

## RA 029B Contingency Plan School opening COVID 19 v5 January 2022

# RISK ASSESSMENT RECORDING FORM

Location or School	Date assessment	Assessment undertaken.
Address: St Joseph's Catholic Primary School, Wallasey	Undertaken 2.1.22	by: Jeanne Fairbrother and M.Hollis
Activity or	Review	Signature: Mrs Hollis
situation Contingency Plan School opening	date: Regularly and when government	Signature: Mos stowers
	guidance changes	

#### **Background information**

#### Contingency Plan School opening COVID 19 v4 Dec 2021

The DfE Contingency framework: education & childcare settings guidance was updated 3<sup>rd</sup> December 2021. The contingency framework describes the principles of managing local outbreaks of Coronavirus (COVID-19) (including responding to variants of concern) in education and childcare settings, covering:

- the types of measures that settings should be prepared for
- who can recommend these measures and where
- when measures should be lifted
- how decisions are made

#### **UPDATED – Changes January 2022**

- updated advice to the <u>face coverings section</u> and <u>Annex B</u> to reflect that face coverings are now temporarily recommended in communal areas in **all** settings for adults and for pupils from year 7 onwards
- updated advice on tracing close contacts and isolation to reflect the change in measures for close contacts of suspected or confirmed Omicron cases

All education and childcare settings should already have contingency plans (sometimes called outbreak management plans) describing what they would do if children, pupils, students or staff test positive for COVID-19, or how they would operate if they were advised to reintroduce any measures described in this document to help break chains of transmission.

COVID-19 resilience and planning is now more important than ever. Settings do not need to reformat their existing contingency plans to specific templates, but the plans should be kept robust and up to date in light of the advice set out here.

A good plan should cover:

- roles and responsibilities
- when and how to seek public health advice
- details on the types of control measures you might be asked to put in place

#### For each control measure you should include:

- actions you would take to put it in place quickly
- how you would ensure every child, pupil or student receives the quantity and quality of education and support to which they are normally entitled
- how you would communicate changes to children, pupils, students, parents, carers and staff

#### This risk assessment applies to:

- primary schools
- secondary schools (including sixth forms)
- special schools, special post-16 providers and alternative provision
- 16 to 19 academies
- infant, junior, middle, upper schools

#### Legislation and guidance

Health and Safety at Work Act etc. 1974

Management of H&S at Work Regulations 1999

Workplace (Health, Safety and Wolfgre) Regulations

Workplace (Health, Safety and Welfare) Regulations 1992

DfE Actions for schools plus associated COVID 19 Guidance

Public Health England Guidance

1) Hazard / Activity	2) Who can be harmed and how?	3) What controls exist to reduce the risk?  Have you followed the hierarchy of controls (eliminate, substitute etc)?	Risk Score Consequence X Likelihood	4) Any further action. This should be included in the action plan (5), below
Collaboration with local authorities during localised outbreak of COVID 19 cases	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>Local authorities, directors of public health (DsPH) and PHE health protection teams (HPT's) are responsible for managing localised outbreaks.</li> <li>School liaises and responds to guidance from DsPH&amp; local HPT's</li> </ul>	3X2=6	

Failure to assess the risks of	Staff, pupils, visitors,		3X2=6
COVID 19 transmission in	contractors increased risk	School has assessed the reasonably foreseeable risks of	3/2-0
school and have control	of transmission of COVID 19	transmission of COVID 19. See RA 029A School opening	
measures in place.		Omicron variant Dec 2021. This is shared with all staff and	
		stakeholders.	
		The risk assessment is regularly reviewed as circumstances	
		in school and the public health advice changes.	
		School monitors whether the controls in place are effective	
		and working as intended.	
		School seeks support from HS advisors as required.	
		Baseline measures	
		As per DfE School's operational guidance school/college has in	
		place measures to manage transmission of COVID-19. These	
		include:	
		Staff should continue to test twice weekly at home, with	
		lateral flow device (LFD) test kits, 3 to 4 days apart.	
		Testing remains voluntary but is strongly encouraged.	
		Those who test positive should isolate, take a	
		confirmatory polymerase chain reaction (PCR) test, and	
		continue to isolate if the result is positive. Schools and	
		colleges will need to be prepared to implement high-	
		quality blended learning arrangements so that any child	
		who is well enough to learn from home can do so.	
		<ul> <li>Under-18s, irrespective of their vaccination status, and</li> </ul>	
		double vaccinated adults will not need to self-isolate if	
		they are a close contact of a positive case (unless the	
		positive case is a suspected or confirmed case of the	
		Omicron variant of COVID-19). They will be strongly	
		advised to take a PCR test and, if positive, will need to	
		isolate. Further guidance for close contacts of someone	
		who has tested positive and lives in the same	
		household, and for those who do not live together is	
		available.	

