



Education settings must be able to achieve the following controls as defined by the Department of Education. The Risk Assessment must be reviewed by Head Teachers point by point and where actions are implemented, they must be reworded, if necessary, to show how the controls have been applied, add/amend for your school environment. The risk assessment should be reviewed at SLT and with the Governing Body and shared with all staff. The risk rating for each identified hazard and overall risk assessment must be considered and decided/changed to Low, Medium, or High by the school on how the school proceeds with the control measures and the wider opening of the school.

The current Government guidance for detailed review to assist in your risk assessment links: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-coronavirus-covid-19-operational-guidance> Separate guidance is available for:

- [Covid-19-early-years-and-childcare-closures](#) [special-schools-and-other-specialist-settings](#) • [Covid-19-maintaining-further-education-provision](#)

Description of Activity	COVID 19 Secure School Risk Assessment Version 13	Review Dates	
Location	Denbigh School		
Completed by	Dr Andrea Frame	22 March 2022	
Date of Assessment	22.03.2022		

What are the hazards?	Who & how might someone be harmed?	What are you currently doing to control risks?	Risk Rating L / M / H	What else do you need to do (if applicable)?	Action by who / when?	Date Completed
<p>CV19 infection</p> <p>1. Poor hand and respiratory hygiene</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor hand and respiratory hygiene causing severe infection/disease, sickness, and death</p>	<p>1. Hand and Respiratory Hygiene</p> <ul style="list-style-type: none"> • The school continues to promote hand washing • This is encouraged through signage around the school, when dealing with food, in the first aid room and when going to the toilet • Raising the profile of the importance and how to wash hands thoroughly, for at least 20 seconds 	L			

		<p>with running water and soap supported by alcohol hand sanitiser. Ensuring all parts of the hand are covered</p> <ul style="list-style-type: none"> • Toilets having sufficient supply of paper towels or hand dyers, and regular cleaning and emptying of waste <p>2. Respiratory hygiene</p> <ul style="list-style-type: none"> • We continue with the promotion of the 'catch it, bin it, kill it' approach • We continue to only use the normal PPE already used for certain activities re: Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children's social care settings provides more information on the use of PPE for COVID-19. Link to PPE <p>3. Face Coverings</p> <p>Face coverings are no longer advised for pupils, staff and visitors in classrooms or communal areas. Staff and pupils should follow wider advice on face coverings outside of school, including on transport to and from school.</p>				
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		<p>In circumstances where face coverings are recommended</p> <p>A director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils, staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility. (See the stepping measures up and down section).</p> <p>In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.</p> <p>The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.</p> <p>Face visors or shields can be worn by those exempt from wearing a face covering but they are</p>				
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		<p>not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p> <p>Schools, as employers, have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff. They also have a duty to make reasonable adjustments for disabled pupils, to support them to access education successfully.</p> <p>No pupil should be denied education on the grounds that they are, or are not, wearing a face covering.</p>				
<p>CV19 infection</p> <p>2.Poor cleaning standards</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor cleaning standards attributing to contact</p>	<p>1. Maintain appropriate cleaning regimes</p> <ul style="list-style-type: none"> We continue with a robust appropriate cleaning regime that applies the key infection control measures which involves. 	L			

