|  |
| --- |
| **Barnsley Metropolitan Borough Council** **Risk Assessment Form (RA3)** |



|  |  |  |  |
| --- | --- | --- | --- |
| **Task / Activity:** | **Full Opening of Schools – September (Covid-19)** | **Ref:** |  |

***This risk assessment should be produced in conjunction with the current government guidance as highlighted below:***

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

|  |  |  |  |
| --- | --- | --- | --- |
| Directorate: | **Schools** | Date of Assessment: | **January 2021** |
| Business Unit: |  | Manager Responsible for Basic Activity: |  |
| Service / Function: | **Primary Schools**  | Lead Risk Assessor for Basic Activity: |  |
| Location: |  | Risk Assessment Team Members ((e.g. employees, supervisors, managers, safety reps etc) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Risks** | **Control Measures** | **Actions Required** | **Person Responsible and Target Date** |
| Schools Premise | Personal injury FireLegionellaInfection of coronavirus  | * Undertake a workplace inspection to ensure adequate working environment, equipment, fire safety and emergency arrangements are in place.
* Fire Risk Assessment to be reviewed and the Fire log-book is up to date.
* Legionella checks are to be up to date.
* Electrical, gas and ventilation systems checks are up to date.
* Increased cleaning regime.

  |  |  |
| Infection Control  | Infection of coronavirusDealing with direct transmission (e.g. close contact with those sneezing/coughing) and indirect transmission (e.g. touching contaminated surfaces  | * 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
* School to response to any infection by:
* Engage with the NHS test and trace process and contact their local [Public Health England health protection team](https://www.gov.uk/guidance/contacts-phe-health-protection-teams)
* Manage confirmed cases of coronavirus (COVID-19) amongst the school community. School should contact the local health protection team. This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.
* Contain any outbreak. Where school have 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 work with their local health protection team who will be able to advise if additional action is required.
* Clean hands thoroughly more often than usual. Coronavirus (COVID-19) is an easy virus to kill when it is on skin. This can be done with soap and running water or hand sanitiser. Schools must 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
* School to have sufficient 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.
* Ensure good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach.
* 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. 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.
* Introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach.
* School to put in place a cleaning schedule that ensures cleaning is generally enhanced and includes:
	+ more frequent cleaning of rooms/ shared areas that are used by different groups
	+ frequently touched surfaces being cleaned more often than normal

