

Coronavirus (COVID-19) Risk assessment		
Establishment: Croydon School for Arabic and Kurdish Studies	Assessment by: Shakir Shabaa	Date: 5 July 2020
Review Dates: 9 July 2020		

Protecting our students and staff – returning to work and Health Risk Assessments

Purpose of this document:

This COVID19: Risk Assessment sets out the decisions taken and measures put in place by the government and UK health authorities to prepare for the full opening of the school in September 2020 and ensure the school continues to operate in a safe way.

To cause infection the Covid-19 virus needs to enter the body through the eyes the nose or the mouth and therefore there are two types of transmission:

Direct Transmission	Indirect Transmission
When a person with the disease coughs or sneezes, droplets can spread up to 2m, which can be inhaled or land on your eyes.	When a person with the disease coughs or sneezes, droplets can be deposited on surfaces and can last for up to 5 days. If you touch these surfaces with your hands and then touch your eyes, nose or mouth, the virus can enter the body

The aim is to prevent virus spread via indirect and direct transmission.

Responding to these issues

In response, the school has undertaken a Health and Safety Risk Assessment for reopening, taking into account the Government's "Working Safely during Covid-19" guidance, expectations for Covid-19 secure workplaces, Public Health England (PHE) guidance and new Government [guidance for full opening of schools](#) Published 2 July 2020

Staff have been consulted on this Risk Assessment and it will be regularly monitored and reviewed.

Protecting school staff

The Government has confirmed that following the relaxation of shielding measures on 1 August they expect that most staff should attend school, including those that are clinically vulnerable and extremely clinically vulnerable.

While it remains the case that those who can work from home should do so, it is recognised that this will not be applicable to most school staff from September when all pupils return on a full-time basis.

Having considered Government guidance for full opening of schools in September 2020, essential measures put in place include:

- a requirement that people who are ill stay at home
- robust hand and respiratory hygiene
- enhanced cleaning arrangements
- active engagement with NHS Test and Trace
- putting in place any Personal Protective Equipment (and guidance for use for specific roles) as required by risk assessments.
- formal consideration of how to reduce contacts and maximise distancing between those in school wherever possible and minimise potential for contamination so far as is reasonably practicable. This will include:
 - grouping children together
 - avoiding contact between groups
 - arranging classrooms with forward facing desks
 - adjusting timetable patterns and staggering entry and exit times
 - staff maintaining distance from pupils and other adults as much as possible, especially outside their bubble

Clinically Extremely Vulnerable

Individuals identified as being clinically extremely vulnerable (those with serious underlying health conditions), which puts them at very high risk of severe illness from coronavirus and have been shielding.

Shielding will be paused on 1 August and this group of staff can return to work where strict social distancing can be maintained. Guidance on protecting this category of vulnerability can be found on the [PHE website](#) (Published 21 March 2020 - Last updated 8 July 2020).

Clinically Vulnerable

Employees who are at higher risk (people with some pre-existing conditions, aged 70 (regardless of medical condition) or pregnant), as set out in the [Staying at home and away from others \(social distancing\) guidance](#) (Published 11 May 2020 - Last updated 3 July 2020) are advised to take extra care in observing social distancing.

Other concerns

It is recognised that some employees not covered by the specific categories above may nonetheless be anxious about returning to work especially if they have not been in the workplace for many months.

The head teacher/line manager should discuss with the employee:

- The issues and potential risk factors and the mitigation that is already in place through the Health & Safety Risk Assessment. This includes safe systems of work, social distancing, hygiene measures and the use of appropriate personal protective equipment (PPE), if required.
- The need for, and viability of, any further measures that the staff member and/or the school can put in place, including any temporary or alternative working arrangements to enable the key elements of the job role to be done.

How to approach the health risk assessment:

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement.
2. Where actions to mitigate risk are outlined in the school's Health & Safety Risk Assessment for September opening, it is appropriate to cross-reference the actions to avoid duplication.
3. The risk assessment can be used in conjunction with, but not replace, any occupational health assessments or other existing medical advice.
4. It is very much hoped that agreement can be reached, but ultimately the school will need to make a judgement about whether it is reasonable to require the employee to attend for work.
5. The risk assessment should be kept under review, particularly where circumstances change.