	<p>transmission causing severe infection/disease, sickness, and death</p>	<p>a) Cleaning – physical process of using detergent, this removes germs – bacteria and viruses and lowers numbers of germs on a surface although not necessarily killing them</p> <p>b) Disinfection – a process of killing germs on a surface they touch, this should be on a clean surface unless a combined product. We ensure that the contact time is followed. This is the time it takes for disinfectant to be effective.</p> <p>c) Sanitiser – Sanitisers have a combined cleaning and disinfecting properties, they need to be used twice, firstly to clean and then to disinfect</p> <p>d) Deep clean – A more thorough cleaning and disinfection regime. The school are prepared to complete these following outbreaks or in a particular area of concern to help break the cycle of infection</p> <p>2. Established cleaning schedule</p> <ul style="list-style-type: none"> • We continue with our infection control cleaning regime to include at least twice daily cleaning that is detailed within a cleaning schedule that covers; <ul style="list-style-type: none"> a) Enhanced touch point cleaning and disinfection, this includes all touch points that are fixed to the premises inside and out. b) Cleaning frequency is at least twice a day, supported by frequent hand touch area 				
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		<p>cleaning, and local area cleaning by staff of own areas</p> <p>c) Equipment and resources are disinfected based on use and risk/high use areas/items, this includes, staff equipment such as kettles, microwaves, work stations, lunch areas, changing rooms</p> <p>d) Higher risk areas/pupils, who may find it difficult to maintain personal hygiene or where we cannot supervise personal hygiene, such as toilet areas are included in our cleaning regime</p> <p>e) Teaching staff are provided with cleaning products, cleaning wipes</p> <p>3. Monitoring cleaning</p> <ul style="list-style-type: none"> • We continue to monitor and manage our cleaning regime to ensure it is being completed • Fogging/spraying is only considered as an addition to the normal cleaning regime, and we would check with our competent health and safety advisor the type and frequency of product and application required • House-keeping inspections of cleaning stations, cupboards are completed. Link to covid-19-decontamination-in-non-healthcare-settings 				
<p>CV19 infection</p> <p>3. Poor ventilation</p>	<p>Employees, agency, Pupils, visitors</p>	<p>Keep occupied spaces well ventilated</p> <ul style="list-style-type: none"> • A ventilation assessment has been completed that includes all areas of the school with any identified 	L			

	<p>Poor ventilation transmission causing severe infection/disease, sickness, and death</p>	<p>control measures specific for identified areas of concern re rooms/areas lacking in ventilation</p> <ul style="list-style-type: none"> • When the school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained. • We identify any poorly ventilated spaces as part of our risk assessment and taken steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays. • We open windows and/or increase/operate air flow building management systems when the school buildings are first opened • All ventilation systems have been serviced and maintained as per statutory/manufacture requirements • We open doors from outdoor to internal corridor and room doors to create a good air flow, fire doors are not propped open, only opened with dorgards or mag-holders so that they would release in the event of fire (fire alarm) • As the winter months approach, we continue to balance the need for ventilation and temperature control following HSE guidance, this includes opening windows just enough to provide constant background ventilation and then opened fully during breaks and when the room is not being used to purge the air in the space. Opening higher level 				
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		windows in preference to lower level to reduce draughts. The Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic and CIBSE COVID-19 advice provides more information as we refer to this guidance				
<p>CV19 infection</p> <p>4. Poor management of cv19 confirmed cases</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor management of CV19 symptoms, confirmed cases, attributing to transmission causing severe infection/disease, sickness, and death</p>	<p><u>If tested positive</u></p> <ul style="list-style-type: none"> • If you have COVID-19 you can infect other people from 2 days before your symptoms start, and for up to 10 days after. You can pass on the infection to others, even if you have mild symptoms or no symptoms at all. If you have COVID-19 you should stay at home for at least 5 days and avoid, contact with other people. • Take an LFD test from 5 days after your symptoms started (or the day your test was taken if you did not have symptoms) followed by another LFD test the next day. If both these test results are negative, and you do not have a high temperature, the risk that you are still infectious is much lower and you can safely return to your normal routine. • If your day 5 LFD test result is positive, you can continue taking LFD tests until you receive 2 consecutive negative test results. • Those who test positive should avoid contact with anyone in an at-risk group. • Children and young people with COVID-19 should not attend their education setting while they are infectious. They should take an LFD test from 5 	L			

