / secure and out of reach of children The school has worked with in house or external cleaning provider to ensure safe systems and protocols for use and storage are in place. <p>Walk-through disinfecting systems and cleaning premises using fog, mist or UV treatment</p> <p>The HSE and public health bodies have agreed joint <u>advice for duty holders</u> considering using walk-through spraying or misting disinfecting systems. Walk-through disinfecting systems are not recommended under any circumstances, as this could be harmful and does not reduce the spread of COVID-19, this view is supported by the World Health Organisation.</p> <p>Fog, mist, vapour or UV (ultraviolet) treatments may be suitable options to help control the spread of COVID-19, as long as this has been considered as part of a COVID-19 Risk Assessment and users are competent, properly trained and follow the correct procedures. Any</p>			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
		service believing, they may need to use such a system, must discuss this with the health and safety team prior to purchase and use.			
22. Dealing with / clearing up with Body Fluids	Staff, pupils, visitors (Risk - as set out in section 1)	 <p>Where clearing up of body fluids is required, the staff member must wear full appropriate PPE. This will include disposable gloves, disposable apron and fluid resistant surgical facemask and eye protection or face shield.</p> <ul style="list-style-type: none"> • PPE and waste disposal protocols to be followed (double bag waste). • Handwashing protocols to be followed. • Protocol in place to respond to emergency cleaning requirements and increased cleaning requests. 			
23 Equalities and Mental Wellbeing	Staff, pupils Mental wellbeing could be affected by C-19 pandemic	 <p>Governing boards and school leaders should have regard to staff (including the headteacher) work-life balance and wellbeing. The school will ensure they have explained to all staff the measures they are proposing putting in place and involve all staff in that process.</p> <p>All employers have a duty of care to their employees, and this extends to their mental health. The school has mechanisms to support staff wellbeing. The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the extra mental health support for pupils and teachers is available. You can access useful links and sources of support on Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK (www.gov.uk)</p> <ul style="list-style-type: none"> • Schools' mental wellbeing and support mechanisms for staff and pupils reviewed. • The school has a Single Equalities policy to protect their employees, and others, from harm and continue to assess health 			

What are the hazards?	Who may be harmed and how? (risk)	What are you already doing?	What further action is necessary?	Person responsible	Resultant Risk Rating
26. Travel Plan MARC TO CHECK THIS SECTION	Staff, pupils (Risk - as set out in section 1)	 <ul style="list-style-type: none"> School Travel Plan has been developed in line with Coronavirus (COVID-19): safer travel guidance for passengers. 			

It is important you discuss your assessment and proposed action with employees and their representatives. A risk assessment is only effective if you and your employees act on it. You must follow through with any actions required and review it on a regular basis. You should review your risk assessment if you think it may no longer be valid e.g., following an accident/incident, or if there are significant changes to the hazards in your workplace, such as new equipment or work activities. You should consider, at a minimum, an annual review of your assessment. Risk assessment guidance is available for further information and advice on carrying out a risk assessment.

Disclaimer. Template correct at the time of development, although any links referred to internal/external should be checked regularly as official advice is likely to be updated as the situation continues to develop.

Schools - Covid-19 Individual Health Risk Assessment Form, Guidance and FAQs

This guidance applies to School employees who are required to physically be in work for some or all the time. We are aware that many Schools have already undertaken risk assessments and good arrangements are in place. If individual risk assessments have been done, there is no requirement to repeat this, but they will need to be updated to include specific Covid-19 risks. The process has been introduced to make sure that no one has been missed, and in particular to ensure that in advance of ongoing research by Public Health England on the risk factors for BAME employees that individual health risk assessments have been undertaken and are in place.

The scheduling of Schools returning to a physical location is being currently overseen by the council's Commissioning Director - Education. Individual Health Risk assessments for staff who are currently home working will not be undertaken at this stage but will of course be required once a decision has been made for them to return to a physical work location. The assessment will need to be undertaken prior to the return to a physical workplace.

Protecting front-line staff

In response to the Covid-19 pandemic we have:

- Undertaken risk assessments for Schools, considering the need for Covid-19 secure workplaces.
- Applied Government and Public Health England (PHE) guidance for PPE in our own visual guides for key workers which help staff work safely; ensure staff feel supported in their work and protect local services.
- Advised employees in specific groups that are potentially more vulnerable to practice robust social distancing measures.
- Closely followed all relevant Government and PHE guidance about social distancing, self-isolation and shield and protect arrangements.
- Ensured that key workers are aware of testing arrangements and supported for a safe return to work.