*Note: 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.* | * School to provide tissues and bins available in the school to support pupils and staff to follow this routine.
 |  |
| Infection control  | **Transmission of coronavirus**  | * Minimise contact between individuals and maintain social distancing wherever possible
* Reduce the number of contacts between children and staff. This can be achieved through keeping groups separate (in ‘bubbles’) and through maintaining distance between individuals.
* These are not alternative options and both measures will help, but the balance between them will change depending on:
* children’s ability to distance
* the lay out of the school
* the feasibility of keeping distinct groups separate while offering a broad curriculum (especially at secondary)
 |  |  |
| Child/staff member becomes unwell at school with coronavirus symptoms, or have someone in their household | **Transmission of coronavirus** | * Ensure that pupils, staff and other adults do not come into the school if they have [coronavirus (COVID-19) symptoms](https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works#people-who-develop-symptoms-of-coronavirus), or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home.
* 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](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance)’, which sets out that they must self-isolate and should [arrange to have a test](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested) to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate (in accordance with the current government guidance) from when the symptomatic person first had symptoms.
* If they have tested positive whilst not experiencing symptoms but develop symptoms during the isolation period, they should restart the 10 day isolation period from the day they develop symptoms.
* Where 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.
* If the child needs 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.
* 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)](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe) guidance.
 | * 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.
* Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace.
* Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings).
* 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).
 |  |
| Face Coverings | Spread of infection (coronavirus)Where local restrictions applyExemptions   | **Secondary Schools*** Note government is not recommending face coverings are necessary in education settings generally because a system of control, applicable to all education environments, provides additional mitigating measures. Schools and colleges will have the discretion to require face coverings in communal areas where social distancing cannot be safely managed, if they believe that it is right in their particular circumstances.
* Examples of where education leaders might decide to recommend the wearing of face coverings - for pupils and staff - in communal areas of the education setting include:
* where the layout of the school or college estate makes it particularly difficult to maintain social distancing when staff and pupils are moving around the premises
* where on top of hygiene measures and the system of controls recommended in the full [opening guidance to schools](https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools), permitting the use of face coverings for staff, pupils or other visitors would provide additional confidence to parents to support a full return of children to school or college
* Face coverings to be worn correctly and that clear instructions are provided to staff, children and young people on [how to put on, remove, store and dispose of face coverings](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own) in all of the circumstances above, to avoid inadvertently increasing the risks of transmission.
* Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully.
* Face coverings will not generally be necessary in the classroom even where social distancing is not possible. There is greater use of the system of controls for minimising risk, including through keeping in small and consistent groups or bubbles, and greater scope for physical distancing by staff within classrooms. Face coverings can have a negative impact on learning and teaching and so their use in the classroom should be avoided.
* Consistent with WHO’s new advice, schools should take additional precautionary measures in areas where the transmission of the virus is high. These areas are defined as [areas of national government intervention](https://www.gov.uk/government/collections/local-restrictions-areas-with-an-outbreak-of-coronavirus-covid-19).
* In these local intervention (lockdown) areas, face coverings in school should be worn by adults and pupils when moving around, such as in corridors and communal areas where social distancing is difficult to maintain. As in the general approach, it will not usually be necessary to wear face coverings in the classroom, where protective measures already mean the risks are lower, and they may inhibit teaching and learning.
* In the event of new local restrictions being imposed, schools and colleges will need to communicate quickly and clearly to staff, parents, pupils and learners that the new arrangements require the use of face coverings in certain circumstances.
* Some individuals are [exempt from wearing face coverings](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own) e.g. people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability, or if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expression to communicate. The same exemptions will apply in schools, and we would expect teachers and other staff to be sensitive to those needs.

**Primary Schools** * In primary schools where social distancing is not possible in areas outside of classrooms between members of staff or visitors, for example in staffrooms, headteachers will have the discretion to decide whether to ask staff or visitors to wear, or agree to them wearing face coverings in these circumstances.
* Based on current evidence and the measures that schools are already putting in place, such as the system of controls and consistent bubbles, face coverings will not be necessary in the classroom even where social distancing is not possible. Face coverings would have a negative impact on teaching and their use in the classroom should be avoided.
* PPE is only needed in a very small number of cases, including:
* 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
* 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