		<p>days after their symptoms started (or the day their test was taken if they did not have symptoms) followed by another one the next day. If both these tests' results are negative, they should return to their educational setting if they normally attend one, as long as they feel well enough to do so and do not have a temperature. They should follow the guidance and school covid-19 policy risk management</p> <p>Asymptomatic testing From 21 February, staff and pupils in mainstream secondary schools will not be expected to continue taking part in regular asymptomatic testing and should follow asymptomatic testing advice for the general population. Further information is available in the NHS get tested for COVID-19 guidance. We shall continue to encourage students and staff to test twice a week and inform of us the result, although this is not mandatory. In the event of an outbreak, a school may also be advised by their local health team or director of public health to undertake testing for staff and students of secondary age and above for a period of time.</p> <p>Other considerations You should ensure that key contractors are aware of the school's control measures and ways of working.</p>				
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		<p>In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.</p> <p>If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.</p>				
<p>CV19 infection</p> <p>5.Poor management of cv19 close contacts</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor management of CV19 symptoms, close contacts including the new variant Omicron. attributing to transmission causing severe infection/disease, sickness, and death</p>	<p>Tracing close contacts and isolation</p> <p>Contacts are no longer required to self-isolate or advised to take daily tests, and contact tracing has ended.</p> <p>Those that live with positive Covid-19 cases, should follow the guidance:</p> <p>If you live with, or have stayed overnight in the household of, someone who has COVID-19, you are advised to:</p> <ul style="list-style-type: none"> • minimise contact with the person who has COVID-19 • avoid contact with anyone you know who is at higher risk of becoming severely unwell if they are infected with COVID-19, especially those with a severely weakened immune system 	L			

		<ul style="list-style-type: none"> • limit close contact with other people outside your household, especially in crowded, enclosed or poorly ventilated spaces • wear a well-fitting face covering made with multiple layers or a surgical face mask in crowded, enclosed or poorly ventilated spaces and where you are in close contact with other people • pay close attention to the main symptoms of COVID-19. If you develop any of these symptoms, order a PCR test. You are advised to stay at home and avoid contact with other people while you are waiting for your test result <p>Follow this advice for 10 days after the day the person you live or stayed with symptoms started (or the day their test was taken if they did not have symptoms).</p> <p>Children and young people who usually attend an education or childcare setting and who live with someone who has COVID-19 should continue to attend the setting as normal.</p> <p>If you are a contact of someone with COVID-19 but do not live with them or did not stay in their household overnight, you are at lower risk of becoming infected. Carefully follow the guidance on Coronavirus: how to stay safe and help prevent the spread.</p>				
CV19 infection	Employees, agency, Pupils, visitors	Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are	L			

<p>6.. Those previously considered CEV</p>	<p>Individual medical conditions may be at higher risk of infection causing severe infection/disease, sickness, and death</p>	<p>not being advised to shield again. Children and young people who were previously identified as being in one of these groups are advised to continue to follow Guidance for people previously considered clinically extremely vulnerable from COVID-19. Children and young people over the age of 12 with a weakened immune system should follow Guidance for people whose immune system means they are at higher risk from COVID-19. Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice.</p> <p>Keeping yourself safe</p> <p>If you are in one of these 2 groups, we advise you to:</p> <ul style="list-style-type: none"> • consider having all of the vaccines you are eligible to receive, including your booster • continue to follow any condition-specific advice you may have been given by your specialist and communicate this with HR and school management as specific individual risk assessments will be implemented • wait until 14 days after another person’s most recent dose of a COVID-19 vaccine before being in close contact with them 				
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		<ul style="list-style-type: none"> • avoid enclosed crowded spaces • practice social distancing if that feels right for you and your friends • ventilate your home by opening windows and doors to let fresh air in • ask friends and family to take a rapid lateral flow antigen test before visiting you • ask home visitors to wear face coverings • wash your hands regularly and avoid touching your face. 				
<p>CV19 infection</p> <p>7.Contractors</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor contractor infection control standards causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> • All contractors are recommended to wear face coverings unless exempt • Contractors are approved and managed by the school • We request their risk assessments as part of our normal contractor health and safety management, and review their cv19 control measures • We try and isolate and separate their work away from staff and pupils • We manage and monitor all contractors on site • Unsafe work including CV19 infection control will be stopped immediately and reviewed with senior management 	L			
<p>CV19 infection</p>	<p>Employees, agency, Pupils, visitors</p>	<p>School workforce</p>	L			