Protecting our students and staff – returning to work and Health Risk Assessments

Focus	Area of consideration	Recommendation	Risks and level of risks
Children	Drop off	<ul style="list-style-type: none"> • Families to be issued with staggered times to drop off/collect. Social distancing to be adhered to at all times. • Parents to drop and pick up the children in grassed area of garden. Parents are to demonstrate social distancing at all times. A member of staff will be in the garden to welcome children and take the register. Bags to go onto lunchbox trolley at top of path. • Only children who are symptom free or have completed the required isolation period attend the setting. • On arrival at the school, it is reasonable to ask if parents, children or any member of the household have any of the symptoms of COVID-19 (high temperature or a persistent cough). If the answer is yes, they should not be allowed to leave their child at the setting. The child cannot return until a negative test result has been confirmed and agreed return with school or current isolation guidelines followed. • No toys, teddys or blankets (or similar) to be brought in from home. • Children to enter the setting and staff take them to wash hands thoroughly on arrival at the setting, when changing rooms and before eating. • Encourage children to avoid touching their face, eyes, nose and mouth. • All children coming to the setting should avoid all non-essential public transport travel, and outside of setting hours, follow national guidelines for social interaction. • Any child who has been told to shield or who is clinically vulnerable or live in a household with someone who has been advised to shield or is clinically vulnerable cannot attend the setting. 	

		<ul style="list-style-type: none"> • Any child who has taken any form of paracetamol or ibuprofen will not be allowed into school for 48hours after symptoms have ended. • Any child who displays signs of a cold will not be allowed in school until 48hours after symptoms have ended and a negative test result. • Children taking time to settle after prolonged break and change in routine. • Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child. • Aim to limit drop off and pick up to <u>1 adult per family</u> and stagger the timings where possible. • Consider allowing parents to enter the School for the purpose of settling in sessions if not doing so would cause a child distress. All measures should be taken to minimise contact between the parent and other children and staff members. 	
	Physical distancing/ grouping	<ul style="list-style-type: none"> • Childrens sessions will be organised into small groups of attendance, wherever possible these small groups or “bubbles” should not mix during the week. • Care routines including provision of snacks should be within the space allocated to each “bubble” wherever possible. • The use of communal internal spaces should be restricted as much as possible. • Outdoor spaces should be used by different “bubbles” at different times of the day. • Return will be gradual with priority given to school leavers and vulnerable learners. 	
	Play and Learning	<ul style="list-style-type: none"> • Implement social distancing where possible: <ol style="list-style-type: none"> 1. Small groups 2. Parents to leave the site promptly after dropping off children. • Minimise the resources available to those that can be cleaned effectively. 	

		<ul style="list-style-type: none"> • Ensure children wash hands regularly, throughout the day, as well as before eating, after coughing or sneezing. 	
	<p>Childrens Wellbeing and education</p>	<ul style="list-style-type: none"> • Children should be supported in developmentally appropriate ways to understand the steps they can take to keep themselves safe including regular hand washing and sneezing into a tissue. • Children should be supported to understand the changes and challenges they may be encountering as a result of COVID-19 and staff need to ensure they are aware of children’s attachments and their need for emotional support at this time. • Provision will not be normal. Limited access to resources. Limited staff and children in each session. Limited learning due to limited resources. • Play equipment to be minimalised and multiple groups are not to use it simultaneously. • Minimalise contact and mixing by altering, as much as possible, the environment. • Removal of soft furnishings, soft toys and toys that are hard to clean. • Where possible keep children and adults in small groups, keep these groups 2m apart from each other and minimalise contact between them • Government reasoning – best place to learn and important for mental wellbeing to have social interactions with peers, carers and teachers • Provision will be based in the garden. Children will need jumper and coat every day, they will also require sun cream before attending. 	
	<p>Toileting, nappy changing and cleaning up of accidents.</p>	<ul style="list-style-type: none"> • Children should be supported to do as much for themselves as possible. • Limit number of children using sinks, queue to be in cloakroom or classroom to allow for more space. • When changing nappies toilets are to be closed off to all other children. • When changing nappies staff are to wear apron and one pair of gloves. Used nappy, gloves, apron and changer paper are to 	

		<p>be double bagged and put into child's bag for parents to dispose of at home</p> <ul style="list-style-type: none"> • Children should not attend if unwell. • If an accident happens whilst it is dealt with no one else should use the bathroom. • Once the child has been sorted out then the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. • Childrens own clothes to be used. 	
	If a child starts displaying symptoms.	<ul style="list-style-type: none"> • If a child begins displaying a continuous cough or a high temperature, they should be sent home to isolate per the guidelines. • A child awaiting collection should be moved, if possible and appropriate, to a room where they can be isolated behind a closed door. If it is not possible to isolate them move them to an area which is at least 2 metres away from other people. A window should be opened for ventilation. <p>If they need to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>If a member of staff has helped someone who displayed symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.</p> <p>If clinical advice is needed, the setting staff, parent or guardian should go online to NHS 111 (or call 111 if they don't have internet access)</p>	
Workforce	Attendance	<ul style="list-style-type: none"> • Staff should only attend the School if they are symptom free, have completed the required isolation period or achieved a negative test result. • Staff with underlying conditions unable to work as normal • Risk assessing with regular health questionnaires for returning staff. 	