### Information on the changes to the self-isolation period for individuals who test positive for COVID-19

- Since Wednesday 22 December, the 10 day self-isolation period for people who record a positive PCR test result for COVID-19 has been reduced to 7 days in most circumstances, unless you cannot test for any reason.
- Individuals may now take LFD tests on day 6 and day 7 of their self-isolation period. Those who receive two negative test results are no longer required to complete 10 full days of self-isolation. The first test must be taken no earlier than day 6 of the self-isolation period and tests must be taken 24 hours apart. This also applies to children under 5, with LFD testing at parental or guardian discretion. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result and return to your education setting from day 8.
- Health and social care workers, including those working in education settings, should follow guidance for their sector on taking LFD tests on day 8, 9 and 10. For more information, visit COVID-19: management of staff and exposed patients or residents in health and social care settings.
- Anyone who is unable to take LFD tests will need to complete the full 10 day period of self-isolation. Further information is available in the stay at home: guidance for households with possible or confirmed COVID-19 infection.

#### Daily testing for close contacts of COVID-19

 People who are fully vaccinated, or children and young people aged between 5 and 18 years and 6 months, identified as a close contact of someone with COVID-19,

Failing to have adequate	Staff, pupils, visitors,	should take an LFD test every day for seven days and continue to attend their setting as normal, unless they have a positive test result or develop symptoms at any time.  • Children under 5 are not being advised to take part in daily testing of close contacts. If a child under 5 is a contact of a confirmed case, they are not required to self-isolate and should not start daily testing. If they live in the same household as someone with COVID-19 they should limit their contact with anyone who is at higher risk of severe illness if infected with COVID-19, and arrange to take a PCR test as soon as possible. They can continue to attend an education or childcare setting while waiting for the PCR result. If the test is positive, they should follow the stay at home: guidance for households with possible or confirmed COVID-19 infection.  • Continue to ensure good hygiene for everyone, maintain appropriate cleaning regimes, keep occupied spaces well ventilated,  • School/college continues strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases and vaccination uptake for eligible students and staff.  • Pupils/staff to take daily LFT tests for 7 days if identified as a close contact. School attendance can continue if the daily tests are negative.	
outbreak management plans to allow for stepping measures up and down.	contractors increased risk of transmission of COVID 19	<ul> <li>School has assessed the reasonably foreseeable risks of transmission of COVID 19. See RA 029A School opening Omicron variant Dec 2021. This is shared with all staff and stakeholders.</li> </ul>	JAL-0

		<ul> <li>School has this contingency plan risk assessment with measures it will use if staff or pupils test positive for COVID 19 or, to step measures up or down, if required by local DsPH in the event of a local outbreak</li> </ul>	
Communication	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	School will communicate its plan for addressing any imposed restrictions with parents, staff, pupils and other relevant parties regarding:  opening arrangements. access for specific targeted groups where applicable, such as certain year groups, vulnerable pupils and children of critical workers. any reviews of the school's protective measures as part of school's risk assessments. any arrangements for remote working  School will keep all relevant parties up to date with the circumstances of any imposed restrictions and how these affect the school as the situation develops. This will be	3X2=6
Close Mixing	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>communicated via Dojo and ParentApp</li> <li>School /college is able to identify any group(s) that are likely to have mixed closely.</li> <li>Pupils to continue to mix in key stage bands where possible. This will ensure that close contacts can be easily identified.</li> <li>Parents will not be permitted in the main school without an appointment.</li> </ul>	3X2=6
Testing	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>School contingency plans reflect the possibility of increased use of lateral flow device (LFD) testing by staff and, where they are already being offered testing, for pupils and students.</li> <li>Staff encouraged to test twice weekly. If guidance of Wirral School Support suggest more testing is needed then this would be communicated with staff.</li> <li>DsPH could advise on increased LFD testing, which may be advised for an individual setting or in areas of high</li> </ul>	3X2=6