<p>8..School workforce</p>	<p>Poor cleaning standards attributing to contact transmission causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> • School leaders are best placed to determine the workforce required to meet the needs of their pupils. The government is no longer advising people to work from home if they can. • Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread. • In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have. • Employers will need to follow this specific guidance for pregnant employees. COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding contains further advice on vaccination. Your workplace risk assessment should already consider any risks to new and expectant mothers. You should also consider the needs of pregnant pupils, if there are any.. 				
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		<ul style="list-style-type: none"> Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace. Employers should discuss concerns with staff. 				
<p>CV19 infection</p> <p>9.Pupil wellbeing concerns</p>	<p>Employees, agency, Pupils, visitors</p> <p>Lack of pupil support leading to anxiety and stress, ill health</p>	<ul style="list-style-type: none"> We monitor our pupils through the network of teaching and support staff We raise up concerns in a timely manner We have close links to the parents/carers We follow the wellbeing support link /mental-health-and-wellbeing-support-in-schools 	L			
<p>CV19 infection</p> <p>10.School meals, catering</p>	<p>Employees, agency, Pupils, visitors</p> <p>Use of contractors serving food and interacting in an unsafe manner causing severe infection/disease and death</p>	<ul style="list-style-type: none"> We continue to provide free school meals We continue to liaise with the kitchen contract company We continue to ensure the enhanced cleaning of the dining hall and kitchen We request and review the contract catering cv19 risk assessment 	L			
<p>CV19 infection</p> <p>11. Educational visits</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor off site infection control standards</p>	<ul style="list-style-type: none"> Educational visits should be subject to risk assessments as normal and reflect any public health advice or in-country advice of the international destination. General guidance on educational visits is available and is supported by 	L			

	causing severe infection/disease, sickness, and death	<p>specialist advice from the Outdoor Education Advisory Panel (OEAP).</p> <ul style="list-style-type: none"> For international educational visits, you should refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling to make sure that the school group meet any entry and in country requirements especially in relation to vaccinations. More information can be found here and in the guidance on health and safety on educational visits. You are advised to ensure that all bookings have adequate financial protection in place. You should speak to either your visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). 				
<p>CV19 infection</p> <p>12. Wrap around care after school clubs, breakfast club</p>	<p>Employees, agency, Pupils, visitors</p> <p>Poor infection control standards causing severe</p>	<ul style="list-style-type: none"> Our standard CV19 control covers this area Cleaning and ventilation of areas continues to be well managed Outbreak management risk assessment will be followed 	L			

	infection/disease, sickness, and death					
CV19 infection <i>13. Water fountains causing easy transmission of cv19</i>	Employees, agency, Pupils, visitors Causing severe infection/disease	<ul style="list-style-type: none"> Pupils use their own personal bottle and can use the water fountains to fill up bottles but not drink directly from the fountains 	L			
CV19 infection <i>14. Poor communication</i>	Employees, agency, Pupils, visitors Poor communication causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> We continue to communicate with staff, contractors, pupils, public health, and parents Designated staff are responsible for updating cv19 information Staff emails, website, newsletters continue to be used to update and share relevant information 	L			
CV19 infection <i>15. Not being prepared for changes, not having a contingency plan or outbreak risk assessment/plan</i>	Employees, agency, Pupils, visitors Lack of planning causing severe infection/disease, sickness, and death	<ul style="list-style-type: none"> We are prepared to step up and down when infection rates and outbreak change the risk levels and actions required Link contingency framework also called outbreak management plans We have completed an outbreak plan with risk assessment that covers the need to be ready to reinstate face covers, or reducing mixing, following the guidance and instruction from public health 	L			
CV19 infection	Employees, agency, visitors	<ul style="list-style-type: none"> Follow the Public health guidance for reporting confirmed cases 	L			

