

School risk assessment: Southampton City Council.

Name of school: Fairisle Infant and Nursery School

Name of person filling out this assessment: Health & Safety Steering Group

Date of completion: 10th full review 24 February 2021

Next review date: This risk assessment is a live document and updated as new guidance is issued, next full review 29<sup>th</sup> March 2021

Date of review by governing body: 10<sup>th</sup> March 2021

National lockdown began 6<sup>th</sup> January 2021. The school is open to children of critical workers and vulnerable children only.

The school will open to all children 8<sup>th</sup> March 2021.

When assessing risk, leaders and governors must use professional judgement and seek further advice as appropriate. We recommend that settings use the following formulae to identify risks and to formulate appropriate countermeasures.

### Impact x Likelihood = Risk

Impact	Score	Health and safety effect
Critical/ Catastrophic	5	Multiple deaths of employees, service users, members of the public, etc.
Major	4	Death of an employee, service user, member of the public, etc.
Moderate	3	Serious injury (acute, chronic or life-changing) to employee, service user or member of the public requiring medical intervention.
Minor	2	Minor injury such as a bump or bruise that may require First Aid treatment and the person returns to work.
Insignificant/ Negligible	1	A day to day issue/problem but negligible harm would result.

Likelihood	Score	Expected frequency
Almost Certain	5	Reasonable to expect that the event WILL undoubtedly happen/recur, possibly frequently and is probable in the current year
Probable / Likely	4	Event is MORE THAN LIKELY to occur, will probably happen/recur, but is not a persisting issue. Will possibly happen in the current year and be likely in the longer term
Possible	3	LITTLE LIKELIHOOD of event occurring. Not likely in the current year, but reasonably likely in the medium/long term.
Unlikely	2	Event NOT EXPECTED. Do not expect it to happen/recur. Extremely unlikely to happen in the current year, but possible in the longer term.
Very Unlikely /Rare	1	EXCEPTIONAL event. This will probably never happen/recur. A barely feasible event.

Overall risk rating: Impact x Likelihood = Risk						
Likelihood	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	13	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
		<b>Impact</b>				

Level of Risk	Overall Rating	How the risk should be managed
HIGH RISK	15-25	Immediate Management Action
MEDIUM RISK	9-12	Plan for Change
LOW RISK	1-8	Continue to Manage

When completing this document please be mindful of the following guidance from the department for education:

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools#section-1-public-health-advice-to-minimise-coronavirus-covid-19-risks>

<https://www.hse.gov.uk/coronavirus/working-safely/index.htm>

The following principles will apply to this phase of full opening by settings:

### **System of controls**

This is the set of actions schools must take. They are grouped into 'prevention' and 'response to any infection' and are outlined in more detail in the sections below.

#### **Prevention:**

- 1) minimise contact with individuals who are required to self-isolate by ensuring they do not attend school.
- 2) ensure face are used in recommended circumstances
- 3) clean hands thoroughly more often than usual
- 4) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 5) maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents
- 6) minimise contact between individuals and maintain social distancing wherever possible
- 7) keep occupied spaces well ventilated

8) where necessary, wear appropriate personal protective equipment (PPE)

9) promote and engage in asymptomatic testing

Numbers 1 to 9 must be in place in all school at all times

**Response to any infection:**

10) promote and engage with the NHS Test and Trace process

11) manage and report confirmed cases of coronavirus (COVID-19) amongst the school community

12) contain any outbreak by following local health protection team advice

Numbers 10 to 12 must be followed in every case where they are relevant.

What are the hazards?	Who might be harmed and how?	Overarching control measures	Specific control measures to allow for safe school reopening?	Who is responsible for enacting these measures?	When will they be completed by?	Impact score with controls	Likelihood score with controls	Risk score
Pupils enter the school with COVID-19 symptoms	Pupils, staff and visitors. Risk of CV19 infection.	1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school	<p>Ensuring that pupils, staff and other adults do not come into the school if they have <a href="#">coronavirus (COVID-19) symptoms</a>, or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home, are essential actions to reduce the risk in schools and further drive down transmission of coronavirus (COVID-19). All schools must follow this process and ensure all staff are aware of it.</p> <p>All suspected cases of Covid-19 are recorded on the suspected case record, this is updated once test results are confirmed. Briefing paper for parents provide clear instructions not to attend the school if any household members has symptoms whilst at the centre; safe practice whilst attending the school.</p>	HT, DHT, SBM	ongoing	5	2	10

