

# Risk Assessment: School operation during June/ July 2020: response to Coronavirus (COVID-19). Issue 2 incorporating government guidance to 18/05/20



The Delegated Services approach to, as simply as possible, completing our standard or routine risk assessment format is found on the **final page** on this format.

Please note how the Harm, (yellow) and Likelihood, (blue) colour coded choices relate to the relevant columns that appear below in Section 2, as you start to capture the detail from your thinking.

## Section 1

<b>MAT/Establishment/Section/Team:</b> <b>East Bristol Children's Centres</b>	<b>Date of Assessment:</b> <b>26.05.2020</b>	<b>Review date:</b> (Complete once the action plan section below is addressed)
<b>Assessed by:</b> Please note all those involved should sign up to this assessment. Print below: <b>NAME:</b> <b>DATE:</b> 1. Jodi Bracey 2. Lucy Hudd 3. Amy Goodwin 4. Lindsey Willis 5. Lindsay Fuller	<b>Staff signatures:</b> 1. 2. 3. 4. 5.  <b>I/We have read and understood this RA and our role in its implementation.</b>	

## **BACKGROUND AND CONTEXT:**

**From Monday 1 June 2020 (at the earliest) schools are expected to reopen for pupils in the Nursery , Reception, Year 1 and Year 6 age groups. Secondary schools are asked to offer some face to face support to supplement the remote education of pupils in Years 10 and 12. Special schools will work towards a phased return of more pupils without a focus on specific year groups. This will be in addition to the existing full-time provision already in place for priority groups. Numbers accessing this provision are likely to increase as more parents and carers return to work.**

**This model risk assessment has been developed to support schools in:**

- 1. Implementing government guidance for the reopening of schools first issued on 11 May:**

**[https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings?utm\\_source=0e6da19a-f422-4893-af47-770e78e58269&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=daily](https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings?utm_source=0e6da19a-f422-4893-af47-770e78e58269&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily)**

- 2. Continuing to provide provision for vulnerable children and other children who are still working at home**
- 3. Facilitating home working for staff**

**The risk assessment will be reviewed in response to updates to government guidance and any examples of shared 'best practice' that we receive. Schools must adapt this risk assessment in consultation with relevant partners including trade union representatives where available.**

**As Children's Centre (CC) are on school sites the same considerations need to be adhered to. Therefore where school is stated within this risk assessment this also**

includes the CC's setting. The fewer people making the journey to CC's and the fewer individuals in CC/school buildings the lower the risk of infection. Therefore, for the majority of the time all CC staff will be working from home. However, some front line services are being delivered from CC which require CC staff to enter buildings and partners to deliver services such as Food Clubs or emergency repair work for example. When entering the building all CC staff and those of partner agencies must follow the strict rules and risk assessments below. It is the responsibility of the 6 named people to ensure that all staff and others entering the buildings are aware and abide by the procedures put in place.

**In line with government guidance to other businesses that are advised to go back to work, we recommend that once complete, this risk assessment is made publicly available to those who wish to see it. The same guidance also provides those employers with a downloadable notice they should display to show people they have followed the guidance. We suggest you use it too. It should be tailored for outward and inward facing 'audiences'.**

<https://mail.google.com/mail/u/0/?tab=rm0#inbox/FMfcgxwHNMZTbVpxnwzhbjRTNhHdvrR?projector=1&messagePartId=0.1>

The risk assessment takes into account the revised list of most common symptoms to look out for as updated on the 18<sup>th</sup> May 2020 as follows:

England's deputy chief medical officer, Prof Jonathan Van-Tam said it was important to update advice at the right time "when we think it's going to make a difference moving forwards to how we pick up cases".

The World Health Organisation says along with the most common symptoms of fever, cough and tiredness, people may have:

aches and pains

sore throat

diarrhoea

conjunctivitis (red eye)

headache

loss of taste or smell

a rash on skin, or discolouration of fingers or toes.

**The risk assessment associated with how we have and are currently operating until the 15<sup>th</sup> June 2020 is titled CC Covid 19 RA APRIL 2020 and is dated 06.04 .2020 It can be located in our management system within our online files.**

## **Part 1: Reopening schools from 1 June 2020**

**The rationale for schools re-opening for more groups of pupils is based on the implementation of the following infection protection and control measures as described in the guidance *Coronavirus (COVID-19): implementing protective measures in education***

**and childcare settings. The overview of scientific advice used to underpin this guidance was published on 15 May 2020 and is reproduced as Appendix A in this risk assessment.**

“There are important actions that children and young people, their parents and those who work with them can take during the coronavirus outbreak, to help prevent the spread of the virus.

In all education, childcare and social care settings, preventing the spread of coronavirus involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges and that those individuals follow the recommended self-isolation periods.
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach
- cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)”

What is the <b>Task/Activity</b> or <b>Environment</b> you are assessing?	What <b>Hazards</b> are present or may be generated?  Look at the activity, processes or substances used that could cause harm to health or injury.	Who is <b>affected</b> or <b>exposed</b> to hazards?  (Staff Students Visitors	What <b>Severity of Harm</b> can reasonably be expected?	What <b>Precautions (Existing Controls)</b> are already in place to either Eliminate or Reduce the risk of an accident happening?	What <b>Likelihood</b> is there of an accident occurring?	What is the <b>Risk Rating</b> ?  (See Risk Rating
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	Use a row for each one identified	Contractors Etc.)	(See Definitions Table 1)		(See Definitions Table 1)	Matrix Table 2)
<b>Preparation for reopening</b>						
Preparation of Children Centre building  Broomhill and Oldbury court sites have been in constant use and has not stood empty	Failure to complete compliance checks renders the building unfit for use.	All premises occupants	Serious	<p>Before resuming normal operation, we have commissioned a water treatment specialist to chlorinate and flush the complete system for all hot and cold-water systems (including drinking water) and certify the water system is safe before the buildings are reoccupied. <b>Allow sufficient time for this activity, approx. 1 week before opening if possible.</b></p> <p>All systems have been recommissioned before re-opening, as would normally be done after a long holiday period. This includes gas, heating, water supply, mechanical and electrical systems, and catering equipment.</p> <p>Our fire safety systems have been checked including and making sure:</p> <ul style="list-style-type: none"> <li>• all fire doors are operational</li> <li>• the fire alarm system and emergency lights are operational</li> </ul> <p>All areas and surfaces have been cleaned and disinfected prior to reopening and if necessary, pest control deployed for insect infestations, particularly in the kitchen and/or food preparation areas. The kitchen has been deep cleaned too prior to reopening and before food preparation resumes.</p> <p><u>Compliance checks are carried out by the academy chains on St Annes Park and OC sites</u></p>	M	M