**Where local restrictions apply**In areas where local lockdowns or restrictions are in place, face coverings should be worn by adults and pupils (in years 7 and above) in areas outside classrooms when moving around communal areas where social distancing is difficult to maintain such as corridors.In the event of new local restrictions being imposed, schools will need to communicate quickly and clearly to staff, parents, pupils that the new arrangements require the use of face coverings in certain circumstances.* For more information on PPE, please see BMBC’s guidance [..\..\..\1 Health and Safety Management\Covid-19 HASS ON SHAREPOINT\Use and Management of PPE Supplies for Covid19 including face coverings v 1point11 08 October 2020.docx](file:///%5C%5Cbmbcdata3%5Cc_data%5CH-Safety%5CCentral%20Health%20and%20Safety%20Unit%5CSafety%20Management%20System%5C1%20Health%20and%20Safety%20Management%5CCovid-19%20HASS%20ON%20SHAREPOINT%5CUse%20and%20Management%20of%20PPE%20Supplies%20for%20Covid19%20including%20face%20coverings%20v%201point11%2008%20October%202020.docx) guidance on [safe working in education, childcare and children’s social care](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care)
 |  |  |
| Groups of children  | Spread of infection (coronavirus) | Consistent groups reduce the risk of transmission by limiting the number of pupils and staff in contact with each other to only those within the group. Maintaining distinct groups or ‘bubbles’ that do not mix makes it quicker and easier in the event of a positive case to identify those who may need to self-isolate, and keep that number as small as possible. Maintaining consistent groups remains important, but given the decrease in the prevalence of coronavirus (COVID-19) and the resumption of the full range of curriculum subjects, schools may need to change the emphasis on bubbles within their system of controls and increase the size of these groups.* **Secondary schools** - and certainly in the older age groups at key stage 4 and key stage 5, the groups are likely to need to be the size of a year group to enable schools to deliver the full range of curriculum subjects and students to receive specialist teaching. If this can be achieved with small groups, they are recommended.
* **Primary schools,** may be able to implement smaller groups the size of a full class. If that can be achieved, it is recommended, as this will help to reduce the number of people who could be asked to isolate should someone in a group become ill with coronavirus (COVID-19).
* All teachers and other staff can operate across different classes and year groups in order to facilitate the delivery of the school timetable. This will be particularly important for secondary schools. 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.
* This may not be possible with younger children and teachers in primary schools and therefore can still work across groups if that is needed to enable a full educational offer.
 |  |  |
| Classrooms  | Spread of infection (coronavirus) | * 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.
* Staff 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 contact care. These pupils’ educational and care support should be provided as normal.
* 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.
* **Primary schools -** this is not always possible, particularly when working with younger children, but adults should maintain 2 metre distance from each other, and from children where possible.
* 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. Schools doing this where they can, and even doing this some of the time, will help.
* Schools should make small adaptations to the classroom to support distancing where possible. That should include seating pupil’s side by side and facing forwards, rather than face to face or side on, and might include moving unnecessary furniture out of classrooms to make more space.
* When staff or children cannot maintain distancing, particularly with younger children in primary schools, the risk can also be reduced by keeping pupils in the smaller, class-sized groups.
 |  |  |
| Groups | Spread of infection (coronavirus) | * Groups should be kept apart, meaning that schools should avoid large gatherings such as assemblies or collective worship with more than one group.
* When timetabling, groups should be kept apart and movement around the school site kept to a minimum. While passing briefly in the corridor or playground is low risk, schools should avoid creating busy corridors, entrances and exits.
* School to consider staggered break times and lunch times (and time for cleaning surfaces in the dining hall between groups).
* Schools should also plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimised, although staff must still have a break of a reasonable length during the day.
 |  |  |
| Drop off and pick up routines  | Transmission of the coronavirus between parents/children  | * School to consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave school.
* Staggered start and finish times should not reduce the amount of overall teaching time.
* A staggered start may, for example, include condensing / staggering free periods or break time but retaining the same amount of teaching time, or keeping the length of the day the same but starting and finishing later to avoid rush hour.
* Schools to communicate this to parents and remind them about the process that has been agreed for drop off and collection, including that gathering at the school gates and otherwise coming onto the site without an appointment is not allowed.
* School to have a process for removing face coverings when pupils and staff who use them arrive at school and communicate it clearly to them.
* Pupils must be instructed not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on [safe working in education, childcare and children’s social care](https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care) provides more advice
 |  |  |
| Dedicated School Transport Public Transport  | Spread of infection Spread of infection | Pupils on dedicated school services do not mix with the general public on those journeys and pupil groups will tend to be consistent under return to school measures. Therefore, wider transmission risks are likely to be lower.From the autumn term, local authorities will not be required to uniformly apply the social distancing guidelines for public transport, on dedicated school or college transport. However, distancing should still be put in place within vehicles wherever possible. This will help to both minimise disease transmission risks and maintain consistent reinforcement of public health messaging to children and staff, particularly at the point where they are leaving school and heading back into the community each day.The approach to dedicated transport should align wherever possible with the principles underpinning the system of controls set out in this document and with the approach being adopted for your school. It is important, wherever it is possible, that:* social distancing should be maximised within vehicles
* children either sit with their ‘bubble’ on school transport, or with the same constant group of children each day
* children should clean their hands before boarding transport and again on disembarking
* additional cleaning of vehicles is put in place
* organised queuing and boarding is put in place
* through ventilation of fresh air (from outside the vehicle) is maximised, particularly through opening windows and ceiling vents