We have put in place creative solutions to enable social distancing at work, by measures such as:

- changing the layout of Schools
- adjusting shift patterns, where possible
- staggering commute times

At risk groups

Coronavirus (Covid-19) can make anyone seriously ill. But for some people, the risk is higher. There are 2 levels of higher risk groups - individuals that are **high risk** ([clinically extremely vulnerable](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/)) and those that are **moderate risk** (clinically vulnerable). See more on this at <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>.

It is important that the Head Teacher/Senior Leadership Team explores this with individual employees to help them take more personal responsibility for managing risks.

Employees at high risk (clinically extremely vulnerable)

Staff who are in a clinically extremely vulnerable group [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) should have received a letter from the NHS, and they should be shielding. GP fit notes are not valid confirmation of this status. This group of employees should not be physically in work under any circumstances and must robustly follow shielding measures to keep themselves safe.

The following arrangements apply:

- If the employee can work from home, they will continue to do so. In some cases, work can be reorganised to facilitate this.
- In other situations, some key workers will be unable to work from home; they are expected to stay at home on full pay. A letter setting out these arrangements should be provided, and they will be kept under review pending Government and PHE guidance. Alternative work will also be explored, subject to reviewing the skills of the employee.

Employees at moderate risk (clinically vulnerable)

If an employee is at moderate risk from coronavirus, they can go out to work (if they cannot work from home, we advise that an individual risk assessment is undertaken remotely) It is very important that they follow the general advice on social distancing, including staying at least 2 metres away from anyone they do not live with, where possible. Unlike people at high risk, they will not get a letter from the NHS. Individual Health Risk Assessments are vital for this group of employees to ensure that all the right levels of controls can be put in place.

The health and individual characteristics include the following:

- have a lung condition that is not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

Covid-19 and Pregnancy

NHS guidance states that there is no evidence that pregnant women are more likely to get seriously ill from coronavirus, but they have been included in the list of people at moderate risk (clinically vulnerable) as a precaution. This is because pregnant women can sometimes be more at risk from viruses like flu. It is not clear if this happens with coronavirus. But because it is a new virus, it is safer to include pregnant women in the moderate-risk group. Risk Assessments are already undertaken on this group of staff, so please continue to undertake individual assessments.

Other Risk Factors: BAME staff

Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid-19 and Public Health

December 2021

England have recently published a report on the disparities in the risk and outcomes. Until there is clarity about the risks, we advise that BAME staff may be additionally vulnerable to Covid-19.

On their own these factors may not require restriction from any particular activity but with BAME staff in particular considering if there any underlying health conditions present as well this would reinforce the need to apply stringent control measures which include social distancing and/or the use of Personal Protective Equipment (PPE). The Health Risk Assessment has been designed to help identify the control measures that need to be agreed and put in place.

Other Risk Factors: Age and Gender

Similarly, those in an older age group and male gender also seem to confer increased risk and these facts should be taken in to account in the health risk assessment.

Advice on undertaking a Health Risk Assessment

When you are reviewing work activities it is important to consider individual risks and aim to reduce them if possible, even if the risk is low.

In undertaking a health risk assessment, the standard hierarchy of risk management should be followed.

When managing hazards and risks, the Hierarchy of Controls must be applied (working top down), as set out below

Elimination

The hazard, task or activity is physically removed or abandoned.

Substitution

Replace a material or process with a less hazardous one

Engineering controls

Isolate employees from the hazard

Administrative controls

Identify and implement procedures to maximise safe working.

Personal Protective Equipment (PPE)

Only to be considered if measures above would be ineffective to control risks or a case by case basis if this reassures an individual to attend work.

It is not possible to avoid all risk and the aim of the health risk assessment is to avoid unacceptably high-risk activities and to bring down risk in other areas as far as reasonably practicable. Most people in the moderate risk categories will be able to continue working but it is still important to consider how you could reduce their risk.

The Head Teacher or Senior Leadership Team should undertake a health risk assessment with the employee and discuss the following:

- The issues, potential risk factors and how mitigation can be enabled in the way in which the work is undertaken. This includes safe systems of work, social distancing, hygiene measures and the use of appropriate personal protective equipment (PPE)

- Any temporary or alternative working arrangements that can be put in place to enable the key elements of the job role to be done.

The health risk assessment form provides a consistent framework to help you to undertake the process. If duties cannot be adjusted or the standard hierarchy of Covid-19 risk management cannot be followed (as outlined above), the School must submit the health risk assessment to Occupational Health (or the School's Occupational Provider) using the fast track referral Covid-19 Specific management referral form to support/provide additional recommendations.