				<p>The schools RA will be attached to this RA.</p> <p>See:  <a href="https://www.gov.uk/government/publications/managing-school-premises-during-the-coronavirus-outbreak?utm_source=c51bac38-4a28-4136-b096-4d23f07da6f4&amp;utm_medium=email&amp;utm_campaign=govuk-notifications&amp;utm_content=daily">https://www.gov.uk/government/publications/managing-school-premises-during-the-coronavirus-outbreak?utm_source=c51bac38-4a28-4136-b096-4d23f07da6f4&amp;utm_medium=email&amp;utm_campaign=govuk-notifications&amp;utm_content=daily</a></p>		
Ventilation (Open windows and doors are recommended as a means of improving air circulation within the building)	Falls from height (open windows)	All premises occupants	minor	Whilst taking into consideration the necessity to increase ventilation by improving air circulation within the building we have advised staff that window opening restrictors must not be removed.	L	none
	Use of air conditioning accelerates the spread of coronavirus  (speedwell site only)	All premises occupants		We have taken advice from our contractors re: the suitability of our air conditioning system for use at this time and taken the following action: Units will not be used until clarification is received Believe units to have Filters Awaiting engineer information	M	M
	Additional doors and windows are left open compromising site security/fire safety.	All premises occupants		<p>We have reviewed our site and identified doors that could remain open without compromising fire safety/ and or security.</p> <p>Here, for high risk areas such as kitchens and boiler rooms fire doors will be kept in the closed position. Lower risk rooms such as internal rooms and offices may be propped open with removeable things - a weight or wedge - if there are people present who will be tasked with removing it if the alarm goes off and at the end of the day.</p>	M	L

				<p><b>Door guards etc, will continue to be used to improve circulation in the building (and also reduce the need for touching the door handles).</b></p> <p><b>All staff have been reminded about the arrangements in place in the event of a fire evacuation and lockdown.</b></p>		
<p>Management of expectations within the Children Centre community</p>	<p>Anxiety within Children Centre community re: prevalence and effectiveness of infection control and social distancing measures</p> <p>Communication re new procedures put in place for the COVID19 crisis period is not accessible to some parent /carer groups e.g. EAL, low literacy</p> <p>Ensuring physical accessibility issues are considered and procedures adapted where necessary for individual</p>	<p>All members of the Children Centre community</p>	<p>Serious</p>	<p>Our communication with parents and children prior to reopening will include information about:</p> <ul style="list-style-type: none"> <li>• Arrival and departure from the Children Centre and arrangements for families to access the site</li> <li>• Arrangements for infection control</li> <li>• Service user grouping</li> <li>• Attendance and non-attendance</li> <li>• To avoid using public transport to the CC where possible.</li> <li>• Expectations of 2 meter social distancing inside and outside</li> <li>• Expectations re: any new behaviour systems that we have put in place to support our work in infection control and social distancing</li> <li>• What will happen if there is a case of coronavirus at the Children Centre.</li> </ul> <p>Communication will be in plain English Signage will be simple and in pictorial form where possible</p> <p>Staff will have identified where language to communication might be a barrier and solutions found. e.g. Translator to overcome any barriers, use of Big Word</p> <p>Procedures will be adapted for parents /carers/staff and children with mobility issues whilst maintaining social distancing guidelines as far as possible</p>	<p><b>M</b></p>	<p><b>M</b></p>



	parents/carers/staff/children			<p>Staff will be speaking with all service users before they attend a setting so any accessibility issues should be picked up and any adaption made before they arrive.</p> <p>Government guidance for families is available at:  <a href="https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june">https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june</a></p>		
Staff wellbeing	<p>Staff anxiety re: returning to work and potential exposure to the virus.</p> <p>Anxiety surrounding contact with parents and children when staff can't have contact with their own families</p> <p>Anxiety about still having children at home and difficulties returning to work</p> <p>Anxiety about vulnerable family members in their households</p> <p>Anxiety of protected groups who are more susceptible to contracting Covid 19 more seriously- BME, medical conditions –e.g. Asthma, diabetes, older employees</p>	All staff	Serious	<p>Individual discussions have been/are held with staff to identify concerns/ barriers re: returning to work. (NB: recognising that some could be experiencing bereavement, mental health issues, etc.).</p> <p>We have signposted to relevant counselling services.</p> <p>EAP number has been shared</p> <p>Staff have regular meeting/supervision with an SLT member</p> <p>Wellbeing tips shared amongst colleagues</p> <p>Individual risk assessments have been completed and discussed with staff member.</p> <p>HR advice is available if required.</p> <p>We are working with the trade unions.  <a href="https://www.hse.gov.uk/news/assets/docs/talking-with-your-workers.pdf">https://www.hse.gov.uk/news/assets/docs/talking-with-your-workers.pdf</a></p> <p>NB: Retain for future reference with this risk assessment as an appendix.</p>	H	H
Staff training	Staff are not aware or do not understand the requirements for working			Training and written instruction has been provided re: operating procedures to all staff. This includes:	M	M

	safely when returning to work			<ul style="list-style-type: none"> <li>• What to do if they suspect that they or a member of their household has coronavirus (including testing arrangements)</li> <li>• Day to day organisations and procedures including arrangements for cleaning, staff welfare facilities, travel to work</li> <li>• The importance of keeping groups separate during the day</li> <li>• Arrangements for staff breaks/ lunchtimes</li> <li>• Safeguarding</li> <li>• Procedures to follow if they suspect that a child/adult within their group is displaying coronavirus symptoms</li> <li>• Site security and fire safety including evacuation and lockdown procedures.</li> <li>• Changes to relevant policies are shared with all staff</li> </ul>		
Staff transport to and from work	Potential for increased exposure to coronavirus (and potential for introduction into the school) through use of public transport at peak times.	All staff	Serious	<p>Where staff would normally use public transport to travel to work, we will discuss options to alleviate this eg: provision of parking or parking permits, or facilities such as secure cycle storage to support people to walk, run or cycle to work where possible. If there is no option but to use public transport we will confirm the individual safety actions staff will take while travelling to and from work with them.</p> <p>From 15/6/2020 that if an individual staff member is using public transport that they follow government guidance and use a face mask</p>	M	M

