



Ivingswood Academy

COVID-19: Operational Risk Assessment

Risk = severity x likelihood

Official name;	Ivingswood Academy	Area / Activity;	Whole School Site
Site address;	Greenway Chesham Buckinghamshire HP5 2BY	Assessment date;	August 2021 January 2022 updates
		Assessment made by;	Sign; Print; Julie-Ann Swaysland
		Assessment review date;	September 2021 or as and when changes occur nationally or locally Reviewed January 2022 (changes in red)

Please note: this risk assessment should be undertaken in conjunction with the guidance on school operation issued by the Department for Education on 8th July - 'Step 4' update and the documents referred to therein (as of the date of assessment). This risk assessment has been completed by persons with minimal experience or understanding of Covid-19 and the risks associated, but has been completed following the guidance outlined in local and national Government recommendations.

Related documents, and **Government guidance:**

- [Actions for early years and childcare providers during the COVID-19 pandemic](#)
- [Guidance for parents and carers of children attending out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)
- [Schools COVID-19 operational guidance](#)
- [COVID-19: assessment processes for selective school admissions](#)
- [Protective measures for holiday or after-school clubs and other out-of-school settings for children during the coronavirus \(COVID-19\) outbreak](#)
- [Dedicated transport to schools and colleges COVID-19 operational guidance](#)
- [What parents and carers need to know about early years providers, schools and colleges during COVID-19](#)
- [COVID-19: guidance for children's social care services](#)

Risk Rating Definitions	
Low – 1-2	This is an acceptable level of risk. No further controls are required as the risk rating cannot be reduced any further. However, it is advised that continual monitoring occurs in order to ensure that no changes / deviation of control measures occur.
Medium – 3-4	It is advised that further controls are implemented to reduce the risk rating to as low a level as possible. If the risk cannot be reduced to lower than a medium, then on site monitoring should occur to ensure that all stipulated controls are being adhered to.
High – 6-9	This is an unacceptable risk rating. Urgent interim controls should be implemented to reduce the risk so far as is reasonably practicable. If the risk rating cannot be reduced to lower than a High , then a documented safe system of work should be implemented to control the activity. It may be necessary to seek further professional advice. Serious considerations should be given to the validity of carrying out the activity at all. Regular monitoring of the activity should occur.

Potential Severity of Harm	High - 3 Death, paralysis, long term serious ill health.	Medium - 3	High - 6	High – 9
	Medium – 2 An injury or illness requiring further medical assistance or is a RIDDOR incident.	Low – 2	Medium - 4	High – 6
	Low - 1 Minor injuries or illness not resulting in any first aid or absence from work.	Low – 1	Low – 2	Medium - 3
	Low - 1 The event is unlikely to happen.	Medium - 2 It is fairly likely to happen.	High - 3 It is likely to happen.	
	Likelihood of Harm Occurring			

Brief summary of changes for schools in Step 4

From 19th July (Step 4) school covid rules are lifted so that:

- Staggered start and finish times are no longer needed.
- Face coverings will no longer be required in classrooms and communal areas, or on dedicated transport or on public transport.
- Bubbles are no longer needed for school or summer school.
- Assemblies can resume.
- Normal lunch times can resume.
- School will no longer be required to carry out contact tracing.

From 16th August:

- Close contacts of a confirmed case under 18 (18yrs + 4 months) will no longer be required to self-isolate. However, they will be required to engage with test and trace and take a PCR test.

Schools should continue to:

- Exercise good hand hygiene.
- Exercise good respiratory hygiene, catch it, bin it, kill it principles.
- Use 'enhanced cleaning' regimes, particularly on frequently touched surfaces (minimum twice a day is suggested).
- Maintain good ventilation in occupied parts of the school, balancing ventilation with thermal comfort.
- Use PPE where appropriate to their setting or activity ([link](#)).
- Have systems in place to encourage all who have symptoms of covid to self-isolate (including household siblings), engage with test and trace and follow PH advice.
- Engage with regular testing 3 days prior to the start of the autumn term. (to be reviewed Sept 2021)

Outbreak Management (see separate document):

From Step 4, close contacts will be identified via NHS Test and Trace. Schools may be contacted in exceptional cases to identify close contacts, as currently happens in managing other infectious diseases. Schools will continue to have a role in working with health protection teams in the case of a local outbreak

Schools should ask parents and staff to inform them immediately of the results of a test: 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'

PPE:

Face coverings are not classified as PPE (personal protective equipment). PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type which covers your nose and mouth.

The majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 1+ metres from others.

Additional PPE for coronavirus (COVID-19) is only required in a very limited number of scenarios, for example, when:

- a pupil becomes ill with coronavirus (COVID-19) symptoms, and only then if a 1+ metre distance cannot be maintained
- performing aerosol generating procedures (AGPs)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999722/PPE_in_education_childcare_and_childrens_social_care_settings.pdf

When working with children and young people who cough, spit or vomit but do not have coronavirus (COVID-19) symptoms, only any PPE that would be routinely worn, should be worn. The guidance on safe working in education, childcare and children's social care provides more information about preventing and controlling infection. This includes:

- when and how PPE should be used
- what type of PPE to use
- how to source it

Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)

Guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999722/PPE_in_education_childcare_and_childrens_social_care_settings.pdf

Face Coverings:

In line with the Plan B guidance and the January 2nd DfE update, face-coverings are required by adults in communal spaces internally. From today, Sunday 2 January, it is recommended that face coverings are worn in classrooms where pupils in year 7 and above are educated. The advice is short term only, to support pupils and teachers as they return to school this term and builds on the existing proportionate guidance that recommends face coverings for all adults in communal areas of all settings.

From 19 July, in line with Step 4 of the roadmap, face coverings will no longer be recommended for pupils in classrooms or communal areas in all schools.

The reintroduction of face coverings for pupils, students or staff may be advised for a temporary period in response to particular localised outbreaks, including variants of concern. In all cases, any educational drawbacks should be balanced with the benefits of managing transmission. The Local Authority or local PHE will advise if circumstances are such to re-introduce the use of face coverings. Immediate outbreak response (at the level of individual settings or a cluster of settings) remains for **local directors of public health** to advise on.

Domestic residential educational visits:

Domestic residential educational visits In line with the roadmap, schools can undertake domestic residential education visits, from 17 May. Bubbles are no longer required after 19th July.

International visits can resume after 19th July but are not recommended until the autumn term.

Any domestic and international residential educational visits must be conducted in line with relevant COVID-19 guidance and regulations in place at that time and for the country you are visiting. For international trips the foreign and commonwealth office (FCO) should be consulted before any trip is considered.

For international visits school will need to be mindful of the restrictions still in place regarding the red, amber and green list and be mindful that for amber countries there may be requirements for all participants to quarantine or self-isolate upon return.

Schools will also need to be mindful to check their insurance status for short notice cancellation.

For guidance refer to gov.uk

Areas of concern	People at risk	Control measures	In place? (Y / N)	Further actions /comments	Risk rating H/M/L
<p>Coming into contact with individuals who are unwell</p>	<p>Staff, pupils, visitors and contractors. Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> • Staff, pupils, visitors and contractors do not come into the school if they have COVID19 symptoms or have tested positive in the last 10 days, or 8 if 2 positive LFTs taken in day 6 and 7. • Anyone developing COVID19 symptoms is sent home. • Persons who have symptoms who refuse to take a confirmatory PCR test will isolate for at least 10 days and will not be in school. • Persons with a positive test will remain in isolation for a period of 10 days from the date of the test. • Updated guidance says that isolation periods may be reduced following 2 negative LFT tests, taken on day 6 and 7 of isolation. Both must be negative for pupils and staff to be allowed to return to school on day 8. • Pupils, parents and staff are aware of what steps to take if they, or any member of their household, displays symptoms. This includes an understanding of the definitions and mitigating actions to take in relation to the terms clinically vulnerable and clinically extremely vulnerable should these apply. • Anyone not required to isolate after contact with a positive COVID case, is required to take an LFT daily for 7 days after notification of contact. • A record of any COVID-19 symptoms in staff or pupils is reported to the local authority and local health protection team (see reopening plan for contact details). 		<p>Follow advice from PH concerning return to school.</p>	<p>3</p>
<p>Lateral Flow Testing is not used effectively to help identify asymptomatic cases, manage staffing levels and support staff wellbeing</p>	<p>Staff and pupils</p>	<ul style="list-style-type: none"> • Guidance on parents Lateral Flow Tests has been sent to families – families will be encouraged to use LFTs to reduce the impact of asymptomatic cases, but these are ‘opt in’ in line with Government guidance • School hold home test kits to give to families who may otherwise not get tested • Lateral flow tests are available for all staff - staff are encouraged to take these but they are ‘opt in’ in line 			<p>3</p>

