

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: 19th full review 3rd January 2022

Next review date: This risk assessment is a live document and updated as new guidance is issued.

Date of review by governing body: January 2022

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
		Impact				

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:

You should:

- 1) ensure good hygiene for everyone
- 2) maintain appropriate cleaning regimes
- 3) keep occupied spaces well ventilated
- 4) follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

Our **School Contingency Framework** outlines the principles of managing a school or local outbreaks of COVID-19.

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 do not attend school	<p>Ensuring that pupils, staff and other adults do not come into the school if they have coronavirus (COVID-19) symptoms, 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>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 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection', which sets out that they must self-isolate and should arrange to have a test to see if they have coronavirus (COVID-19).</p> <p>Since 22 December, the 10 day self-isolation period for people who record a positive PCR test result for COVID-19 has been reduced. It is now possible to end self-isolation after 7 days, following 2 negative LFD tests taken 24 hours apart. The first LFD should not be taken before the sixth day.</p> <p>Adults who are fully vaccinated and all children and young people between 5* and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a lateral flow test every day for 7 days and continue to attend the setting as normal, unless they have a positive result. Children under 5* are exempt from self-isolation and do not need to take part in daily testing of close contacts. Daily testing of close contacts applies to all contacts who are:</p>	HT, DHT, SBM	Dynamic risk assessment - ongoing	3	3	9

			<ul style="list-style-type: none"> • fully vaccinated adults – people who have had 2 doses of an approved vaccine • all children and young people aged between 5 to 18 years and 6 months, regardless of their vaccination status • people who are not able to get vaccinated for medical reasons • people taking part, or have taken part, in an approved clinical trial for COVID-19 vaccine. <p>*The above applies also in our school to 4 year olds in Reception classes in line with local advice, i.e. they should take part in daily testing and are not exempt from self-isolation.</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 safe working in education, childcare and children’s social care settings, including the use of personal protective equipment (PPE) 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 has provided close contact care for someone with symptoms and all other staff or 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 if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace, or they have tested positive from an LFD test as part of the school's programme of testing. Individuals who are contacted by the NHS Test and Trace service or local health protection and told to self-isolate have a legal obligation to do so.</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 and disinfected using standard cleaning products 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>					
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"> • whether the school has enough hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly • 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 • building these routines into school culture, supported by behaviour expectations and helping ensure younger children and those with complex needs understand the need to follow them 	Teachers, TAs, Nursery staff	Ongoing	3	2	6
				Site manager				
				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>Face covering: Face coverings should be worn when moving around the premises, outside of areas where adults are working with children, such as in corridors and communal areas. This applies to staff and visitors, including children aged 11 or above. This is a temporary measure. Health advice continues to be that children aged under 11 years old should not wear face coverings. The UK Health and Security Agency does not recommend face coverings for children under the age of 3 for health and safety reasons.</p> <p>Face coverings do not need to be worn when outdoors. However, staff should wear a face covering during drop off and pick up times when seeing parents outside the building.</p> <p>Face covering: Staff are requested to wear a face covering in communal areas where socially distancing is not possible.</p>	<p>Site manager</p> <p>Teachers, TAs, Nursery staff</p>	ongoing	3	3	9

<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 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 COVID-19: cleaning of non-healthcare settings guidance.</p>	<p>Site manager cleaning staff</p> <p>Site manager</p>	<p>ongoing</p>	<p>2</p>	<p>3</p>	<p>6</p>
<p>Unavoidable, direct contact leads to the spread of infection.</p>	<p>Staff</p>	<p>6. Where necessary, wear appropriate personal protective equipment (PPE)</p>	<p>The majority of staff will not require PPE beyond what they would normally need for their work. 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 safe working in education, childcare and children's social care for more information about preventing and controlling</p>	<p>HT DHT SBM</p>	<p>ongoing</p>	<p>2</p>	<p>4</p>	<p>8</p>

			<p>infection, including when, how PPE should be used, what type of PPE to use, and how to source it.</p> <p>Assemblies will revert to virtual class assemblies until further notice.</p> <p>Children will sit at class tables in rows at lunchtime in the hall until further notice.</p> <p>Children are working in year groups.</p>					
Poorly ventilated areas leads to spread of infection.	Pupils and staff	7.Keep occupied spaces well ventilated.	<p>Opening external windows increases natural ventilation, and in addition, opening internal doors can also assist with creating throughput of air. External doors can also be opened where safe to do so. We will balance the need for increased ventilation while maintaining a comfortable temperature.</p> <p>CO2 monitors are available in each classroom so staff can quickly identify where ventilation needs to improve.</p>	Site manager				
<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>8.Asymptomatic testing</p> <p>Engage with the NHS Test and Trace process</p>	<p>Staff should undertake thrice weekly home tests whenever they are on site until further notice. This will identify staff who are asymptomatic, thus preventing the spreading of the virus. Results are 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>All leaders must ensure they understand the NHS Test and Trace process and how to contact their local Public Health England health protection team. Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:</p> <p>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</p> <p>From Step 4, close contacts will be identified via NHS Test and Trace.</p>	HT, DHT, SBM		4	3	12

			<p>Schools will continue to have a role in working with health protection teams in the case of a local outbreak. self-isolate 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 testing and tracing for coronavirus website, or ordered by telephone via NHS 119 for those without access to the internet.</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. The negative test result must be a PCR test result and not a lateral flow test result. 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 ‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’ and must continue to self-isolate for at least 10 days from the onset of their symptoms 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.</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>					
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	<p>Support from ELSA in allocated room.</p> <p>Bereavement policy in place to provide framework of support.</p>	<p>ELSA will be based in the 'Sunrise Room' and will support individual children as needed.</p> <p>SLT response and coordination of actions and support.</p>	<p>ELSA</p> <p>SLT</p>				
	Students and volunteers	Induction for students and volunteers to include this risk assessment	Students and volunteers not fully vaccinated must wear a face covering whilst on school site.	DHT				
	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				