Children must not board home to school transport if they, or a member of their household, has symptoms of coronavirus (COVID-19).In accordance with advice from PHE, from the autumn term, it is advised that children and young people aged 11 and over to wear a face covering when travelling on dedicated transport. This does not apply to people who are exempt from wearing a face covering on public transport. More information on this can be found at the [safer travel guidance for passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers#exemptions-face-coverings).A face covering is a covering of any type which covers your nose and mouth. It is not the same as the surgical masks or respirators used by healthcare and other workers as part of personal protective equipment (PPE).It will be necessary to take steps to both depress the demand for public transport and to increase capacity within the system. Both will require action at a national and local level. Schools have a critical role to play in supporting collaboration between all parties - providers, local authorities, parents and pupils. Further information on managing capacity and demand on [public transport is set out in the transport to school and other places of education: autumn term 2020](https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020) guidance.Schools where possible should work with partners to consider staggered start times to enable more journeys to take place outside of peak hours. Schools should encourage parents, staff and pupils to walk or cycle to school if at all possible. Schools may want to consider using ‘walking buses’ (a supervised group of children being walked to, or from, school) or working with their local authority to promote safe cycling routes. Families using public transport should refer to the [safer travel guidance for passengers](https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers). |  |  |
| Equipment  | Spread of infection (coronavirus) via use of shared equipment | * For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared.
* Classroom based resources, such as books and games, can be used and shared within the bubble; these are to be cleaned regularly, along with all frequently touched surfaces.
* Pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed.
* Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and meticulously and always between bubbles or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles.
* Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.
 |  |  |
| Pupils with education, health and care plans or on SEN support | Spread of infection (coronavirus)  | * Pupils with SEND (whether with education, health and care plans or on SEN support) will need specific help and preparation for the changes to routine that this will involve.
* Teachers and special educational needs coordinators are to plan to meet these needs.
 |  |  |
| Staff and children who have previously been required to shield Clinically extremely vulnerable staff/pupilsClinically Vulnerable staff New and Expectant Mothers | Increased susceptibility of infection  | * Staff/pupils will still be unable to attend school in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19).
* Everyone in England, including those who are clinically extremely vulnerable, is required to follow the [national Tier restrictions](https://www.gov.uk/guidance/new-national-restrictions-from-5-november), which have been set out by the government and apply to the whole population. These restrictions:
* require people to stay at home, except for specific purposes
* prevent people gathering with those they do not live with, except for specific purposes
* close certain businesses and venues

People who are defined as clinically extremely vulnerable are at very high risk of severe illness from COVID-19. There are 2 ways you may be identified as clinically extremely vulnerable:1. You have one or more of the conditions listed on the below link, or
2. Your hospital clinician or GP has added you to the [Shielded patients list](https://digital.nhs.uk/coronavirus/shielded-patient-list) because, based on their clinical judgement, they deem you to be at higher risk of serious illness if you catch the virus.
* Read the [current advice on shielding](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)
* If rates of the disease rise in local areas, children (or family members) from that area, and that area only, will be advised to shield during the period where rates remain high and therefore, they may be temporarily absent.
* Some pupils no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school (usually at their next planned clinical appointment). You can find more advice from the Royal College of Paediatrics and Child Health at [COVID-19 - ‘shielding’ guidance for children and young people](https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people#children-who-should-be-advised-to-shield)
* Clinically vulnerable staff can continue to attend school. While in school they should follow the sector-specific measures in this document to minimise the risks of transmission.
* This includes taking particular care to observe good hand and respiratory hygiene, minimising contact and maintaining social distancing in line with the provisions set out in section 6 of the ‘prevention’ section of this guidance. This provides that ideally, adults should maintain 2 metre distance from others, and where this is not possible avoid close face to face contact and minimise time spent within 1 metre of others. While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance from other adults including older children and adolescents.
* People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace unless advised otherwise by an individual letter from the NHS or a specialist doctor.
* Pregnant women are in the ‘clinically vulnerable’ category and are generally advised to follow the above advice, which applies to all staff in schools.
* All pregnant women should take particular care to practise frequent thorough hand washing, and cleaning of frequently touched areas in their home or workspace, and follow the measures to minimise the risks of transmission.
* A new and expectant mothers risk assessment should be carried out to consider any risks (for example, from working conditions, or the use of physical, chemical or biological agents). Any risks identified must be included and managed as part of the risk assessment. As part of their risk assessment, employers should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks.
* Employers should be aware that pregnant women from 28 weeks’ gestation, or with underlying health conditions at any gestation, may be at greater risk of severe illness from coronavirus (COVID-19). This is because, although pregnant women of any gestation are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, for those women who are 28 weeks pregnant and beyond there is an increased risk of becoming severely ill, and of pre-term birth, should they contract coronavirus (COVID-19).
* This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness from coronavirus (COVID-19).