		with Government guidance. Those staff who do 'opt in' will take tests twice weekly.			
A pupil or staff member shows symptoms of COVID19 whilst in school	Staff, pupils, visitors and contractors. Reduced infection control which may result in spread of COVID19	<ul style="list-style-type: none"> • An additional room is designated for pupils with suspected COVID-19 whilst collection is arranged. • Windows are opened for ventilation. • PPE is worn by staff caring for the pupil while they await collection if a distance of 1+ metres cannot be maintained. • The area around the pupil with symptoms is cleaned and disinfected after they have left. (See cleaning hazard) • Everyone washes their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. 			3
Staff, pupils and parents are not aware of the school's procedures (including on self-isolation and testing) should anyone display symptoms of COVID-19	Staff and pupils, parents	<ul style="list-style-type: none"> • Staff, pupils and parents have received clear communications informing them of current government guidance on the actions to take should anyone display symptoms of COVID-19 and how this will be implemented in the school. • This guidance has been explained to staff and pupils as part of the induction process. • Any updates or changes to this guidance are communicated in a timely and effective way to all stakeholders. 			3
The number of staff who are available is lower than that required to teach classes in school and operate effective home learning	Staff & Pupils	<ul style="list-style-type: none"> • The health status and availability of every member of staff is known and is regularly updated so that deployment can be planned. • Full use is made of those staff who are self-isolating or shielding but who are well enough to work from home. Teachers to use TEAMS to lead teaching and learning wherever possible. • Flexible and responsive use of teaching assistants to supervise classes is in place. • Lateral flow tests are available for all staff - staff are encouraged to take these but they are 'opt in' in line 			3

		<p>with Government guidance. Those staff who do 'opt in' will take tests twice weekly.</p> <ul style="list-style-type: none"> • Staff who are fully vaccinated against Covid-19 do not need to isolate if they come into contact with a positive case – instead they must take daily lateral flow tests. 			
Use of public transport/school buses	<p>Staff, pupils, parents/guardian, visitors and contractors. Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> • Pupils and staff are encouraged to cycle or walk to work. • Communicate information to parents and staff where appropriate. 			1
Visitors to site	<p>Staff, pupils, parents/guardian, visitors and contractors. Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> • Visitors to site should be kept to a minimum, visits by appointment preferred • Visitors are asked if they have any symptoms of COVID19 or have had contact with anyone who has symptoms of COVID19, before they arrive on site. • Visitors will be asked to take an LFT before visiting school. • Records will be kept of any visitors to school to support any required track and trace procedures 			3
Carrying out First aid	<p>First Aider Person being treated by the first aider. (Carrying out 1st aid may require the 1+mtr social distancing rule to be broken)</p> <p>This activity requires the 1+mtr social distancing rule to be broken. This could lead to either person involved in becoming</p>	<ul style="list-style-type: none"> • A first aider should not be administering first aid treatment a person who has the symptoms of COVID-19 unless life threatening condition and using St John's ambulance guidance (link at end of document). Isolation care can be given. • If a child presents symptoms of COVID-19 they will be isolated 1+m away from people and parents called to collect them. • Persons who have symptoms will isolate for 10 days and will not be in school, (may reduce to 8 following 2 negative LFT tests.). • The first aider will wash their hands for at least 20 seconds with soap and water before donning gloves. 			3

