



COVID-19: Checklist & Risk Assessment for school during 2020/2021

Schools Safety Guide

Document information

Document title	COVID-19: Checklist & risk assessment for full reopening of school site		
Owner	Geri Pugliese, Interim Head Teacher		
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Effective from	1 st September 2020	Approved on	12 th July 2020
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Review date			
Purpose	Guidance and support for the safe re-opening of schools to all children following the COVID-19 lockdown period. Direct all stakeholders to follow procedures for the safe opening of school for all children.		

This risk assessment is in accordance with Sandwell's original model document, however, amendments and additional items have been added, to personalise it to Lightwoods Primary School.

Introduction

The Government are now moving to a new phase in the light of the COVID-19 pandemic. The expectation is that all schools fully reopen. All this is with the caveat that it is safe to do so, and that the "R number" (rate by which an infected person transmits to others) does not significantly increase.

This school safety guide (SSG) should be read in conjunction with the latest [Government guidelines](#) for schools that are re-opening during the COVID-19 pandemic. In particular;

- <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>
- [Action for early years and childcare providers during the coronavirus \(Covid 19\) outbreak](#)
- <https://www.gov.uk/government/publications/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-during-the-coronavirus-covid-19-outbreak>

It is anticipated that the Government will continue to be updating these guides and producing additional guidance over the coming weeks. Therefore, it is important that school leadership make regular visits to the [Government website](#) that is aimed specifically at schools and other educational settings.

Further information

If you require any further information, please contact the health & safety unit via our shared email address: health_safety@sandwell.gov.uk

RISK ASSESSMENT

Likelihood	
1	Very unlikely
2	Unlikely
3	Likely
4	Very likely
5	Certain

Severity:	
1	No Lost time
2	Under 7-day injury or illness
3	Over 7-day injury or illness (RIDDOR)
4	Specified injury or illness (RIDDOR)
5	Fatality, disabling injury or illness

High (15-25)	These risks are unacceptable; significant improvements in risk control are required. The activity should be halted with immediate effect until risk controls are identified/implemented that reduce the risk to an acceptable level.
Medium (5-12)	Additional control measures should be identified and implemented to reduce the risks associated with the activity or workplace so far as reasonably practicable.
Low (1-4)	Minimal control measures are required to be implemented to satisfy the level of risk. Maintain current arrangements for risk control.
KEY: SM – Site Manager, SBM – Business Manager, T - teachers, S - support staff, SLT - Senior Leadership, Cl - Cleaners, FSW – Family Support Worker	

RISK/ CONSIDERATION	TO WHOM	LIKELIHOOD	SEVERITY	OVERALL	PREVENTITVE MEASURES	FURTHER ACTIONS	WHO IS RESPONSIBLE	WHEN/ HOW OFTEN
HEALTH & SAFETY								
Utilities, plant & equipment has not been inspected/ serviced within the recommended timescales	Teaching, non-teaching staff, children, cleaners, cooks, parents, visitors, contractors Legionella, electrocution, CO ² exposure, burns, cuts, bruises, broken bones etc.	2	4	8	-School has a scheme of works whereby competent contractors are engaged to carry out statutory testing/inspection of all plant and equipment. -Pre-use visual checks are carried out by the user on all equipment. -All little used outlets of water have been regularly/will be flushed prior to school reopening -Any plant/equipment that has been "mothballed" during the lockdown, will be/has been inspected/checked by a competent person before coming back into use, and before reopening the school.	-Where extensions/exemptions have been granted by the HSE, a specific risk assessment for continued use of the plant/equipment has been completed. - Any defects or faults are reported, and equipment taken out of use. -Refer to Premise Management SSG and School Premise Logbook for further guidance	SLT BM SM	During summer break July/August yearly
Lack of people in safety critical roles (e.g. first aiders, fire marshals, etc.) due to general illness, self- isolation, shielding	Children, staff, parents, visitors, contractors	1	5	5	-Fire drill practice in the first week of the each term to ensure school can be evacuated safely (within bubbles). Additional fire drills to take place: -Morning/Afternoon -Lunch time -With significantly less staffing due to bubble closures.	-Additional staff to do fire marshal training so they can stand in for any absent staff -Refer to Fire Safety SSG & First Aid SSG for further guidance -Review fire evacuation procedures each term.	SBM SLT	Termly
Staff absence results in lack of appropriate supervision	Staff, children	2	2	4	- Daily report to the HT or number of absences and symptoms Weekly summary data for each class to HT -In the case of staff absence, the Senior Leadership Team or Learning Supports will be able to cover. -SLT will not cover classes and will minimise contact with bubbles.	-Back up plans in place for possibility of lockdown, staff absence or whole bubble isolation.	SBM SLT	Daily
Lack of equipment decreases risk management	Staff, children, visitors	2	2	4	-Hand held non-contact thermometers. Apron, gloves, face shield, surgical masks – all available -Cleaning equipment, first aid kits, tissues, replenished as required.	-Regular checks made to ensure there is sufficient stock of soap. -Daily checks made to ensure sufficient stock	SM SBM MA	Daily