Individual staff requirements	Concerns from staff in identified work groups	Clinically extremely vulnerable (Shielding)	Serious	Have been advised not to return to work and will work from home.	L	<b>L</b>
		Clinically vulnerable including pregnant women	Serious	Have been advised to take extra care in observing social distancing and will work from home where possible.  Clinically vulnerable staff who cannot work from home will be offered the safest available on-site roles, staying 2m away from others etc. Individual risk assessment has been carried out.	M	<b>M</b>
		Those living in a household with a person who is extremely clinically vulnerable.	Serious	These staff will only attend if stringent social distancing can be adhered to and if we have found this is not possible the staff member is working from home.	M	<b>M</b>
		Those living in a household with a person who is clinically vulnerable. (Including pregnant)	Serious	These staff members are attending work.		
		Those staff in a protected group where science has	Serious	These members of staff will not have direct contact with children but will attend work. They will social distance from work colleagues according to current government guidelines	H	<b>H</b>

		shown they are at a higher risk of dying from the virus. If contracted e.g. BME community				
Staffing availability and ratios	Staffing ratios insufficient for groups Need to consider safe levels of supervision and social distancing arrangements.	staff/ service users	Serious	<p>Daily/ weekly review of staffing to ensure that we can cover each group</p> <p>Daily cleaner, admin and SLT member will also be on site</p> <p>We will follow a rota system either on a daily or weekly basis.</p> <p>Groups/ sessions will be opened using a bubble structure</p> <p>If the member of staff is unable to be available for the session then service users will be asked not to attend the cc setting.</p>	M	L
Staff being unavailable for work at short notice	Daily variation in staffing means that the Children Centre is unable to operate safely for all groups			<p>Staff have been advised that they must inform Lucy as soon as possible if there are any changes in their circumstances that will affect their ability to work.</p> <p>Lucy Hudd will close parts of the provision if we have insufficient staff available to allow essential social distancing and infection control measures</p> <p>We have prepared a contingency plan to inform affected members of the</p>	M	L

				community if full or partial closure is required at short notice i.e. via Website and Facebook.		
Community Welfare	Anxiety re: coronavirus and constraints of environments  Changing family circumstances likely to have adverse effect upon a family's ability to engage with service			Families will have been pre-warned about what to expect when they return to groups.  Behaviour expectations will be explained to all families and reinforced by all staff  Contact with families will be made before they attend the setting so that any potential concerns/ issues can be identified and relevant support given.  Staff responsible for facilitating groups are informed of any existing support plans, safety plans, CIN/CP plans for individual families attending their group/ session	M	<b>M</b>
Community medical requirements	Families in identified groups.	Extremely clinically vulnerable (shielded)	Serious	We have made clear these families are not to attend and will continue to be supported at home.	L	<b>L</b>
		Clinically vulnerable	Serious	We have made clear these families are not to attend unless they have gained medical advice and will continue to be supported at home.	M	<b>M</b>
		living in a household with a person who is extremely clinically vulnerable.	Serious	We will only invite these families to attend if stringent social distancing can be adhered to and the family are able to understand and follow those instructions.	M	<b>M</b>
		Those living in a	Serious	These families have been invited to attend if stringent social distancing can be	L	<b>L</b>

		household with a person who is clinically vulnerable. (Including pregnant)		adhered to and the family are able to understand and follow those instructions.		
Provision of first aid		Families and staff	Serious	<p>Qualified first aiders are available as required</p> <p>Reasonably practicable arrangements for accessing first aid ensures that the opportunity for anyone needing assistance does not come into contact with others who are not in their 'group'/opportunities are limited.</p> <p>Normal hygiene precautions (handwashing and use of gloves) are taken when administering first aid.</p> <p>See below re: use of PPE.</p> <p>First aid kits are available in each room as well as gloves and aprons</p> <p>Parents will be asked to attend to their own child where relevant using CC equipment.</p>	L	L
Use of Personal Protective	Incorrect use exacerbates the risk of further infection.	Families and staff	Serious	<p>We are taking into account that Government guidance (11/05/20) does not recommend the use of a face covering or face masks in educational settings as follows:</p> <p>"The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:</p> <ul style="list-style-type: none"> <li>children, young people and students whose care routinely already involves the use of PPE due to their</li> </ul>	L	L

				<p>intimate care needs should continue to receive their care in the same way</p> <ul style="list-style-type: none"> <li>• if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn”</li> <li>• in the majority of provision by the CC the parent will be with the child at all times</li> </ul> <p>We are complying with the above and are using our local supply chains to obtain PPE. We have noted where this is not possible, and there is unmet urgent need for PPE in order to operate safely, we may approach our local resilience forum.</p> <p>We will ensure that, regardless of the 2m social distancing guidance staff who are likely to have to support families in the circumstances identified above and potentially in the administration of some first aid have access to appropriate equipment and training in its correct use and disposal.</p> <p>See:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf</a></p>		
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Emergency Evacuation and lockdown	Failure to follow procedures leads to injury or loss of life.	Families and staff	Serious	<p>Measures necessary for additional ventilation of the building have been and will be assessed and will not compromise fire safety or site security arrangements.</p> <p>We have briefed staff who are aware of the measures to take in the event of an emergency evacuation or lockdown. Registers for different groups will be required.</p> <p>Safe evacuation/ lockdown takes priority over the maintenance of social distancing arrangements temporarily.</p>	M	M
<b>Contact with those with symptoms of coronavirus (including testing)</b>						
Contact with infected persons/ exposure to the virus within the Children Centre building	Person contracts COVID 19 as a result of direct contact with an infected person (or a symptomatic person)	Families and staff	Serious	<p>Guidance has been issued to the entire school community as follows:</p> <p>Those affected must follow government stay at home guidance as follows  <a href="https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infections">https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infections</a></p> <p>Those who feel unwell should stay at home, should not attend work or any education or childcare setting and make arrangements to be tested for coronavirus. (see below).</p> <p>Temperature testing is not recommended on its own. Guidance states that it is not a reliable method for identifying coronavirus.</p>	M	M