	<p>infected with COVID-19 through close contact with an asymptomatic carrier, transmitting the virus through bodily fluids or respiratory droplets entering the persons eyes, nose or mouth.</p>	<ul style="list-style-type: none"> • The first aider will cover any cuts on their hands with waterproof plasters and/or wear gloves if necessary. • The first aider will avoid putting their fingers in their mouth and touching their face. • The first aider will avoid touching any part of a dressing that will come in contact with a wound. • The first aider will wear goggles (if the person requiring first aid is showing signs of COVID19) conforming BSEN 166.1b.3 to prevent bodily fluids being splashed into the eyes. • A fluid-resistant surgical face mask will be worn by the first aider, if the person is presenting with COVID19 symptoms. • After each first aid treatment is given all equipment and surfaces, including goggles and visor used will be cleaned down using a detergent solution. This is followed by disinfection using a solution that contains 1000 parts per million (1000 ppm av.cl.). The goggles and visor are rinsed with clean water after being disinfected to remove any chemical residue. • After using the face masks, aprons and gloves they will be correctly doffed and placed straight into a bag and the bags tied. • Face masks and gloves will only be used for 1 treatment of first aid they will not be used to treat a second person requiring first aid. • First aiders have been given information on how to correctly don and doff their PPE. • No food will be stored or eaten in the first aid room. • After first aid treatment is given and cleaning has been completed the first aider will wash their hands with soap and water for at least 20 seconds before commencing any further work. • There is a dedicated room for first aid that will be used solely for first aid treatment to help prevent bodily fluids contaminating other parts of the building. 			
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<p>Intimate care</p>	<p>Staff, pupil</p>	<ul style="list-style-type: none"> • The staff member providing the intimate care will wash hands thoroughly before and after providing intimate care, using soap and water for at least 20 seconds. Use alcohol-based hand sanitiser if soap and water is not available. • Children whose care routinely already involves the use of PPE due to their intimate care needs will continue to receive their care in the same way, using the same PPE as they have always done for this task. This PPE may include: gloves, apron, mask/visor • If contact with the unwell child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. • The room is well ventilated at all times. 			<p>3</p>
<p>Pupils' behaviour on return to school does not comply with latest guidance</p>		<ul style="list-style-type: none"> • Clear messaging to pupils on the importance and reasons for expected behaviour is reinforced throughout the school day by staff. For young children this is done through age-appropriate methods such as stories and games. • Staff model expected behaviours consistently. • Large indoor gatherings e.g. assemblies continue to be planned with care • Break times and lunch times continue to be staggered. • Deliberate violation of expected behaviours and/or unhygienic behaviour must be treated as more serious. 			<p>3</p>
<p>Insufficient Cleaning</p>	<p>Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> • A detailed cleaning schedule will be implemented throughout the site, ensuring that contact points, e.g. worksurfaces, door handles, taps etc. are all thoroughly cleaned and disinfected regularly. • Hard surfaces are cleaned with soap and water/standard detergent prior to disinfecting. • Hard surfaces to be cleaned with soap and water prior to disinfecting. 		<ul style="list-style-type: none"> • Consider increasing hours of cleaning staff to assist in enhancing the cleaning regime. 	<p>2</p>

		<ul style="list-style-type: none"> • Disinfecting should be performed using either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a household detergent followed by a disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) • Extra attention is to be given to frequently touched areas and surfaces, e.g. doors, toilets, door handles, phones, light switches and door fobs, etc. at least twice a day with one of those times being either at the start or end of the day. • Hand towels and hand wash are to be checked and replaced as needed. • Enhance the cleaning regimes for toilet facilities, particularly door handles, locks and the toilet flush, etc. • Only cleaning products supplied by the school are to be used. Staff are told not to bring cleaning products from home. • Please refer to the school's COSHH risk assessments for further control measures in relation to cleaning chemicals used. • PPE required for cleaning will be noted in the outcome of the COSHH risk assessments conducted for cleaning chemicals used. • Bin liners are used in all bins and bins are emptied into the external waste bin regularly. • Random monitoring spot checks are made by Paul Newns and SLT to confirm cleaning activities are being completed. 		<ul style="list-style-type: none"> • Consider reintroducing lunchtime cleaning schedule 	
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<p>Poor Ventilation / Lack of Ventilation</p> <p>Thermal Discomfort in colder months</p>	<p>Staff, pupils, visitors, contractors.</p> <p>Reduced infection control which may result in spread of COVID19.</p> <p>COVID-19 transmitting through mechanical ventilation ducts that link between rooms.</p>	<ul style="list-style-type: none"> Natural ventilation is provided by opening windows. In cooler weather windows will be opened just enough to provide constant background ventilation. Windows will be opened more fully during breaks to purge the air in the space. Natural ventilation is provided by opening external doors where this would not create a safeguarding and/or fire risk. Heating will be used and adjusted as necessary in occupied spaces to help to ensure thermal comfort levels are maintained. CO2 monitors will be used to measure levels of ventilation. When levels rise above 1500, children will leave the classroom for 10 minutes. and all windows and doors will be open to provide ventilation. 		<p>Consider using CO2 monitors to check air quality in poorly ventilated rooms. When the monitor indicates, open windows and doors till monitor returns to normal.</p>	<p>4</p>
<p>Breakfast and after school clubs</p>	<p>Staff, pupils, parents/guardian, visitors and contractors.</p> <p>Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> Individual Covid risk assessments should be available for activities taking place out of school hours. This should contain controls to reduce the spread of COVID19 and be consistent with step 4 guidance for the activity being undertaken. 			<p>3</p>
<p>Residential visits / off-site visits</p>	<p>Staff, pupils, parents/guardian/public/volunteers</p> <p>Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> A COVID risk assessment will be created for each off-site visit. Any educational visits will be conducted in line with relevant COVID-19 guidance and regulations in place at that time both domestically and internationally. OEAP and government guidance will be followed during the visits and will be used to help develop risk assessments for the visits. 			<p>4</p>
<p>Poor Hand Hygiene</p>	<p>Reduced infection control which may result in spread of COVID19</p>	<ul style="list-style-type: none"> Pupils and staff to use hand sanitiser immediately on entering the building and then wash their hands with soap and water for at least 20 seconds on arrival at school, before eating and after breaks. Pupils are reminded regularly on how to wash hands and young children are supervised in doing so. 			<p>2</p>