		<ul> <li>prevalence by as part of their responsibilities in outbreak management.</li> <li>This could also include advice on the reintroduction of onsite LFD testing for settings across areas that have been offered an enhanced response package or are in an enduring transmission area, where settings and DsPH decide it is appropriate.</li> <li>DsPH will consult and work with school/college to identify what support may be needed to do this.</li> </ul>	
Thresholds for extra action	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>School has RA 029A School opening Omicron variant Dec 2021 which sets out the measures that are in place to manage transmission of COVID-19 day to day. This has been shared with all staff &amp; stakeholders.</li> <li>School/college will think about extra action if the number of positive cases substantially increases.</li> <li>If school/college meets the thresholds, below, then it will seek public health advice if they are concerned.</li> <li>For most education and childcare settings, whichever of these thresholds is reached first:         <ul> <li>5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period</li> <li>10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period</li> </ul> </li> <li>School will seek public health advice if a pupil, student, child or staff member is admitted to hospital with COVID-19. Phone the DfE helpline (0800 046 8687, option 1) or, in line with other local HPT arrangements. (Hospitalisation could indicate increased severity of illness or a new variant of concern.)</li> </ul>	3X2=6

		<ul> <li>School will work to contain any outbreak by following local HPT's advice</li> <li>Cheshire &amp; Merseyside PHE contact 0344 225 0562</li> <li>Greater Manchester Health Protection Unit 0844         <ul> <li>225 1295</li> <li>Wirral schools contact Wirral LA covid helpline 0151                 666 3600. Email: covidschoolsupport@wirral.gov.uk</li> </ul> </li> </ul>
Positive case	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>All individuals who have been identified as a close contact of a suspected or confirmed case of the Omicron variant of COVID-19, irrespective of vaccination status and age, will be contacted directly and required to self-isolate immediately and asked to book a PCR test.</li> <li>They will be informed by the local health protection team or NHS Test and Trace if they fall into this category and provided details about self-isolation. Information on the changes to the self-isolation period for individuals who test positive for COVID-19</li> <li>Since Wednesday 22 December, the 10 day self-isolation period for people who record a positive PCR test result for COVID-19 has been reduced to 7 days in most circumstances, unless you cannot test for any reason.</li> <li>Individuals may now take LFD tests on day 6 and day 7 of their self-isolation period. Those who receive two negative test results are no longer required to complete 10 full days of self-isolation. The first test must be taken no earlier than day 6 of the self-isolation period and tests must be taken 24 hours apart. This also applies to children under 5, with LFD testing at parental or guardian discretion. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result and return to your education setting from day 8.</li> </ul>

		<ul> <li>Health and social care workers, including those working in education settings, should follow guidance for their sector on taking LFD tests on day 8, 9 and 10. For more information, visit COVID-19: management of staff and exposed patients or residents in health and social care settings.</li> <li>Anyone who is unable to take LFD tests will need to complete the full 10 day period of self-isolation. Further information is available in the stay at home: guidance for households with possible or confirmed COVID-19 infection.</li> </ul>	
Actions to consider once a threshold is reached	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>If school reaches a threshold for extra action (See Thresholds for extra action above) school will:         <ul> <li>contact local the DfE helpline &amp; HPT</li> <li>review and reinforce the testing, hygiene and ventilation measures already in place.</li> </ul> </li> <li>Consider reintroducing bubbles</li> <li>Consider asking staff to wear face masks in the classroom</li> <li>Consider staggered start and finish times</li> <li>Consider stopping parents from being permitted on the playground</li> <li>Consider opening extra staff bases</li> <li>Consider asking staff to complete PPA sessions at home</li> </ul>	3X2=6
Face coverings	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>In all cases any educational and wellbeing drawbacks in the recommended use of face coverings should be balanced with the benefits in managing transmission.</li> <li>Staff should wear face coverings in school communal areas unless medically exempt.</li> </ul>	3X2=6