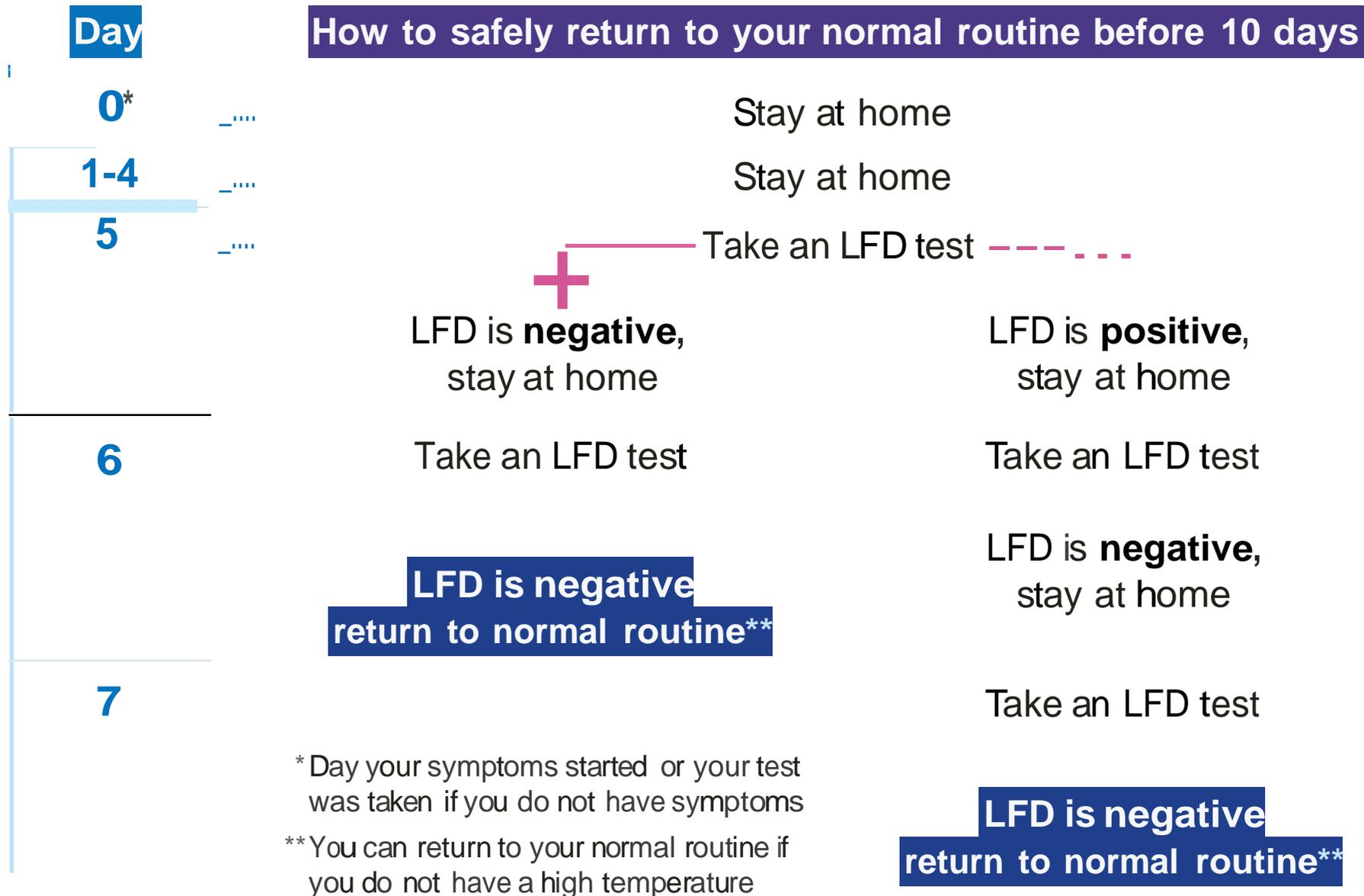
<p>16. No assessment of potential occupational disease/transmission caused by work</p>	<p>Causing severe infection/disease, sickness, and death</p>	<ul style="list-style-type: none"> Keep records of staff who have contracted COVID to alert to any patterns or areas that need to be addressed 				
<p>CV19 infection</p> <p>17. Increased chemical risk to pupils and others</p>	<p>Employees, agency, Pupils, visitors</p> <p>Use of sanitisers and cleaning products being located around the school, classrooms – pupils accidentally ingesting the chemical or having a reaction to the substance</p>	<ul style="list-style-type: none"> The location of cleaning products to be in a secure area away from pupils Safety data sheets and coshh risk assessments in place Staff trained in the safe use and storage of substances All containers must have their labels installed The coshh risk assessment must take consideration of volume of storage and location, to ensure there is no increased fire risk. This means no storage next to heat or ignition sources 	<p>L</p>			
<p>CV19 infection</p> <p>18. Transport</p>	<p>Employees, agency, Pupils, visitors</p> <p>Use of school arranged transport</p>	<p>Schools operating their own minibuses must ensure that:</p> <ul style="list-style-type: none"> ➤ Transport is adequately ventilated ➤ Cleaning and disinfection arrangements are implemented, following the Cleaning and Disinfection section Settings should continue to strongly encourage the use of face coverings by anyone not exempt from doing so, when using school transport. 	<p>L</p>			
<p>CV19 infection</p>	<p>Employees, agency, Pupils, visitors</p>	<ul style="list-style-type: none"> Where possible, schools should plan visits in advance, considering how space can be created as part of the visit 	<p>L</p>			