		<ul style="list-style-type: none"> • Consideration should be given to limiting the number of staff in the School at any one time to only those required to care for the expected occupancy levels on any given day. • All staff coming to the setting should avoid all non-essential public transport travel, whenever possible and outside of setting hours, should minimise social interactions, as per the national guidelines. • Practitioners should receive clear communication regarding the role they play in safe operating procedure and all measures being taken to ensure the safety of the children and themselves. 	
Workforce	Wellbeing	<ul style="list-style-type: none"> • Practitioners will be working different hours and in different groups • Staff will be focused of children and cleaning as we go along • Socialisation and interaction will be different with a limit to contact with other adults and the children – this is NOT possible 	
Food Preparation, snack and lunches		<ul style="list-style-type: none"> • Be mindful of the number of bubbles in food area. 1 bubble at a time. • 4 people per table. • Remove easel and spread tables out. • Staff and Children MUST wash hands before prep or eating, • Staff and children MUST wash hands after eating. • Adults to handle eaten food as little as possible. • Children and adults to be responsible for their own food rubbish. 	
Workforce and Parents	Physical distancing/grouping	<ul style="list-style-type: none"> • Wherever possible, staff should remain with the small group of children, the “bubble” of children who they are allocated to and not come into contact with other groups. • Social distancing must be maintained during breaks. • Staff members should avoid physical contact with each other including handshakes, hugs etc. • Where possible, meetings and training sessions should be conducted through virtual conferencing. 	
	Training	<ul style="list-style-type: none"> • All staff members must receive appropriate instruction and training on infection control and the standard operation 	

		procedure and risk assessments within which they will be operate.	
	Physical distancing	<ul style="list-style-type: none"> • Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child. • Aim to limit drop off and pick up to 1 adult per family and stagger the timings where possible. Parents are to leave promptly and move away from the school boundaries whilst maintaining social distancing guidelines. • Consider allowing parents to enter the School for the purpose of settling in sessions if not doing so would cause a child distress. All measures should be taken to minimise contact between the parent and other children and staff members. 	
Parents, committee and Visitors	Communication	<ul style="list-style-type: none"> • Parents should receive clear communication regarding the role they play in safe operating procedure and all measures being taken to ensure the safety of their children and themselves. • Committee to clearly and promptly keep all staff informed of changes and details of wages, policies etc. 	
	Visits	<ul style="list-style-type: none"> • Attendance to the setting should be restricted to children and staff as far as practically possible and visitors should not be permitted to the school unless essential (e.g. essential building maintenance). • Where essential visits are required these should be made outside of the usual School ours where possible. • All committee involvement, should where possible, be conducted via virtual conferencing such as zoom. • New family show rounds should be done virtually outside of school hours. 	
Travel	Travel associated with setting operations	<ul style="list-style-type: none"> • Wherever possible staff and parents should travel to the School using their own transport. If public transport is necessary, current guidance on the use of public transport must be followed. 	
PPE	Both Workforce and children	<ul style="list-style-type: none"> • Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be 	

		<p>maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus.</p> <ul style="list-style-type: none"> • The majority of staff in education 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 2 metres from others. PPE is only needed in a very small number of cases including: • Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way • If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the 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 a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn • 	
Cleaning	Undertake regular cleaning	<ul style="list-style-type: none"> • Clean AND disinfect frequently touched surfaces throughout the day. • This includes tables, chairs, resources, equipment, doorknobs, light switches, countertops, handles, toilets, taps, and sinks. • Wear one pair of disposable gloves for cleaning and dispose of immediately after cleaning. • Play equipment to be minimalised and multiple groups are not to use it simultaneously. • Using a disposable cloth, first clean hard surfaces with warm soapy water, then disinfect these surfaces with the cleaning products you normally use. 	

		<ul style="list-style-type: none"> Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning. 	
Cleaning REVIEWS:	Cleaning of electronics	<ul style="list-style-type: none"> Regularly clean electronics, such as tablets, touch screens, keyboards, telephones and remote controls throughout the day. 	
	Disposal of potentially contaminated waste	<ul style="list-style-type: none"> Waste from possible cases and cleaning of areas where possible cases have been, should be double bagged and put in a suitable and secure place, marked for storage until: <ol style="list-style-type: none"> the individual tests negative; waste can then be put in with the normal waste the individual tests positive or results not known; then store it for at least 72 hours and put in with the normal waste 	

Important note:

This risk assessment should be kept under review, particularly where circumstances change.

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