Possible contamination and increased risk of infection through lack of cleanliness and hygiene		2	4	8	<ul style="list-style-type: none"> -All staff and pupils made aware of the “catch it, bin it, kill it” protocol via signage posters around the school. -Additional hand hygiene stations with alcohol-based hand rub (ABHR) available at all entry points and other key areas around the school. -Use of <u>e-bug</u> learning resources to promote and teach pupils the importance of good hygiene practices. -Supply of detergent and/or antibacterial spray available for adults and pupils to clean any areas/equipment they occupy/use before and after each use. -Provide antibacterial spray for cleaning shared equipment after each use (printers, staff room equipment - kettles, toasters) -Waste to be disposed in accordance with Government guidance on cleaning non-healthcare settings. -Staff to prevent using/touching the rails. -Working spaces kept clean/tidy/free from clutter. -Windows to be opened each morning in classrooms to allow for a free flow of fresh air. -Enhanced/regular cleaning schedule in place that concentrates on common touch areas (e.g. door handles, bannisters, etc.) -Handles, rails and additional touchpoints to be cleaned at mid points during the day. -Touch-point cleans conducted daily by cleaners. -All cleaning materials stored safely and away from pupils. 	<ul style="list-style-type: none"> -Daily briefings in class by teachers to remind pupils of the importance of good hygiene practices. -Refer to Government guidance on <u>Health protection in schools and other childcare facilities</u> for further information.- 	SM SLT T CI	Daily
INFECTION CONTROL/CROSS CONTAMINATION								
Unable to meet social distancing rules and the virus is transmitted from person to person causing illness – persistent coughing, high temperature and lack of taste/smell or other symptoms to fatality	Staff, children, parents, visitors, contractors	3	4	12	<ul style="list-style-type: none"> Social distancing to be maximized through: <ul style="list-style-type: none"> -School drop-off/collection times staggered to minimise numbers. -Drop-off/collection zones have been clearly identified and communicated. -Separate entrance and exit routes are in place. -One parent only, advised to drop off/collect at a time. -Parents and children use designated areas and must not use any others except the ones allocated. -Parents not to gather at doors, entrances and gates. -Signage displayed outside the classroom and around the school site. -Parents recommend that faces are covered when 	<ul style="list-style-type: none"> -Message regularly conveyed to parents regarding regimes: <ul style="list-style-type: none"> -Maximum 1 adult per child -Parents to wear face coverings on the playground -Importance of keeping to times -Staff are able to move 	SLT T	Daily