FAQs

1. Do I need to undertake a health risk assessment for staff now using the attached form and guidance?

Yes - for all current School staff who fall into the categories identified above. This should be undertaken remotely, prior to returning to work, please share with the individual, as their input is required and this document should be kept demonstrate the action/s that have been taken to reduce the risks.

2. Are there certain staff groups that the health risk assessment should be undertaken for?

All School staff should be consulted about having a health risk assessment, if they are in a vulnerable group. We are aware from Public Health England advice and guidance that some groups are at greater risk these include employees with some health conditions, age, pregnant employees and BAME employees.

3. How do I approach this with my employees?

We are asking Schools to undertake health risk assessments for all vulnerable employees. In relation to employees from BAME communities, the research and statistics from Public Health England have shown that BAME communities are at a higher risk of contracting the Covid-19 virus with a disproportionate number of deaths, so we want to provide assurance that there is a formal opportunity to assess all the risks to protect our employees. This has been designed to look for solutions and to provide reassurance.

Government and Public Health England guidance has set out the groups at moderate risk and it is important that we provide a structured and consistent framework. It is recognised that some employees may have multiple health risk factors.

4. What if I already have an individual risk assessment for the member of staff, do I need to do another one?

No - but you must review and update the current risk assessment with the employee to ensure that Covid-19 concerns are discussed and addressed as to any potential risks.

5. If staff are shielding and are at home 100%, (either working or not working), I assume that they do not need a health risk assessment at this time as they should continue to be at home until further advice is received?

Yes - these staff do not require a health risk assessment at this time, but this may be required, depending on government guidance, when the return to School is imminent.

You will use the form if you receive a new notification that the employee has received an NHS shielding letter. We are aware that the list of people required to shield has been reviewed by GPs and others, and new people contacted to say that they have now been included, and some who have been advised that they are no longer required to do so.

Under current government guidance clinically extremely vulnerable staff must not come to work and should follow robust shielding arrangements.

6. If a team member is in a vulnerable group and I think that with minor adjustments they can now do all their work at home, do I have to carry out a health risk assessment?

Yes, the health risk assessment will help you to identify what you can put in place. The minor adjustment could be for example swapping home visits to virtual visits, where this is possible to do so.

7. Do Managers send the health risk assessment to Occupational Health regardless of the outcome?

No – if you and the employee have agreed a range of control measures and they can safely work (with hazards removed) you will not need to ask Occupational Health to review further.

However, please ask Occupational Health for advice if you are unsure, or you and the employee cannot agree on what needs to be in place. If you need your risk assessment to be reviewed, we have a fast track Covid-19 referral arrangement in place.

If you do not think that the person can work at all, as you cannot control the hazards and their job cannot be adjusted, refer to Occupational Health for review. If you need your risk assessment to be reviewed, we have a fast track Covid-19 referral arrangement in place.

If at any time you need advice, please call or email the Occupational Health Service, if your School buys into the service.

8. What if the member of staff refuses to co-operate with the health risk assessment?

The process should be undertaken with sensitivity and be supportive. It should not be intrusive, and you should always provide reassurance of confidentiality .

Try to find out the reasons why and what their concerns are and resolve to address them. If, however they do not wish to discuss this with you, find out if they may be happier discussing directly with Occupational Health; if so, then refer them using the Covid-19 fast track OH referral. If they still do not wish to engage please discuss further with your HR Adviser and make a note on the health risk assessment and send through the HR Portal for their Personal File.

9. What should I do with the completed health risk assessments?

This should be sent through the HR Portal to be placed on the employee's Personal File, if you buy into our HR Service, if not keep a copy at the School.

10. Who is responsible for the health risk assessment?

As with all risk assessments, the Head Teacher or Senior Leadership Team are responsible and accountable, even where you have asked advice from HR or Occupational Health, etc.

11. What kind of controls and mitigation have others put in place?

These are individual health risk assessments and will depend on individual circumstances and job roles. The following have been suggested by others:

- Stagger start and finish times and introduce rota/shift practices to help practice social distancing
- Visits requiring face to face contact use virtual meetings, if possible
- Where an onsite visit is absolutely critical call in advance and use a check list including asking about the opportunity to wash hands, and to find out if anyone unwell
- Access to Work could be involved for equipment and other resources
- Workplace Options Employee Assistance Programme can provide guidance, support and counselling
- Car parking and cycle facilities could be made available
- Make sure that the employee is aware of the relevant PPE required for their role has been issued with the guidance and has ongoing access to PPE.