	<p>If the R rate goes above 1</p> <p>Results of testing taking too long to come back Delay causes further spread of the virus amongst the school community</p> <p>Question of the number of tests available-causing delay in testing</p>	<p>Families/ staff</p>	<p>serious</p>	<p>We will follow any guidance received by public health England and any regional or localised guidance on what we should do if the R rate goes to one or above in Bristol</p> <p>Closure of the building will take place if there is a localised break out and all staff will return to work from home.</p> <p>When we reopen to the wider cohort of the community, all those eligible to attend and members of their households will have access to testing if they display symptoms of coronavirus.</p> <p>Where a family member or staff member tests positive, the staff known to have been in close contact with the person will be sent home and advised to self-isolate for 14 days. The other household members of the wider group do not need to self-isolate unless the family member or staff member they live with in that group subsequently develops symptoms.</p> <p>As part of the national track and trace programme if other cases are detected within a school or cohort or wider setting Public Health England will conduct a rapid investigation and advise on the appropriate course of action to take.</p> <p><b>NB: This area of the government guidance is underdeveloped at the moment. (13/05/20)</b></p> <p>We have a process in place to inform families testing is required and how to book tests.</p> <p>We will ask for evidence that families recommended to have a test have done so and that the test is clear before they return to groups.</p> <p>We will book tests for staff requiring them under the category of essential workers.</p>	<p>H</p>	<p>H</p>
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	<p>Contact with those developing symptoms of the virus during the working day.</p>	<p>Families and staff</p>	<p>Serious</p>	<p>If anyone becomes unwell with a new, continuous cough or a high temperature we will send them home and advise them to follow the <a href="#">COVID-19: guidance for households with possible coronavirus infection guidance</a>.</p> <p>If a family is awaiting collection, they will be moved, if possible, to a room where they can be isolated behind a closed door. Ideally, a window will be opened for ventilation. If it is not possible to isolate them, we will move them to an area which is at least 2 metres away from other people.</p> <p>If they need to go to the bathroom while waiting to be collected, we endeavour that they will use a separate bathroom if possible. The bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>In an emergency we will call 999 if they are seriously ill or injured or their life is at risk. We will not suggest a visit to the GP, pharmacy, urgent care centre or a hospital.</p> <p>If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, we have noted they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive ('What happens if there is a confirmed case of coronavirus in a setting?' refers set out below). They are instructed to wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. We will clean the affected area with normal household disinfectant after someone with symptoms has 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><b>M</b></p>
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	Concern that some parents/carers/staff may not be practising social distancing in their home lives and breaking government rules and increasing the risk of transmission of the virus in school			<p>If it is known to the management or staff that a family is known to be not practicing the governments social distancing they will not be asked to attend the setting</p> <p>If it is a member of staff known not to be following social distancing then a member of the management team will discuss the matter with the individual and corrective behaviours remedied.</p>		
<b>Cleaning and hygiene</b>						
Cleaning	Person contracts COVID 19 as a result of inadequate cleaning	Families and staff	Serious	<p>For schools employing their own cleaners: At Broom hill, St Annes Park and Oldbury court Our cleaning specification has been reviewed to ensure we comply with requirements set out in <a href="https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings">https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</a></p> <p>Where our own cleaners and/or additional staff are required to undertake cleaning duties we have ensured that they have received appropriate training and are</p>	M	<b>M</b>

				<p>provided with PPE, as set out in guidelines above. This also applies to other staff who may be asked to carry out cleaning duties during this period.</p> <p>We have identified cleaning of high-risk areas to be undertaken throughout the Children Centre day to include:</p> <p>Touch pads                  Door handles                  Kettles                  Taps                  Switches                  Phones                  Laptops /                  Printers and photocopiers                  Staffroom/ food preparation</p> <p>Surfaces that families are touching e.g.: toys, books, chairs, tables, doors, sinks, toilets, bannisters, light switches, etc.</p> <p>All soft furnishing has been removed from areas assessed by families and stored safely</p> <p>Limited boxes of resources are available that are rotated, quarantined for 72 hours before reused and easily cleaned after each session.</p>		
	Inappropriate exposure to cleaning product results in allergic reaction/ poisoning etc	Families and staff	Serious	<p>All staff involved in cleaning duties will receive training re: safe use and storage of cleaning materials.</p> <p>PPE will be provided for all cleaning activities.</p>	M	<b>M</b>

	Storage arrangements of cleaning product change increasing potential for unauthorised 'use' by pupils.			Safety data sheets for cleaning products are available. Only recommended cleaning products will be used.		
	Use of hand sanitiser potential for improper use and ingestion.	Families and staff	Serious	<p>We are providing/allowing the use of hand sanitisers that contain at least 60% alcohol.</p> <p>Recognising it is not possible to follow the hand wash advice everywhere, a hand sanitiser is next best and unless there's some allergy,</p> <p>Majority of the time children are accompanied by their parent/carer who would supervise the use of hand sanitiser.</p> <p>Hand sanitiser will be out of the reach of children and only administered by an adult</p> <p>We have obtained the Safety Data Sheet for the product(s) . They advise on action to be followed if the sanitiser is not used as designed i.e. a child drinks some; it gets in eyes etc.</p> <p>This will also help with potential reactions to the product.</p> <p>We have and will secure adequate supplies of the product and provide it, especially in areas such as reception to the building(s).</p> <p>We will not make our own having addressed the national CLEAPSS guidance.</p>	L	L
	Hand hygiene not adhered to	Families and staff	Serious	Opportunities are provided for staff and families to clean their hands with soap and water and dry thoroughly:	M	M