<p>19. Visitors (including key contractors/agency)</p>	<p>Use of school arranged transport</p>	<p>for example, by using a different larger space, by separating chairs further, avoiding sitting face to face, by having a walking meeting outside. Information about the visit should be communicated. All visitors should:</p> <ul style="list-style-type: none"> ➤ Perform hand hygiene before entering the site ➤ Confirm that they do not have symptoms or are required to isolate ➤ Be provided with any relevant safety instruction on arrival. <p>Hand sanitiser, tissues and bins should also be provided in meeting rooms to encourage good respiratory hygiene and immediate disposal of tissues. You should ensure that key contractors are aware of the setting's control measures and ways of working prior to visiting the site.</p>				
<p>CV19 infection</p> <p>20. Events</p>	<p>Employees, agency, Pupils, visitors</p> <p>Having more people coming together in enclosed spaces with the potential spread of CV19 and sickness, illness, death</p>	<ul style="list-style-type: none"> • Ventilation should be reviewed in order to ensure it remains adequate for an increased numbers of users and all other infection control measures must be applied. • A contingency plan should be prepared as part of event planning in order to respond to increased positive cases in the community. Plans should consider providing the event virtually, delay or cancellation. 	<p>L</p>			

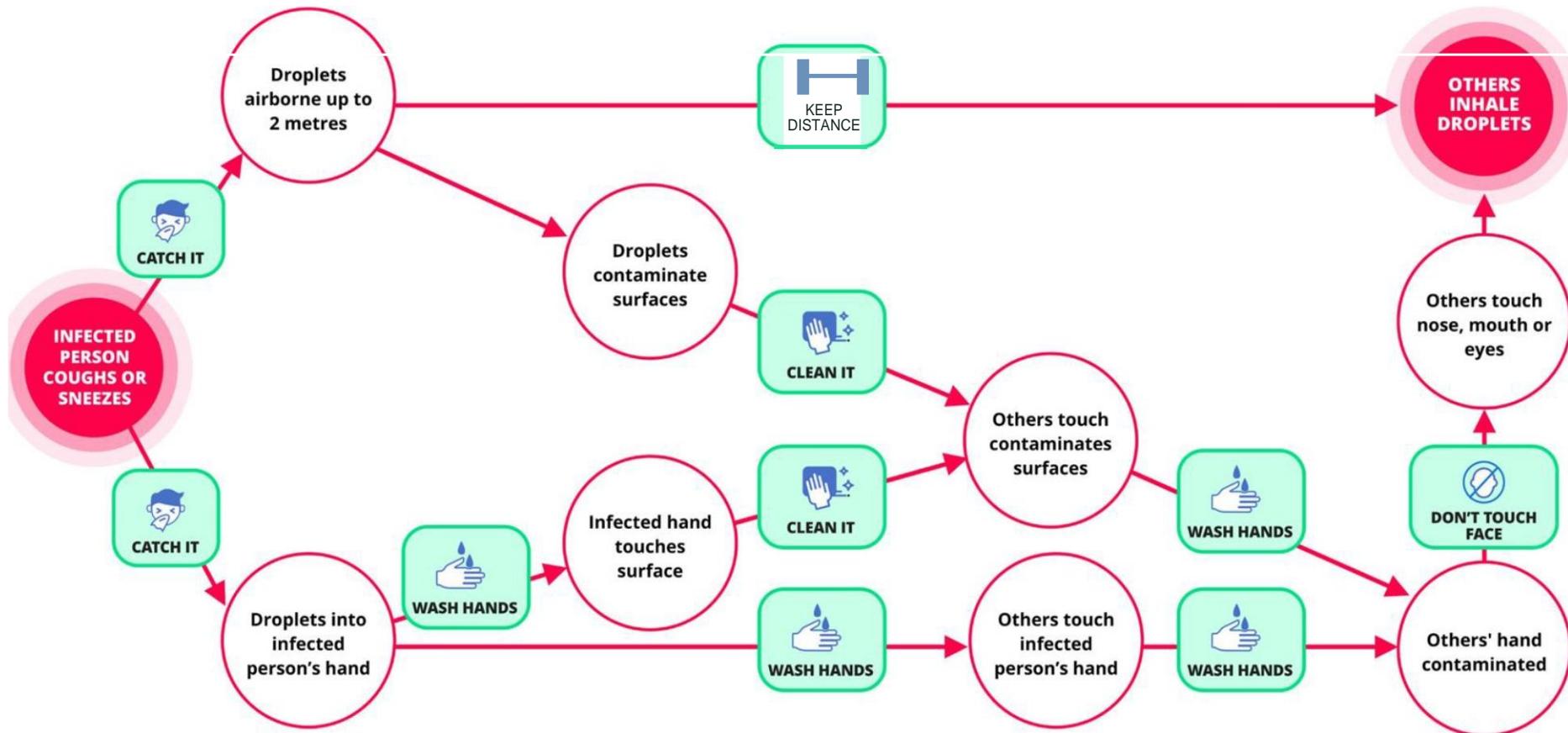
Overall Residual Risk for Activity (L / M / H):

Level of Risk	Suggested Action
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LOW	Control measures are adequate but continue to monitor and review; ensure that they remain satisfactory and appropriate
MEDIUM	Control measures need to be introduced within a specified time period; continue to monitor and review