			<p>If anyone in the school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow '<a href="#">stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>', which sets out that they must self-isolate for at least 10 days and should <a href="#">arrange to have a test</a> to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate for 10 days from when the symptomatic person first had symptoms.</p> <p>If a child 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 2 metres away from other people. The first aid room is the designated area in the Infant school and the admin room is the designated area in the Nursery.</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 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 2 metres 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 <a href="#">safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE)</a> guidance.</p> <p>As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.</p> <p>Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with</p>					
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			<p>them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) 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 <a href="#">COVID-19: cleaning of non-healthcare settings guidance</a>.</p> <p>Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).</p> <p>Staff who are clinically extremely vulnerable (CEV) will need to shield in accordance with guidance issued to the individual.</p>					
Poor hygiene increases the likelihood of infection	Pupils, staff and visitors. Risk of CV19 infection.	2. Clean hands thoroughly more often than usual	<p>Ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future.</p> <p>Points to consider and implement:</p> <ul style="list-style-type: none"> <li>whether the school has enough hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly</li> <li>supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative</li> <li>building these routines into school culture, supported by behaviour expectations and helping ensure</li> </ul>	Teachers, TAs, Nursery staff  Site manager	Ongoing	3	2	6

			younger children and those with complex needs understand the need to follow them	Teachers & TAs				
Poor respiratory hygiene increases the likelihood of infection	Pupils, staff and visitors. Risk of CV19 infection.	3. Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach	<p>Ensure that they have enough tissues and bins available in the school to support pupils and staff to follow this routine. As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. All spent tissues must be placed in lidded bins.</p> <p>Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education.</p> <p>Public Health England recommends that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible. This evidence will be kept under review.</p> <p>In this school, staff wear visors / face covering when in close contact with pupils. Visitors, parents and children over the age of 11 are required to wear a face covering when on site.</p> <p>Face covering is required in all communal areas (staff).</p> <p>Face coverings are required at all times on public transport (for children over the age of 11) or when attending a hospital as a visitor or outpatient.</p>	<p>Site manager</p> <p>Teachers, TAs, Nursery staff</p> <p>Individual risk assessments as appropriate</p>	ongoing	3	3	6

<p>Poor cleaning routines and implementation means that the virus is present on surfaces in the school.</p>	<p>Pupils, staff and visitors. Risk of CV19 infection.</p>	<p>4. Continue enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach</p>	<p>Continue cleaning schedule that ensures cleaning is generally enhanced and includes:</p> <p>more frequent cleaning of rooms / shared areas that are used by different groups. Continue to use class cleaning schedule record throughout the day and hand to the office at the end of the week.</p> <p>frequently touched surfaces being cleaned more often than normal</p> <p>different groups don't need to be allocated their own toilet blocks, but toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet.</p> <p>Clean toilets after breakfast club use, mid-morning break and lunch break</p> <p>Public Health England will publish revised guidance for cleaning non-healthcare settings to advise on general cleaning required in addition to the current advice on <a href="#">COVID-19: cleaning of non-healthcare settings guidance.</a></p>	<p>Site manager cleaning staff</p> <p>Site manager</p>	<p>ongoing</p>	<p>2</p>	<p>3</p>	<p>6</p>
<p>Pupils are in contact with too many other pupils throughout the school, exposing the entire school population to CV19.</p>		<p>5. Minimise contact between individuals and maintain social distancing wherever possible</p>	<p>Children will continue to be grouped in bubbles and will not mix inside or outside. They will enter and leave via their classroom exit only.</p> <p>Staggered break times (am + lunch) as per rota to avoid contact between classes</p> <p>Children will eat lunch in their classrooms and will not use the hall.</p> <p>Assemblies will take place in classrooms</p>	<p>Teachers, TAs</p>	<p>Ongoing</p>	<p>5</p>	<p>2</p>	<p>10</p>