				<ul style="list-style-type: none"> <li>● on arrival at the Children Centre</li> <li>● after using the toilet</li> <li>● after breaks and sporting activities</li> <li>● before food preparation</li> <li>● before eating any food, including snacks</li> <li>● before leaving the Children Centre</li> <li>● after sneezing/coughing.</li> </ul> <p>Covered bins available for disposal of paper towels will be emptied periodically during the day.</p> <p>Supervision by staff is provided as needed.</p> <p>Signage about how to wash hands properly, is on display and reinforced with pupils.</p> <p>Catch it, kill it, Bin it – tissues are available in all rooms, staffroom and reception at a minimum. The message is reinforced with the parents.</p> <p>Where sinks are not easily accessible from the room used by a 'group', hand sanitiser will be available.</p>		
Measures to reduce contamination	Use of shared resources	Families and staff	Serious	<p>no shared resources are taken to other sites or taken home .</p> <p>Families are not required to bring items in from home eg: for 'showing' etc.</p> <p>Shared modelling equipment eg: plasticine, play dough etc will not be available</p> <p>Shared use of stationery and other equipment has been stopped where possible.</p> <p>Shared equipment and surfaces are disinfected more frequently.</p>	M	<b>M</b>

				Staff have been advised that they must wash their hands and surfaces before and after handling any resources		
	Harder to clean items	Families and staff	Serious	<p>We have removed soft furnishings, soft toys and toys that are harder to clean (such as those with intricate parts) from rooms and spaces until further notice.</p> <p>Where these remain, they will be subject to regular cleaning and disinfection.</p> <p>Resources used in group/session bubbles will be kept separate and not shared at any time. They will be cleaned at the end of each session and stored until needed for the following session.</p> <p>Outdoor equipment will be limited to easily cleaned items only. Cleaned at the end of each session.</p>	M	<b>M</b>
<b>Minimising contact (social distancing)</b>						
Social distancing across the site	Too many people on site increases likelihood of exposure to coronavirus	Families and staff	Serious	<p>We have taken the following measures to reduce footfall and maintain social distancing on site including:</p> <p>Staff working in bubbles allocated to one site on rotation enabling identification of track and trace if required.</p> <p>Sessions run only allow invited members so that social distancing can be adhered</p>	M	<b>L</b>

				<p>Social distancing 2metre signs and floor markers</p> <p>Currently no crèche provision</p> <p>Staggering opening and departure times</p> <p>Opening up garden environment for family use, one family at a time</p> <p>Erected signage and barriers to remind those visiting the site of social distancing requirements.</p> <p>Any deliveries are left in holding area for 72 hours before being opened and put away.</p> <p>Partners and visitors asked to follow stringent social distancing and hygiene procedures when on site</p> <p>Visitors/ contractors asked to phone and make appointment ahead of attending site so that the amount of people on site can be managed,</p>		
	Social distancing for large groups			<p>Large groups will not take place until further notice.</p> <p>Zoom/ Micro Soft Teams, etc are used as an replacement</p>	M	L
Circulation within the building	Exposure to infection from inadequate social distancing	Families and staff	Serious	<p>We will arrange for families to access rooms directly from outside where possible.</p> <p>Circulation routes around the Children Centre have been reviewed. Where possible there are one-way circulation routes in corridors</p>	H	M



				<p>Staff will adhere to social distancing guidance and be aware of other colleagues in the building when on site.</p> <p>Invited people on site only so social distancing can be adhered to</p> <p>Floor markings/ signs have been put in place</p>		
Children Centre Reception areas	Exposure to infection from inadequate social distancing: visitors to Children Centre	Families and staff	Serious	<p>Any visitors to site are to be by appointment only. Families have been advised that they should call the office rather than coming into the Children Centre.</p> <p>Door entry systems to be adjusted so that visitors cannot enter the reception area where there is not a physical barrier between office staff and visitors.</p> <p>Signage has been erected to advise visitors of social distancing protocols.</p> <p>Consultations with families/ outside agencies etc, to take place over the phone/ video conferencing where feasible. If this is not possible 2m social distancing will be observed in any consultation room and the room cleaned after use.</p> <p>Hand sanitiser will be provided to all persons entering premises with signage to explain control measures etc.</p>	M	L
	Violence and aggression towards Children Centre staff causes injury and distress			<p>We will maintain transparency and regular contact with all members of the community.</p> <p>Regular briefings/updates for all staff so that they are aware of Children Centre</p>	L	L

				<p>response to the COVID 19 virus and can communicate consistently to those who ask.</p> <p>Readiness to deploy the range of behaviour remedies if behaviour becomes unacceptable from warning to full banning from site/sect 547 warnings/action.</p> <p>Lock down procedures are in place and staff know how to activate a lock down.</p>		
Other work areas	Exposure to infection from inadequate social distancing: other work areas	Staff	Serious	<p>We are continuing the opportunity for working from home for all staff where work does not involve direct contact with families etc.</p> <p>Furniture reconfigured in staff areas to allow 2m distancing; etc, has been implemented.</p> <p>All areas are cleaned regularly, a dishwasher is available for cleaning crockery, utensils etc. No tea towels or hand towels are to be used.</p> <p>ICT equipment should and work areas must be cleaned between use.</p> <p>ICT equipment not to be shared. Enough laptops, notebooks and computers for 1 each.</p> <p>All areas have disposable clothes and relevant cleaning products.</p> <p>Limited numbers of staff/ people in working areas dependant on size and ability to social distance safely</p>	M	L

Contractors working on the premises.	Exposure to infection from inadequate social distancing/ hygiene arrangements	All	Serious	<p>All contractors working on the premises will be required to follow control measures listed for visitors above. Where possible they will be required to visit after group hours.</p> <p>All contractors to call ahead of visiting site to make an appointment</p> <p>Only essential visits/ works to be carried out</p> <p>For areas where there are larger scale building projects in place, contractors will remain entirely separate from the Children Centre.</p>	H	
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## Part 2: Maintaining provision for families whilst at home