Poor Respiratory Hygiene	Reduced infection control which may result in spread of COVID19	<ul style="list-style-type: none"> • Tissues provided in every classroom. • Bins provided in all classrooms and in communal areas. • Relay the “catch it, kill it, bin it” approach to all staff and pupils. 			2
Parents and carers may not fully understand their responsibilities should a child show symptoms of COVID-19	Staff, pupils, parents/guardian/public/volunteers	<ul style="list-style-type: none"> • Key messages in line with government guidance are reinforced on a regular basis via Teachers2parents and the newsletter. • Parents are kept up to date with information, guidance and the school’s expectations on a regular basis using a range of communication tools. 			2
Adverse effect on the education of pupils with underlying health issues or those who are shielding		<ul style="list-style-type: none"> • Parents have been asked to make the school aware of pupils’ underlying health conditions and the school has sought to ensure that the appropriate guidance has been acted upon. • The school, and parents are clear about the definitions and associated mitigating strategies relation to people who are classed as clinically vulnerable and clinically extremely vulnerable. • Schools have a regularly updated register of pupils with underlying health conditions. • Pupils who fit these categories are catered for with online learning/paper packs to support home learning – this must be balanced with the workload and wellbeing of teaching staff who will also have full classes to cater for. 			2
Staff with underlying health issues or those who are shielding are not identified and so measures have not been put in place to protect them		<ul style="list-style-type: none"> • All members of staff with underlying health issues, those within vulnerable groups or who are shielding have been instructed to make their condition or circumstances known to the school. Records are kept of this and regularly updated. • Members of staff with underlying health conditions have been asked to seek and act on the advice of their GP/consultant/midwife or current government advice. 			2

		<ul style="list-style-type: none"> • Staff are clear about the definitions and associated mitigating strategies relation to people who are classed as clinically vulnerable and clinically extremely vulnerable. • All staff with underlying health conditions that put them at increased risk from COVID-19 will be supported to work from home in line with national guidance. • Current government guidelines will be applied. 			
The school environment does not provide a ‘protective’ environment for staff who have household family members with underlying health issues or those who are shielding		<ul style="list-style-type: none"> • Current government guidelines will be applied. • Where there is no opportunity to shield from the family member from within the home (e.g. adults in separate rooms), this may mean supporting staff members to work from home in line with National guidance. 			2
Working from home can adversely affect mental health		<ul style="list-style-type: none"> • Staff working from home due to self-isolation have regular catch-ups with line managers. • Staff are encouraged to speak regularly with colleagues, take regular breaks and exercise. • Staff working from home may help provide remote learning for any pupils who need to stay at home. 			2
Educational provision must still be maintained in the event of another lockdown		<ul style="list-style-type: none"> • Current government guidance will be followed – school may or may not be open for the children of key workers depending on the circumstances. • See ‘Remote Learning Plan’ for more details 			2