			<p>Pupils in KS1 will be seated at desks side by side facing forwards. Remove any unnecessary furniture to make room for this.</p> <p>KS1 pupils will have their own stationary, e.g. pencils, pens, glue stick.</p> <p>Staff should use their own pens etc.</p> <p>Shared resources in the classrooms must be cleaned frequently, e.g. books, games, scissors.</p> <p>Books brought back from home should be kept in a separate box for 72 hours before use again. A record must be kept of all books going home.</p> <p>Resources that are used between bubbles, e.g. PE equipment must be cleaned frequently and meticulously and always between bubbles.</p> <p>Outdoor play equipment must be cleaned more frequently.</p> <p>Children cannot bring personal equipment apart from book bags for books, lunchboxes and PE kits.</p> <p>Staff will take breaks and use the staffroom as per rota to minimise contact. A maximum of 6 persons in the Infant School staffroom and 4 persons only in the nursery staffroom to adhere to socially distancing.</p> <p>Staff must wear a face covering when they are not able to socially distance 2 metres from colleagues in school.</p> <p>Staff sharing transport must wear a face covering whilst in the vehicle.</p>	PE subject leader to organise equipment to use				
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			<p>Work stations: when staff use a shared work station, they must sanitise their hands and all touch points (keyboard, mouse, phone etc. before and after the session.</p> <p>Staff to wear visor / face covering at drop-off and collection times.</p> <p>Parents to wear a face covering as soon as they enter the school gates and all the time whilst on site.</p> <p>Staff to bring own lunch/snacks. Staff should not leave the site during breaks, e.g. Sainsbury's to buy lunch.</p> <p>Points to consider and implement:</p> <p>All teachers and other staff can operate across different classes and year groups in order to facilitate the delivery of the school timetable. Efforts will be made to minimise this as much as possible. Where staff need to move between classes and year groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults. Again, we recognise this is not likely to be possible with younger children and teachers in primary schools can still work across groups if that is needed to enable a full educational offer.</p> <p>Measures within the classroom</p> <p>Maintaining a distance between people whilst inside and reducing the amount of time they are in face to face to contact lowers the risk of transmission. It is strong public health advice that staff in secondary schools maintain distance from their pupils, staying at the front of the class, and away from their colleagues where possible. Ideally, adults should maintain 2 metre distance from each other, and from children. We know that this is not always possible, particularly when working with younger children, but if adults can do this when circumstances allow that will help. In particular, they should avoid close face to face contact and minimise time spent within 1 metre of anyone. Similarly, it will not be possible when working with many pupils who have complex needs or who need close</p>					
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			<p>contact care. These pupils' educational and care support should be provided as normal.</p> <p>For children old enough, they should also be supported to maintain distance and not touch staff and their peers where possible. This will not be possible for the youngest children and some children with complex needs and it is not feasible in some schools where space does not allow.</p> <p>Measures for arriving at and leaving school</p> <p>Drop-off and collection times from 8<sup>th</sup> March 2021:</p> <p>Nursery 8.45 – 9.00am    Collection 3.10 – 3.20pm  KS1    8.45-9.00        Collection 2.50 - 3.05pm</p> <p>Nursery + Year 1 to enter by the top gate near nursery and leave via the field</p> <p>Year R and Year 2 to enter by Fairisle Rd pedestrian gate and leave via the field</p> <p>Parents are not to congregate outside the classrooms. Parents must not enter the classrooms / nursery.</p> <p>Parents should not enter the school building unless they have an appointment.</p> <p>Visitors should not enter the site unless they have an appointment. Specialist staff can provide interventions as usual, e.g. supply teachers, therapists, support staff for pupils with SEND.</p> <p>Visitors, parents and children over the age of 11 years of age are required to wear a face covering and sanitise their hands when entering the school building.</p> <p>All contractors must adhere to physical distancing and hygiene which will be explained to them on arrival.</p> <p>A record is kept of all visitors. We will request contact details for the purpose of Test and Trace. QR code in operation.</p>	<p>HT – communicate information to parents</p>				
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<p>Unavoidable, direct contact leads to the spread of infection.</p>		<p>6. Where necessary, wear appropriate personal protective equipment (PPE)</p>	<p>All staff to follow the school's Covid Protocol</p> <p>The majority of staff will not require PPE beyond what they would normally need for their work. However, we have offered visors / face covering for staff to use at their discretion, particularly when working in close proximity of children. Full PPE is only needed in a very small number of cases, including:</p> <p>where an individual child or young person becomes ill with coronavirus (COVID-19) symptoms while at schools, and only then if a distance of 2 metres cannot be maintained</p> <p>where a child or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used</p> <p>Senior staff will understand and implement the guidance on <a href="#">safe working in education, childcare and children's social care</a> for more information about preventing and controlling infection, including when, how PPE should be used, what type of PPE to use, and how to source it.</p>	<p>HT DHT SBM</p>	<p>ongoing</p>	<p>2</p>	<p>4</p>	<p>8</p>
<p>Infections identified in school spread to the wider community.</p> <p>Staff administer the LFD test incorrectly or not take the test.</p>		<p>7. Engage with the NHS Test and Trace process</p>	<p>All staff working in school now have access to the lateral flow device test (home test kit) as from 22.01.21. This will identify staff who are asymptomatic, thus preventing the spreading of the virus. The test must be taken twice weekly and results reported to NHS Test and Trace and the school. A positive case must be reported to the HT immediately. Staff testing positive must book a PCR test and self-isolate. If the PCR test is negative self-isolation ends.</p> <p>LFD risk assessment in place for asymptomatic testing.</p> <p>All leaders must ensure they understand the NHS Test and Trace process and how to contact their local <a href="#">Public Health England health protection team</a>. Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:</p> <p><a href="#">book a test</a> 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,</p>	<p>HT, DHT, SBM</p>		<p>5</p>	<p>2</p>	<p>10</p>