Maintaining contact with families at home	Safeguarding concerns are not reported; child is placed at risk.	All	Serious	<p>Concerns may become apparent during interaction in the community, online communication etc</p> <p>All Children Centre staff to be aware of arrangements in place for contact to Children Centre DSL/ Deputies</p>	M	M
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				during the closure period. If family identified at immediate risk staff member to call 999 and report to the police		
	Enhanced risks to children re: online safety resulting from increased internet exposure;	Children	Serious	Children Centres to provide information to parents re: online safety. Including encouraging parents to set up age-appropriate parental controls and internet filters as applicable. Also signposting to support available for reporting bullying and online abuse.	M	<b>M</b>
	E-Safety. Inappropriate staff contact with families	Families and staff	Minor to Serious	Children Centre E-Safety Polices continue to apply. Communication must only take place through Children Centre channels approved by the senior	L	<b>L</b>

				<p>leadership team and local authority.</p> <p>Staff must not use or make informal arrangements with families using their own personal devices.</p>		
	<p>Injury or contamination of staff undertaking home visits.</p> <p>Vulnerable children are 'missed' through lack of contact etc.</p>	Visiting staff	Serious	<p>Staff to follow government guidance on social distancing. Speak to families on the door step or through a window if they are self-isolating.</p> <p>Any home visit will be carried out by 2 members of staff subject to risk assessment associated with that home, location and family profile.</p> <p>Children Centre Lone Working Procedures to be followed (including the maintenance of a Children Centre contact during the visit).</p> <p>Where the family is self-isolating ask</p>	M	<b>M</b>

				<p>that the child comes to the window so that they can be seen by professionals.</p> <p>If phoning families, we will speak to the child as well (if age appropriate)</p>		
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### **PART 3: Arrangements for staff working from home during the Children Centre closure period (from 23 March 2020)**

Use of display screen equipment eg: laptop, desktop etc.	Back/neck/wrist injury from poor posture and use of equipment over a prolonged period of time.	Staff working from home	Serious	<p>We follow guidance from HSE (March 2020) as follows:</p> <p>For those people who are working at home, the risks associated with DSE must be controlled. This includes doing home workstation assessments.</p>	M	<b>M</b>
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				<p>However, there is no increased risk from DSE work for those working at home very temporarily.</p> <p>We have provided workers with advice on completing their own basic assessment at home using:  <a href="http://www.hse.gov.uk/pubns/ck1.pdf">www.hse.gov.uk/pubns/ck1.pdf</a></p> <p>We advise staff that there are some simple steps to be taken to reduce the risks from display screen work:</p> <ul style="list-style-type: none"> <li>• breaking up long spells of DSE work with rest breaks (at least 5 minutes every hour) or changes in activity</li> <li>• avoiding awkward, static postures by regularly changing position</li> <li>• getting up and moving or doing</li> </ul>		
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				stretching exercises • avoiding eye fatigue by changing focus or blinking from time to time.		
Data protection	Data breach exposes staff or families to risk of harm.  Data breach is undetected.	All	Serious	All staff have received GDPR training and are aware of their responsibilities re: use and transfer of personal data.  Children Centre Data Protection Policies and Procedures apply.  Staff are aware of their responsibilities for reporting a data breach to relevant staff at Children Centre. Our DPO is involved if required.  Staff use earphones in zoom meetings if discussing any confidential information if they cannot move to a room where they	M	<b>M</b>



				are on their own and the meeting not overheard,		
Workplace stress exacerbated by social isolation.	<p>Depression</p> <p>Anxiety and other forms of mental illness</p> <p>Staff trying to balance work at home with children and or as well as other members of the family</p>	Staff working from home	Serious	<p>Opportunities are in place for regular contact from line managers and colleagues. Albeit remotely via online methods.</p> <p>Access to counselling services is provided by EAP programme All staff have been provided with details of this for use at home.</p>	H	H

**Section 3 – ACTION PLAN**

Instructions for completion

1. Any item that has a risk rating of Red or Amber in section 2 above - the right-hand risk rating column needs to be addressed in this action plan. When you have completed this section, then decide and complete the box on page 2 that confirms when you will review this whole assessment. When you then review the assessment: 1. clear the review date box and 2. Move all the controls in the action plan section up into the main section to show they are now incorporated into what you do. *Now reassess and see if you can decrease the risk rating conclusions?*
2. When an item can be removed altogether (e.g. a dangerous staircase is removed) it can be deleted from section 2 but there must be a historic evidence trail (see point 4)
3. Some items are so high hazard that they will never be reduced to a risk rating lower than Medium – these must be kept in the action plan but can be marked as addressed and all being done that is reasonably practicable.
4. The original document and any changes to the Risk Assessment, over time, need to be documented for record-keeping purposes. This is especially relevant in the event of any legal claims.

What is the <b>Hazard</b>	What <b>Additional Precautions</b> do you need to either	Who is <b>Responsible</b>	<b>When</b> are these	When <b>Were</b> these
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you need to Control? (high or amber from the risk rating column above)	eliminate or reduce the risk to an acceptable level.	for implementing these controls?	controls to be implemented (Date)?	controls implemented (Date)?
<b>Staff wellbeing</b>	Staff have weekly check ins on an individual basis Staff social times are arranged and everyone invited to attend Well being colours shared at fortnightly staff meetings	SLT	Ongoing	March 2020
<b>R rate goes above 1</b>	Continue to Ensure all Public health guidance is followed and shared Close all settings and all staff to work from home	SLT	Ongoing	
<b>Contractors working on the premises.</b>	Only essential visits/ works to be carried out	SLT caretaker	ongoing	
<b>Workplace stress exacerbated by social isolation</b>	Regular check ins with staff and supervision	SLT	Ongoing	
<b>Preparation of Children Centre building</b>	Compliance checks to continue regularly and additional cleaning to take place Deep clean to be arranged at SAP due to no one on site since lockdown on 23 <sup>rd</sup> March	SLT All staff JB	Ongoing  Deep clean before 22/6/20	
<b>Ventilation</b>	Prevent use of aircon units at Speedwell until confirmation received safety is assured.	SLT Karen	6/6/20	
<b>Management of expectations within the Children Centre community</b>	Continue to maintain social distancing Replace any signs damaged or unreadable	SLT	Ongoing	
<b>Staff training</b>	Continue up dating staff of any changes and offer relevant training.	SLT	ongoing	
<b>Staff transport</b>	Continue to work with staff re alternative transport and be flexible re working days/ times to support this	SLT	When relevant	
<b>Individual staff requirements; Staff identified as critically vulnerable &amp; Vulnerable staff</b>	Continue to be sympathetic to individual circumstances and keep individual RA's up to date	SLT	Ind RA's to be in place by 12/6/20 Ongoing support	
<b>Community Welfare</b>	Keep service users updated and maintain open	SLT	ongoing	