					<p>on school site when dropping off and picking up children.</p> <ul style="list-style-type: none"> -When weather allows, lessons will be conducted outside of the classroom -All windows and doors (which aren't fire doors) around school will be fully open to ensure full ventilation. -The school office will be closed to pupils and staff and protective barriers have been placed on the windows in case parents need to speak to them. -Messages to the office via phone or by standing in the doorway. - No assemblies to take place in halls – virtual assemblies instead -School trips and educational visits will cease until further notice, following advice from the DfE and LEA. -All staff to wear a face covering when moving around school and when not in their own allocated bubble. These will be provided by school and need to be washed every evening. 	<p>between bubbles where this has been directed by SLT, where no alternative can be sought. Otherwise, they are to stay in their bubbles and not mix unnecessarily. Staffing has been rearranged in order to make this possible.</p>		
Contact is not minimised and therefore not managed or contained	Staff, children, parents, visitors, contractors	3	4	12	<ul style="list-style-type: none"> -Children have been split into class bubbles, consisting of no more than 30 children. -Children will not mix with other pupils and will remain in their bubble. -No more than 30 children and no more than 3 adults, where possible. -Re-arranged furniture where children will be sat in rows with desks to be placed facing forward from year 2–year 6. -All unnecessary items including soft furnishings will be removed from classrooms - Staff must maintain social distancing at all times. -Systems are in place around the school to minimise close contact between adults and pupils -Avoid any activity where you are passing items around a class e.g. Circle time objects, artefact sharing, touching activities (such as some sport, skills & games involved in P.E.) -Where possible, outdoor P.E. lessons will be prioritised -If possible, children will work in their own zone or 'safe space', which will be marked out for younger children. -Children will come to school in their P.E. kits/tracksuits on days when they have P.E. 	<ul style="list-style-type: none"> -Children bring all their belongings in one bag which stays on the back of their chair, this is to be taken home at the end of each day. -Timetables will be altered to minimise movement around school. -Paper copies of homework and home learning/blended learning packs cannot be facilitated 	SLT T	Daily

					-All children will have their own stationary kit to avoid the sharing of equipment. -All letters and correspondence to be sent to parents electronically and no paperwork is to be sent from school to home.			
Younger children will find it more difficult to adhere to social distancing measures	EYFS and Year 1 pupils	2	4	8	-Adaptations to Reception Unit provision and children will remain in their classroom within their class bubble. . -Outdoor resources in the EYFS will be cleaned at the end of each day.	-Any parent workshops to take place remotely or outside.	SLT T	Daily
Children are more likely to mix and have contact at recreational times	All pupils	3	4	12	-Break and lunch times are staggered and supervised to minimise numbers within bubbles. -Playgrounds have been split into sections to accommodate the different bubbles. -Regulate access to areas where it is difficult to maintain social distancing (toilets, storage rooms etc.) An adult manages this at all times. -Reduced playtime equipment used and any that is used, can be easily cleaned -playtime equipment to be cleaned after each session and not shared with other bubbles. -Children to remain in their bubbles at playtime and lunchtimes. -Pupils to eat their packed lunches or hot dinners in the classroom. -Hot and cold dinners will be delivered to classrooms. -Children to wash or sanitize hands before and after eating and before leaving and re-entering the classroom.	-Continuously remind children of the procedures and why we it is important to follow them.	SLT T SS LTS	Daily
Possible contamination through touchpoints during toilet use	All pupils and staff	3	4	12	-Adults will ensure no children from other bubbles are in the toilet before allowing children to go. -Children encouraged to wait outside if another child is using the toilet. -During lesson time, toilets used are to be those nearest to classrooms bubble. -Hand gel used after toilet use as well as washing hands. -Extra signs in toilet re washing hands. -Wedge all toilet doors open to reduce touching handles. -Additional cleaning of toilets to take place after break and lunchtime -Children who have an accident/soil themselves can be supported by two members of staff (see Intimate Care Policy). Staff must ensure that masks, gloves and aprons are worn.	-Cleaning and PPE boxes to be kept near to toilets	SLT T SS LTS	Daily