Read more [guidance and advice on coronavirus (COVID-19) and pregnancy from the Royal College of Gynaecologists](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/). |  |  |
| Supply teachers, peripatetic teachers and or temporary staff  | Movement around schools - spread of infection (coronavirus) | * Supply teachers, peripatetic teachers and/or other temporary staff can move between schools.
* They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual.
* School to consider how to manage other visitors to the site, such as contractors, and ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school hours, they should.
* A record is to be kept of all visitors.
 |  |  |
| Outdoor playground equipment  | Spread of infection (coronavirus)  | * Outdoor playground equipment to be more frequently cleaned.
* After use of equipment children are to clean hands thoroughly.
 |  |  |
| Extra-curricular provision e.g. breakfast/afterschool clubs, holiday clubs etc | Spread of infection (coronavirus)  | * School to consider resuming any breakfast and after-school provision, where possible, from the start of the autumn term.
* School to consider how they can make such provision work alongside their wider protective measures, including keeping children within their year groups or bubbles where possible. If it is not possible to maintain bubbles being used during the school day then school should use small, consistent groups.
* For further information on summer holiday clubs, see [Protective measures for out-of-school settings during the coronavirus (COVID-19) outbreak](https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak) in order to plan extra-curricular provision. This includes schools advising parents to limit the number of different wraparound providers they access, as far as possible. Where parents use childcare providers or out of school activities for their children, schools should encourage them to seek assurance that the providers are carefully considering their own protective measures, and only use those providers that can demonstrate this. As with physical activity during the school day, contact sports should not take place.
 |  |  |
| Physical activity in school  | Spread of infection (coronavirus) through contact | * Pupils to be kept in consistent groups, sports equipment thoroughly cleaned between each use by different individual groups, and contact sports avoided.
* Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying scrupulous attention to cleaning and hygiene (*this is particularly important in a sports setting because of the way in which people breathe during exercise*).
* External facilities to be also used in line with government guidance for the use of, and travel to and from, those facilities.

Schools should refer to the following advice:* [guidance on the phased return of sport and recreation](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation) and guidance from [Sport England](https://www.sportengland.org/how-we-can-help/coronavirus) for grassroot sport
* advice from organisations such as the [Association for Physical Education](https://www.afpe.org.uk/physical-education/wp-content/uploads/COVID-19-Interpreting-the-Government-Guidance-in-a-PESSPA-Context-FINAL.pdf.) and the [Youth Sport Trust](https://www.youthsporttrust.org/coronavirus-support-schools)
* School is able to work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that this is safe to do so. Schools should consider carefully how such arrangements can operate within their wider protective measures.
* Activities such as active miles, making break times and lessons active and encouraging active travel help enable pupils to be physically active while encouraging physical distancing.
 |  |  |

|  |
| --- |
| Manager’s Assessment Acceptance Statement |
| I accept the details of the assessment and will ensure that the risk control measures identified, any risk control actions identified and monitoring requirements are acted upon within the given time scales.  |
| Manager’s Signature |  |
| Date |  |
| Date of planned review (not to exceed 12 months) |  |
| Date of planned full re-assessment (not to exceed 24 months) |  |