12. Do I keep the health risk assessment under review?

Yes, it is suggested that this is undertaken monthly as part of the one-to-one process or if any circumstances change.

STRICTLY CONFIDENTIAL

Health Risk Assessment: Exposure to Covid-19, impact on current health condition

General Information					
Employee Name			Job Title		
Line Manager			Job Title		
Location / Area:			Working Hours:		
Date of Assessment:			Review Date:		
Individuals underlying health condition category / other factors:	Please tick appropriate box:	<input checked="" type="checkbox"/>	Current post involves:	Please tick appropriate box:	<input checked="" type="checkbox"/>
	<u>Clinically Vulnerable</u> <u>Extremely Vulnerable</u> (Shielding very high-risk group) Note - front line employees should not be in work in any circumstances but may be able to undertake full or some work at home.			Directly caring for Covid-19 pupils / service users (tested as positive) and undertakes Aerosol generating procedures (AGPs)	
	Clinically Vulnerable – Clinically vulnerable people are those who are: <ul style="list-style-type: none"> • aged 70 or over (regardless of medical conditions) • under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds): • chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis • chronic heart disease, such as heart failure • chronic kidney disease • chronic liver disease, such as hepatitis • chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS) or cerebral palsy • diabetes • a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets) • being seriously overweight (a body mass index (BMI) of 40 or above) • pregnant 			Directly caring for Covid-19 pupils / service users (tested as positive) – not undertaking AGPs	
	BAME Employee			Directly caring for service users not tested / unknown Covid-19 status but within 2 meters of patient – within any setting	

				Providing a service which involves levels of face to face interactions with service users / members of the public	
				Providing a service to colleagues (e.g. training)	

What are you already doing?

Aspects	Current Position	Additional action to reduce risk
Can face to face interactions be limited and move to virtual working?		
If they cannot, will they be able to work at 2m social distancing		
What arrangements are in place / will be put into place to ensure regular contact / wellbeing?		
Can work times be adjusted to reduce the use of public transport, especially at peak times.		
Can work times within the team be staggered to reduce group sizes?		
Can the layout of the workplace be adjusted to allow for 2-metre social distancing?		
Is Personal Protective Equipment readily available (including hand sanitiser for mobile working) where a need is identified?		
Other considerations:		

Assessment

<i>Please tick appropriate box:</i>	✓	Monitoring / further action:
Actions agreed as detailed above reduce the risks to the employee		Local manager to review and monitor.
Actions agreed as detailed above do not fully reduce the risks to the colleague / some concerns remain.		Refer employee to Occupational Health for further advice and support

Additional notes

Please add any additional notes as appropriate

Employee signature		Date signed	
Print Name			
Manager's signature		Date signed	
Print Name			
Occupational Health Review			

Schools Covid-19 Risk Matrix

(Modified Safety Assessment and Decision (SAAD) Score)

This risk assessment and matrix is based on the evidence available to date reviewed by a group of medical practitioners and provides an indication and guidance to carry out an individual risk assessment. This document will be reviewed and updated as and when new evidence emerges. This document is provided to supplement the individual risk assessment, previously circulated, but does not substitute the risk assessment or the conversation that you are required to hold with individual member of staff.

This risk matrix will give you an indication of the risk and therefore, if a member of staff scores higher, it means that the risk assessment and conversation may need to be more in depth with additional professional advice sought from Human Resources and Occupational Health colleagues.

There are some limitations that may be considered when interpreting the findings. This document may help schools to supplement risk assessment of their staff, particularly of high risk and vulnerable groups to ensure staff safety. Please do remember this is to be applied to each individual on a case by case basis. There could be mental health issues for the staff that may need to be considered while carrying out the risk assessment. Head Teachers should refer staff to the Employee Assistance Programme, where your school buys into the service. Alternatively these resources are also available <https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers> & [Wellbeing guide for staff working in schools and trusts](#). Please ensure that the true feelings and concerns of the staff member can be captured.