HIGH	Unless control measures can be immediately introduced to reduce the risk so far as is reasonably practicable, the task or activity should be suspended



How COVID is transmitted



Summary of key infection control measures

1. Maximising fresh air

Adequate ventilation reduces how much virus is in the air by helping to reduce the risk from aerosol transmission – when someone breathes in small particles/aerosols that can be in the air after a person with the virus has been in the same area. Therefore, everyone should:

- Work in well ventilated rooms/areas – making sure the indoor spaces have a good supply of fresh air
- Work outside if possible

2. Universal hygiene measures

These measures both increase personal protection and also protects others;

- Thoroughly wash hands with soap and water often following the [NHS guidance](#). Use alcohol-based hand sanitiser if soap and water not available. In particular wash hands when entering building, after using toilet, before eating or drinking, after sneezing/coughing, after using shared items or equipment, after moving around the premises if having touched surfaces such as handrails, door panels, and before you leave for the day
- Keeping your hands below shoulder level as much as possible trying to keep them away from touching your face at all times
- Catch it, bin it, kill it – covering the mouth and nose with a tissue or sleeve when sneezing and put the tissue in the bin straight away, always washing your hands afterwards
- Minimise touching hand contact surfaces with your hands as far as is reasonable and safe to do so

3. Cleaning the space and things around you

Enhanced cleaning and disinfection arrangements should continue. Where possible staff should support these measures by disinfecting touch points such as their own classrooms and shared equipment, even if cleaning isn't part of their normal role.