<ul> <li>Face visors or shields:         <ul> <li>can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission.</li> <li>Face visors /shields should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.</li> <li>A face visor or shield may be worn in addition to a face covering but not instead of one. This is because</li> </ul> </li> </ul>	<ul> <li>Staff and adult visitors should wear a face covering when moving around the premises, outside of classrooms, such as in corridors and communal areas.</li> <li>In order to be most effective, a face covering should fit securely around the face to cover the nose and mouth and be made of a breathable material capable of filtering airborne particles.</li> </ul>
face visors or shields do not adequately cover the nose and mouth, and do not filter airborne particles.  Transparent face coverings may be worn by those who communicate through lip-reading or facial expressions.  School will not prevent individuals from entering or attending school if they are not wearing a face covering, if exempt.  School understands it has a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff.  School has a duty towards disabled children, pupils and students to support them to access education successfully.  School will discuss with pupils and parents the types of reasonable adjustments that are being considered to	<ul> <li>can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission.</li> <li>Face visors /shields should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.</li> <li>A face visor or shield may be worn in addition to a face covering but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth, and do not filter airborne particles.</li> <li>Transparent face coverings may be worn by those who communicate through lip-reading or facial expressions.</li> <li>School will not prevent individuals from entering or attending school if they are not wearing a face covering, if exempt.</li> <li>School understands it has a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff.</li> <li>School has a duty towards disabled children, pupils and students to support them to access education successfully.</li> <li>School will discuss with pupils and parents the types of</li> </ul>

Re-introduce Shielding - CEV staff & pupils, pregnant staff	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>School has a supply of face coverings available</li> <li>Clear instructions are provided on how to put on, remove, store, and dispose of face coverings.</li> <li>Face coverings can be disposed of in normal waste</li> <li>School is aware that staff and pupils previously considered to be clinically extremely vulnerable (CEV) will not be advised to shield again.</li> <li>Individuals previously identified as CEV are advised to continue to follow the guidance on how to stay safe and help prevent the spread of COVID-19. Individuals should consider advice from their health professional on whether additional precautions are right for them.</li> </ul>	3X2=6
Education workforce	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>School contingency plans include details if it is appropriate for some staff to work remotely if restrictions are imposed.</li> <li>If guidance changes or an outbreak occurs in the setting considerations would be taken to ask staff to work from home where possible.</li> </ul>	3X2=6
Transport	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>Transport services to and from the school will continue to operate as normal during times of local restriction where pupils are still attending.</li> <li>Face coverings are expected to be worn in enclosed and crowded places - this includes public and dedicated school transport.</li> </ul>	3X2=6
Residential educational visits	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>All visits are risk assessed and include current local restrictions. School uses Evolve and has an EVC</li> <li>School will consider carefully if the educational visit is still appropriate and safe.</li> </ul>	3X2=6

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		Only pupils who are attending the setting will go on an	
		educational visit.	
School failing to plan:	Staff, pupils, visitors,		3X2=6
<ul> <li>Open days</li> </ul>	contractors increased risk	School will follow latest DFE and Local PHE guidance	
• Transition & taster	of transmission of COVID 19	All such events are risk assessed individually and include	
days		current local restrictions.	
Parental attendance		School will consider carefully if the event is still appropriate	
<ul> <li>Performances</li> </ul>		and safe.	
		Virtual events will take place where possible	
Attendance restrictions -	Staff, pupils, visitors,	·	3X2=6
increased COVID infections	contractors increased risk	High-quality face-to-face education remains a government	
	of transmission of COVID 19	priority. Attendance restrictions should only ever be considered	
		as a short-term measure and as a last resort:	
		o for individual settings, on public health advice in extreme	
		cases where other recommended measures have not broken	
		chains of in-setting transmission	
		o across an area, on government advice in order to suppress or	
		manage a dangerous variant and to prevent unsustainable	
		pressure on the NHS	
		School/college will continue to give priority to vulnerable	
		children and young people and children of critical workers to	
		attend school undertaking their normal timetables.	
		_	
		School/college contingency plans cover the possibility if	
		advised, temporarily, to limit attendance and will ensure	
		that high-quality remote education is provided to all pupils	
		or students not attending.	
		School/college will provide high-quality remote learning will	
		be provided for all pupils and students if:	
		<ul><li>they have tested positive for COVID-19 but are well</li></ul>	
		enough to learn from home	
		<ul> <li>attendance at school/college has been temporarily</li> </ul>	
		restricted.	