			<p>but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit</p> <p>Provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace</p> <p>Visitors must scan the QR code in the school reception area.</p> <p><a href="#">self-isolate</a> if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19)</p> <p>Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked online through the NHS <a href="#">testing and tracing for coronavirus website</a>, or ordered by telephone via NHS 119 for those without access to the internet.</p> <p>The government will ensure that it is as easy as possible to get a test through a wide range of routes that are locally accessible, fast and convenient. All schools will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.</p> <p>Schools should ask parents and staff to inform them immediately of the results of a test:</p> <p>if someone tests negative, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating.</p> <p>if someone tests positive, they should follow the '<a href="#">stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>' and must continue to self-isolate for at least 10 days from the onset of their symptoms</p>					
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			<p>and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should self-isolate for the full 10 days.</p> <p>All visitors to scan the QR code in the reception area for test and trace purposes.</p>	Admin team				
Poor control measures lead to rapid infection across bubbles.		8. Manage confirmed cases of coronavirus (COVID-19) amongst the school community	<p>We will take swift action when we become aware that someone who has attended has tested positive for coronavirus (COVID-19).</p> <ul style="list-style-type: none"> <li>• Send home the 'bubble' that the person has come into contact with, whilst awaiting further advice from the DfE Coronavirus helpline.</li> <li>• <b>DfE Covid-19 helpline: 0800 046 8687 and select option 1 to report a positive test. Opening hours: Monday to Friday: 8am to 6pm Saturday and Sunday: 10am to 6pm</b></li> </ul> <p>Contact Public Health England (PHE) dedicated advice service, delivered by NHS Business Authority. The service is for those needing support on the action they should take when they have been informed of a confirmed case of coronavirus (Covid-19) in the school (i.e. a pupil or a member of staff testing positive).</p> <p>The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.</p> <p>The health protection team will work with schools in this situation to guide them through the actions they need to take. Based on the advice from the health protection team, schools must send home those people who have been in close contact</p>	HT, DHT, SBM				

			<p>with the person who has tested positive, advising them to self-isolate for 10 days since they were last in close contact with that person when they were infectious. Close contact means:</p> <p>Direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)</p> <p>proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual travelling in a small vehicle, like a car, with an infected person</p> <p>The health protection team will provide definitive advice on who must be sent home. We keep a record of pupils and staff in each group, and any close contact that takes places between children and staff in different groups (see <a href="#">section 5 of system of control</a> for more on grouping pupils). This should be a proportionate recording process. Schools do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.</p> <p>A template letter will be provided to schools, on the advice of the health protection team, to send to parents and staff if needed. Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.</p> <p><b>Household members of those contacts who are sent home</b> do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 10-day isolation period they should follow '<a href="#">stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</a>'. They should get a test, and:</p> <p>if the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days.</p>					
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			<p>if the test result is positive, they should inform their setting immediately, and must isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 10-day isolation period). Their household should self-isolate for at least 10 days from when the symptomatic person first had symptoms, following <a href="#">‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’</a></p> <p>Further guidance is available on <a href="#">testing and tracing for coronavirus (COVID-19)</a>.</p>					
Poor communication with local public health officers lead to uncontrolled outbreaks.		9. Contain any outbreak by following local health protection team advice	<p>If the school has two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and must continue to work with their local health protection team who will be able to advise if additional action is required.</p> <p>In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. If schools are implementing controls from this list, addressing the risks they have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of health protection teams.</p> <p>In consultation with the local Director of Public Health, where an outbreak in a school is confirmed, a mobile testing unit may be dispatched to test others who may have been in contact with the person who has tested positive. Testing will first focus on the person’s class, followed by their year group, then the whole school if necessary, in line with routine public health outbreak control practice.</p>					
Emergency procedures (Fire alarm activations etc.) cause pupils and staff to come into close contact	Staff, pupils, visitors, contractors	Emergency evacuations are to take place following social distancing rules as far as is reasonably possible. Particularly at assembly areas.	Regular evacuation drills undertaken	HT / site manager				



School specific risks	Pupils with SEMH, anxiety, experienced bereavement	Support from ELSA in allocated room.  Bereavement policy in place to provide framework of support.	ELSA will be based in the 'Sunrise Room' and will support individual children as needed.  SLT response and coordination of actions and support.	ELSA  SLT				
	Vulnerable staff	Individual risk assessments carried out for staff who are CEV or CV.	Review risk assessments regularly. At least once every half term or sooner if required.	HT				
		Staff working across two settings have a separate risk assessment in place.	Review individual risk assessments at least every half term.	HT				
	Communication	Staff to bring to the attention of the HT any issue that they feel is compromising their own safety or the safety of others.		All staff				