Instructions for completing the risk assessment

- Arrange meeting with the staff member to jointly go through the score card
- Record the findings by encircling/ticking all relevant boxes
- Staff member having any one of the four risks in the 'high' risk category will automatically place themselves in the 'high' risk category (red boxes) irrespective of other variables and despite the total number scored.
- Discuss mental health and well-being concerns with staff member
- Complete each row and then add all rows to provide a total risk figure
- Record any decisions made to mitigate/reduce risk
- Record a review date for future review (provide staff member a copy of the score card)
- This score card is not for workers that fulfil the government criteria for 'Shielding' – these workers should follow national guidance and stay at home

Risk Rating

Mild Risk Score: 1-7	Moderate Risk Score: 8-11	High Risk Score: 12 or above OR if the individual falls into one of the High-Risk categories i.e. 5
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	1	2	3	4	5 High Risk	Row score
Age	40-49	50-59	60-69		70 +	
Ethnicity	White Chinese Mixed origin *Other	Indian	Bangladeshi Pakistani Middle East	Black		
	*BAME Other: Any staff that do not fall into one of the categories above, score according to other ethnicities above.					
Gender	Female	Male				

Obesity (BMI) kg/m²	Over 23 (exclude white/ Chinese/ mixed)		Over 30 (white/ Chinese/ mixed)	Over 27.5 (exclude white/ Chinese/ mixed)	Over 40 (All groups)
	<p>Body Mass Index (or BMI) is calculated as weight (in kilograms) divided by the square of your height (in metres) or BMI = Kg/M². For measuring BMI a weighing scale to measure weight and a scale to measure the height will be required.</p> <p>If height is in centimetres, convert into metres by dividing by 100.</p>				
Pregnancy		Under 28 weeks			Over 28 weeks
Medical Conditions- (as below)	One condition			Two conditions	Three or more conditions
Medical Conditions	<p>Each of the conditions below would be considered for the score card. Some of the conditions will be the same as the shielding category but will be 'severe' in the shielding category and 'mild' or 'moderate' for this score card. Medical conditions in each category should be assessed individually.</p> <ul style="list-style-type: none"> • Respiratory problems (Asthma (taking daily inhaled steroid)/COPD/Bronchiectasis) • Heart Problems (Heart Failure, Angina, History of Heart Attack) • Chronic Kidney Disease (stage 3 and above) • Chronic Liver Disease including Hepatitis 				

- Chronic Neurological Conditions (Parkinson's, Motor Neurone Disease, History of Stroke (CVA), Multiple Sclerosis, Cerebral Palsy)
- Diabetes (Type 1 or 2)
- Reduced Immune Response - AIDS/HIV, regular oral steroids
- Hypertension (on one or more anti-hypertensive medication)
- Ongoing inflammatory bowel conditions (Crohn's, Ulcerative Colitis)

Appendix:

Evidence:

Age

An analysis of survival among people with confirmed COVID-19 by sex, age group, ethnicity, deprivation and region, shows that, compared with people under 40, the probability of death was about three times higher among those aged 40 to 49, nine times higher among those aged 50 to 59, twenty-seven times higher among those aged 60 to 69, fifty times higher among those aged 70 to 79 and seventy times higher among those aged 80 and over. These are the largest disparities by far found in this analysis

Ethnicity

An analysis of survival among confirmed COVID-19 cases shows that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean, and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. ONS analysis showed that, when taking age into account, Black males were 4.2 times more likely to die from a COVID-19-related death than White males (16). The risk was also increased for people of Bangladeshi and Pakistani, Indian and Mixed ethnic groups.

The relationship between ethnicity and health is complex and likely to be the result of a combination of factors. Firstly, people of BAME communities are likely to be at increased risk of acquiring the infection. This is because BAME people are more likely to live in urban areas (18), in overcrowded households (19), in deprived areas (20), and have jobs that expose them to higher risks (21). People of BAME groups are also more likely than people of White British ethnicity to be born abroad (22), which means they may face additional barriers in accessing services that are created by, for example, cultural and language differences.

Secondly, people of BAME communities are also likely to be at an increased risk of poorer outcomes once they acquire the infection. For example, some co-morbidities which increase the risk of poorer outcomes from COVID-19 are more common among certain ethnic groups. People of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from White British ethnicity (23), and people of Black Caribbean and Black African ethnicity have higher rates of hypertension compared with other ethnic groups (24). Data from the National Diabetes Audit suggests that type II diabetes prevalence is higher in people from BAME communities (25).

Gender:

The analysis showed that working age males diagnosed with COVID-19 were twice as likely to die than females. For older adults (65 and over) the disparity remains significant but is much lower, with males in this age group having approximately 50% higher risk of death when compared to females

Obesity:

A study using data from over 400,000 patients aged 40 to 69 from UK Biobank linked to COVID-19 test data from PHE found that higher BMI was associated with a positive COVID-19 diagnosis (43). Compared with non-overweight people (BMI < 25 kg/m²), the odds ratios were 1.26 (confidence interval of 1.01-1.56) for those who were overweight, 1.37 (1.06-1.76) for those in obese class I and 2.04 (1.50-2.77) for those in obese classes II and III combined².