	communication			
Community medical requirements	Support service users to make the right decision on whether to attend the setting or not	All staff	ongoing	
Emergency Evacuation and lockdown	Trail and practice procedure if safe to do so Revisit procedure if necessary	SLT/Staff	June 2020	
exposure to the virus	Follow government guidance on self isolation and ensure social distancing is enforced in the centres	Everyone	ongoing	
Contact with those developing symptoms of the virus during the working day.	Maintain extra vigilance	Everyone	ongoing	
Cleaning	Maintain stringent cleaning routines and carry out regular checks	Kath/ SLT	Ongoing	
Hand hygiene	Reinforce handwashing routines and remind families regularly	All staff	ongoing	
Measures to reduce contamination	Email to staff reminding no resources to go between sites. Families reminded no toys etc to be brought on site	SLT All staff	ongoing	
Circulation within the building	Stay vigilant at all times, be aware of who is on site where and when	Everyone	ongoing	
safeguarding	Ensure all staff have updated safeguarding policy and know amendments that have been made	SLT	June 2020	
e-safety	Remind families of E safety and to be vigilant at all times	All staff	ongoing	
Use of DSE at home	Re visit and remind staff of healthy work stations guidance	SLT	June 2020	
Data protection	Remind and reinforce staff of GDPR guidance	SLT	June 2020	

**References:** Describe what standards are being applied (such as HSE Approved code of practice or Design and technology association training course guidance etc.) other supporting material. This can of course include the MAT/Establishment's own policies and guidance. For major risk assessments notes of consultation or other discussion may also be useful.

1. . Behaviour policy updated 5/6/2020

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2. .Guidance for garden use at CC – individual to each setting
3. Safeguarding policy updated 5/6/20
4. .H& S policy updated 5/6/2020

**Information to Aid the completion of the Risk Assessment format**

**Table 1: Definitions**

Potential Severity of Harm	Meaning of the harm description	Likelihood of Harm	Meaning of likelihood
Fatal/Major Injury	Death, major injuries or ill health causing long term disability/absence from work.	<i>High (frequent)</i>	Occurs repeatedly/ to be expected.
Serious Injury	Injuries or ill health causing short-term disability/absences from work (over three days absence)	<i>Medium (possible)</i>	Moderate chance/could occur sometimes.
Minor Injury	Injuries or ill health causing no significant long-term effects and no significant absence from work.	<i>Low (unlikely)</i>	Not Likely to occur

**Table 2: Risk rating matrix: Potential severity of Harm + Likelihood of Harm = Risk rating**

	+ High (Likely)	+ Medium (Possible)	+ Low (Improbable)
Fatal/Major Injury	VERY HIGH Risk	HIGH Risk	MEDIUM Risk
Serious Injury	HIGH Risk	MEDIUM Risk	LOW Risk
Minor Injury	MEDIUM Risk	LOW Risk	No Significant Risk

**Table 3: Action required: Key to Ranking and what action to take.**

<b>VERY HIGH Risk</b>	<b>STOP ACTIVITY! Take action to reassess the work/activity and apply reduction hierarchy before proceeding.</b>
<b>HIGH Risk</b>	<b>Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue.</b>

<b>MEDIUM Risk</b>	<b>Implement all additional precautions that are not unreasonably costly or troublesome and monitor the situation on an agreed frequency.</b>
<b>LOW Risk</b>	<b>Monitor and review your rolling programme.</b>

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**Appendix A: Overview of scientific advice and information on coronavirus (COVID-19)  
published on 15 May 2020**



Department  
for Education

## Overview of scientific advice and information on coronavirus (COVID-19)

Since 23 March, nurseries, schools and colleges have remained open only to children of critical workers and vulnerable children. We have been clear that we would review this arrangement in line with scientific advice.

The Department's response to the issues raised regarding the science on coronavirus (COVID-19) draws on information from the Scientific Advisory Group for Emergencies (SAGE) and its sub-group the Children's Task and Finish Working Group, as well as the broader advice from engagement with Public Health England. Responses have been grouped by topic. Evidence from SAGE and the Children's Task and Finish Working Group is being published separately and full details are not included in this response.

### Spread and vulnerability to disease

#### 1. Infectivity and transmission in children

The exact rates of infectivity and transmission of children is not fully known yet; this is a novel virus and the scientific understanding is developing all the time. However, the current understanding is that:

- There is a high degree of confidence<sup>1</sup> that the **severity of disease** in children is lower than in adults.
- There is a moderate to high degree of confidence that the **susceptibility to clinical disease** of younger children (up to age 11 to 13) is lower than for adults. For older children there is not enough evidence yet to determine whether susceptibility to disease is different to adults.
- The susceptibility to **infection** of younger children (up to age 11 to 13) might be lower than for adults, but the degree of confidence in this is low. For older children there is not enough evidence yet to determine whether susceptibility to infection is different to adults.
- There is no evidence to suggest that children **transmit the virus** any more than adults. Some studies suggest younger children may transmit less, but this evidence is mixed and provides a low degree of confidence at best.

#### 2. Advice from SAGE on education settings

The papers from SAGE meetings are being published in tranches. The first batch was released on 20 March 2020 and further batches will be released every couple of weeks. The list of papers to be released to date is available by following the link below, including a number of schools-related papers.



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<https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response>

### 3. The impact of reopening on transmission within settings and the population

The transmission rate of coronavirus (COVID-19) has decreased and testing capacity has increased in preparation for the rollout of contact tracing. We anticipate that by the week commencing 1 June a greater number of children can return to education and childcare settings, provided that the five key tests set by government justify the changes at the time, including that the rate of infection is decreasing. As a result, we are asking schools and childcare to plan on this basis.