		<ul> <li>On-site provision will be retained in all cases for vulnerable children and young people and the children of critical workers.</li> <li>If school/college has to temporarily stop onsite provision on public health advice, alternative arrangements for vulnerable children and young people will be discussed with the local authority.</li> <li>Devices will be loaned out to families to ensure that distant learning can take place</li> </ul>	
Food provision	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>School/college will provide meal options for all pupils /students who are in school/college</li> <li>Meals will be available free of charge to all infant pupils and pupils who meet the benefits-related free school meals eligibility criteria.</li> <li>School will provide FSM or food parcels to eligible pupils who are not attending school, where they have had symptoms or have tested positive.</li> <li>Food Bank hampers are readily available at all times of the year.</li> </ul>	3X2=6
Safeguarding	Staff, pupils, visitors, contractors increased risk of transmission of COVID 19	<ul> <li>if attendance restrictions are needed school/college works with all local safeguarding partners to be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe</li> <li>School/college continues to have regard to any statutory safeguarding guidance that applies</li> <li>School will review the child protection policy so that it reflects the local restrictions and remains effective. Staff will continue to record any concerns on MyConcern which are then addressed by DSL and Deputy DSL</li> </ul>	3X2=6

		<ul> <li>School will have a trained DSL (or deputy) available on site. If that is not possible In such cases, there are 2 options to consider:         <ul> <li>a trained DSL (or deputy) can be available to be contacted via phone or online video,</li> <li>share a trained DSLs (or deputies) with other settings, who is available to be contacted via phone or online video</li> </ul> </li> <li>Where a trained DSL (or deputy) is not on-site, in addition to one of the 2 options, a senior leader will take responsibility for co-ordinating safeguarding on site.</li> </ul>	
Vulnerable pupils & young people	Staff, pupils, visitors, contractors increased risk of transmission of COVID 199392	<ul> <li>Where vulnerable children and young people are absent, school will:         <ul> <li>follow up with the parent or carer, working with the local authority and social worker (where applicable), to explore the reason for absence and discuss their concerns</li> <li>encourage the child or young person to attend educational provision, working with the local authority and social worker (where applicable), particularly where the social worker and the virtual school head (where applicable) agrees that the child or young person's attendance would be appropriate</li> <li>focus the discussions on the welfare of the child or young person is able to access appropriate education and support while they are at home</li> <li>have in place procedures to maintain contact, ensure they are able to access remote education support, as required, and regularly check if they are doing so</li> </ul> </li> </ul>	3X2=6

<ul> <li>If school/college has to temporarily stop onsite provision on public health advice, alternative arrangements for vulnerable children and young people will be discussed with the local authority.</li> <li>Communication will be made regularly with the pupil's family through Dojo and ParentApp</li> <li>Communication will be robust between external agencies such as IFD, CARITAS etc</li> </ul>

<b>A</b>						
Ī	5	5	10	15	20	25
INCREASING CONSEQUENCE—	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
2		1	2	3	4	5
INCREASING LIKELIHOOD———					<b>—</b>	

Risk Rating	Action Required
20 - 25	Unacceptable – stop activity and make immediate improvements
10 - 16	<b>Urgent action</b> – take immediate action and stop activity, if necessary, maintain existing controls vigorously
5 - 9	Action – Improve within specific timescales
3 - 4	Monitor – but look to improve at review or if there is a significant change
1-2	Acceptable – no further action but ensure controls are maintained & reviewed

#### Likelihood:

#### Consequence

- 5 Very likely
- 5 Catastrophic 4 – Major
- 4 Likely 3 – Fairly likely
- 3 Moderate
- 2 Unlikely
- 2 Minor
- 1 Very unlikely
- 1 Insignificant

- (1) List hazards something with the potential to cause harm here
- (2) List groups of people who are especially at risk from the significant hazards which you have identified
- (3) List existing controls here or note where the information may be found. Then try to quantify the level of risk *the likelihood of harm arising* that remains when the existing controls are in place based on the number of persons affected, how often they are exposed to the hazard and the severity of any consequence. Use this column to list the controls that you might take and develop all or some of that list into a workable action plan. Have regard for the level of risk, the cost of any action and the benefit you expect to gain. Agree the action plan with your team leader and make a note of it overleaf. If it is agreed that no further action is to be taken this too should be noted.

	5. Action plan	Responsible	Completed
1	Liaise with KF/WPH to ensure LFTs are still necessary for seven days after being identified as a close contact.	MLH	Jan 2022
2	Update parents/staff about updated isolation periods for positive cases and close contacts		
3			
4			
5			
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9			
10			
	Action plan agreed by M Hollis		