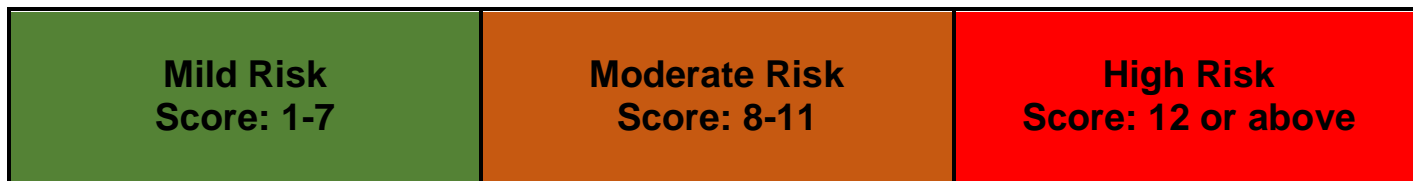
Although many score cards available refer to obesity above a BMI of 30, data available is clear for the BAME community this risk increases with a BMI of 23, with further significant risk with a BMI of 27.5 and above.

Pregnancy:

Existing guidance identifies that pregnant women over 28 weeks should be regarded as at increased risk and recommended to stay at home. For pregnant women with underlying health conditions at any stage of pregnancy a more precautionary approach is required, and ethnicity should be included in the consideration and discussion between healthcare staff and managers. Where pregnancy is under 28 weeks gestation working in a public/pupil facing environment should be on the basis that the risk assessment supports this.

Medical conditions:

Emerging evidence suggests that certain conditions: hypertension, cardiovascular disease, diabetes, and chronic kidney disease are especially important risk factors, and these risk factors are increased in those of BAME population. Obesity has now also emerged as an independent risk factor for COVID-19 hospitalisation in the UK setting.



Actions

This is a guide, please do not apply this prescriptively, as individual risks and circumstances will vary.

Occupational Health's referrals in respect of Covid-19, should generally be used in the following instances:

- when an employee is at high-risk and additional advice is required around what can be accommodated. Shielding employees do not need to be referred as national guidance exists for this group.
- when a risk assessment has been completed but is inconclusive.

Occupational Health will be able to advise where an employee is very anxious about returning to work and can provide support and signposting to other services.

Mild	Continue working as normal but following controls set out within the risk assessment and safety precautions (i.e. cleaning down all work/school areas before and after use, ensure where possible social distancing both during work and during breaks)
Moderate	Follow controls within risk assessment and safety precautions. Adjust working hours, work in a separate room, consider other adjustments, where possible. The focus is to support staff to attend work where possible.
High	Follow controls within risk assessment and safety precautions. No direct contacts. Lone working or working in separate office with minimal movement within the building. Working from home, where possible

Examples of staff and scoring	
Male	2 points
Chinese	1 point
Age 56	2 points
BMI 28	1 point

No medical conditions	0 point
Score:	6 points Mild risk category
Male	2 points
Black	4 points
Age 42	1 point
Diabetic (IDDM)	1 point
Score:	8 points Moderate risk category
Female	1 point
Egyptian	3 points
Age 64	3 points
BMI 36	4 points
Angina and Diabetic	4 points
Score:	15 points High risk category

Disclaimer

The SAAD Score is provided as a guidance and should be used as such. The line manager/Head Teacher/SLT/Governor should use the score card as an aid-memoire. Where necessary if a clear option is not available, then with mutual agreement a solution should be sought. If there is a disagreement in the role and function following an assessment, it is up to the employer to seek either HR (Human Resource) or OH (Occupational Health) advice.

The co-authors take no responsibility for consequences as a result of problems generated due to the use of the SAAD Score system. With the emerging evidence, the scoring system will be revised and it is up to the score system user to ensure they have access to the latest version available. At School level the co-authors would encourage the staff member to self-assess their position based on individual circumstances and experience. They may score themselves outside the allocated score in the system, which will then be for discussion with their line manager/Head

Teacher/SLT/Governor. The co-authors would encourage supportive discussions between manager/Head Teacher/SLT/Governor and staff members in a way that acknowledges the particular pressures faced by BAME staff during Covid-19.

This matrix is based on the trends identified by a group of medical practitioners (via Public Health), it is not totally definitive as there is insufficient conclusive evidence; further studies are expected.