The changes proposed from 11 May are expected to allow R to remain below 1 if adherence rates to social distancing measures do not drop. Any changes in adherence rates or behavioural changes could have a much larger impact on R. This is why it is critical that we continue to monitor and review the scientific advice on transmission rates before we ask education and childcare settings to invite a greater number of children to return on 1 June.

To continue monitoring transmission, staff and pupils in all settings will be eligible for testing if they become symptomatic, as will members of their households. A negative test will enable children to get back to childcare or education, and their parents to get back to work. In the event of a child or member of staff testing positive for coronavirus (COVID-19), the relevant group of people within the school with whom the child has mixed closely (their cohort) should be sent home and advised to self-isolate for 14 days. For further information, read [Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#).

## Risks to different groups

### 4. Clinically vulnerable groups

#### Shielded and clinically vulnerable children and young people

For the vast majority of children and young people, coronavirus is a mild illness. Children and young people (0 to 18 years of age) who have been classed as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield. We do not expect these children to be attending school or college, and they should continue to be supported at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus. A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

#### Shielded and clinically vulnerable adults

Clinically extremely vulnerable individuals are advised not to work outside the home. We are strongly advising people, including education staff, who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus)

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the [staying at home and away from others \(social distancing\) guidance](#) have been advised to take extra care in observing social distancing and should work from home where possible. Education and childcare settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

#### **Living with a shielded or clinically vulnerable person**

If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#), it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home.

### **5. Evidence on other groups vulnerable to COVID-19**

ONS published analysis of [coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020](#). This provisional analysis has shown that the risk of death involving coronavirus (COVID-19) among some ethnic groups is significantly higher than that of those of White ethnicity. Further research is needed to understand why some ethnic groups have higher death rates from coronavirus (COVID-19) than others.

The exact reasons for the increased risk associated with coronavirus (COVID-19) in BAME populations are not known, and there are a number of factors that could underlie this. Schools should be especially sensitive to the needs and worries of BAME members of staff, BAME parents and BAME pupils.

[ONS data](#) from week ending 1 May also shows that deaths registered from coronavirus (COVID-19) are higher in older age groups. There have been two female deaths in the 1 to 14 years age group but no male deaths, and no deaths in the under 1 year age group.

The highest number (1,494) of COVID-19 deaths were among those aged 90 years and over, but the highest proportion of deaths involving coronavirus (COVID-19) out of all causes was among those aged 80 to 84 years (36.7%). Overall, there have been more deaths for males than females.

## Social distancing

### 6. Social distancing in education settings

Social distancing has not been factored into the models considered by SAGE. Although it is difficult to put some of these measures into place in practice in schools, particularly with younger children, [protective measures are possible](#). Hygiene will continue to be important in schools.

We know that, unlike older children and adults, early years and primary age children cannot be expected to remain 2 metres apart from each other and staff. In deciding to bring more children back to early years and schools, we are taking this into account.

To help prevent the spread of the coronavirus (COVID-19), a range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

See [implementing protective measures in education and childcare settings](#).

Settings are best placed to understand the risks in their individual circumstances, so we are asking every setting to carry out a risk assessment before opening. The assessment should directly address risks associated with coronavirus (COVID-19), so that sensible measures can be put in place to control those risks for children and staff.

## Testing, contact tracing and PPE

### 7. Testing and contact tracing in education and childcare settings

Testing is already available for all school staff and their household members.

When the wider cohort of children are invited to return to their education settings, all those children eligible to attend, and members of their households, will have access to testing if they display symptoms of coronavirus (COVID-19).

To access testing parents should use the [111 online coronavirus service](#) if their child is 5 or over

In the event of a child or member of staff testing positive for coronavirus (COVID-19), the relevant group of people within the school with whom the child has mixed closely (their cohort), should be sent home and advised to self-isolate for 14 days.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take.

## **8. Testing and tracing beyond education and childcare settings**

The Government is developing a new test and trace programme and has announced a target of 200,000 tests a day by the end of May. Its goal is for anyone who needs a test to access one. The programme will bring together an app, expanded web and phone-based contact tracing, and swab testing for those with potential coronavirus (COVID-19) symptoms. This programme will play an important role in helping to minimise the spread of coronavirus (COVID-19) in the future. It will also include more traditional methods of contact tracing if a child, parent or other household member tests positive. This could include, for example, direct discussion with parents or carers and schools on recent contacts. The Government is recruiting 18,000 contact tracers to support contact tracing and will recruit more if needed. They will play an important part in tracing the contacts of those with coronavirus (COVID-19), including children.

Anyone who develops symptoms compatible with coronavirus (COVID-19) is advised to self-isolate for 7 days, and their fellow household members should self-isolate for 14 days.

## **9. Timeframes for testing and contact tracing**

We expect the app to be rolled out more widely within weeks. The integrated test and trace programme is highly complex and will need to evolve and improve over time. The test and trace programme is not a solution on its own. It is one part of a package of measures that will be needed in the months ahead to keep new infections at the lowest level possible and avoid a second peak of infection.

## **10. International comparisons on testing and contact tracing**

We are always looking to learn from other countries but our approaches need to take into account our own specific circumstances including our local systems as well as an appreciation of our cultural and societal differences. We have developed a test and trace programme that we think will work best for the UK and for the NHS.

## **11. PPE in education settings**

Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others. PPE is only needed in a very small number of cases:

- Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way.
- If a child, young person or other learner becomes unwell with symptoms of coronavirus (COVID-19) while in their setting, and needs to be cared for until they can return home, a facemask **should** be worn if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a facemask should be worn. If a risk assessment determines there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

For further guidance on safe working and the use of PPE, read [Safe working in education, childcare and children's social care](#).

## International comparisons

### 12. International approaches

Our approach is in line with other countries across Europe, who have begun to bring pre-school and school-age children back in a phased way and are focusing on primary schools and younger children. Approaches between countries will vary slightly based on different public health circumstances.

### 13. Approaches taken by Devolved Administrations

Education is a devolved matter and it is for the Devolved Administrations to take their own decisions about when and how to invite more children to return to education settings. The Department is in regular contact with its counterparts with the Devolved Administrations. They will sometimes want to take their own decisions, according to local circumstances, which could include different transmission rates or term dates.