Possible contamination through additional people coming into school	All pupils and staff	3	4	12	<ul style="list-style-type: none"> -Only essential visits to take place. Meetings to take place remotely where possible.-Essential meetings to take place in the Circus Room at Site 2 and the training room at Site 1 -Cease hand shaking/hugging of children and visitors. -Parents/carers can only visit the school by appointment. -All visitors to sanitise, wear own PPE and have temperature taken before entry. -All visitors must practise social distancing. -Admin staff to confirm that delivery driver/essential visitor is not displaying symptoms of Covid-19 before access to the school site. 		SBM SLT	Daily
Possible contamination through pupils mixing with others during extra-curricular activities	All pupils and staff	3	4	12	<ul style="list-style-type: none"> -Separate risk assessments for Afterwoods and Breakfast Club to ensure social distancing, minimal contact and robust cleaning regimes. -Risk Assessments obtained by any outside organisations e.g. music services, Inclusion Support etc. 	-Risk Assessments to be updated half termly or with any new changes to Government guidance	SLT	Daily
Possible contamination through pupils with additional needs	All pupils and staff	2	3	12	<ul style="list-style-type: none"> -Individual pupils have their own risk assessment -Some pupils with specifically high needs may need time away from their bubble. For this, the library or sensory room on Site 2 or sensory room on Site 1 should be used and should be cleaned after use. -PPE equipment to be worn by staff. - Any pupils that pose a risk of passing on any bodily fluids through biting, spitting, or who may have to be positively handled will be risk assessed and appropriate measures put in place. -If a pupil becomes a risk, then he/she will be risk assessed against their suitability to remain in school ensuring the pupil's safety as well as the safety of staff – appropriate action will be taken in accordance with school policies. 	<ul style="list-style-type: none"> -Daily cleaning schedule -Minimise contact by using desks where possible. -Keep safe distance from pupils where possible. -2 weekly risk assessments will continue for pupils with an EHCP. 	SLT SENDCo SS	Daily
Infection transmitted through people who have symptoms of the virus	All pupils and staff	3	4	12	<ul style="list-style-type: none"> -If symptoms in adults occur during schools hours, the member off staff should leave the building -If symptoms in children occur during school hours, the child must be taken to the isolation room, the member of staff who takes them should wear full PPE. -The child's temperature should be checked and anything over 37.6°C is classed as high and indicating fever(normal 	<ul style="list-style-type: none"> -Well-being checks to be made to staff and pupils who are in isolation -Support given to enable remote/blended learning 	SLT SBM SS	When required

					<p>temperature is 36.4°C)</p> <ul style="list-style-type: none"> -Parents must be called and the child taken home -The individual must self-isolate for 10 days and is advised to get a coronavirus test which can be booked through the NHS website. -People with a positive result must isolate for 10 days from the onset of symptoms. -If a case is confirmed, all people who have been in contact with the infected person within 48 hours, must self-isolate for 10 days (including household members) -On communication of a confirmed case, all people who need to isolate must leave the building immediately. -Anyone who has not been in direct contact with the infected person does not need to isolate (siblings are advised to come to school) -Review time period of absence for ill children or staff and increase if necessary but at least to the minimum standard (e.g. 48 hours clear of sickness – following Dept of Health Guidance). 	<ul style="list-style-type: none"> -Public Health England will be notified by the school, if there is a confirmed case. Results of tests must be fed back to senior leaders. 		
Vulnerable people, with underlying health conditions, are at higher risk of the effects of COVID-19 should they become infected	All pupils and staff Specifically, staff who are: 60+, living with 60+, BAME, clinically vulnerable, living with someone who is clinically vulnerable	3	4	12	<ul style="list-style-type: none"> -Staff and children deemed as most vulnerable have had individual risk assessments. -Full PPE is available to all staff at all times. -Social distancing is promoted throughout the school with posters, education and spacing of furniture. 	<ul style="list-style-type: none"> -Ensure sufficient levels of PPE. -Monitor safety measures are intact and set up as they were to start with. -Following not only Government advice but Public Health England (Sandwell) 	SLT	-To be reviewed in accordance with Government guidelines
COMMUNICATION								
Lack of communication results in procedures not being adhered to and therefore increases risk of infection	Parents, staff, children	3	3	9	<ul style="list-style-type: none"> -Communicate new ways of working to all staff, through posters, briefings etc. -Weekly update letter to parents -Key information posters around school -Parents and young people made aware of recommendations on transport to and from education or childcare setting (including avoiding peak times) - Guidance on transport can be found here: https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers 	<ul style="list-style-type: none"> -Reminder letters/warnings may need to be sent if parents do not adhere to protocols. Letters sent to parents to update on all guidance 	SLT	Weekly/ As necessary

Lack of communication has a negative effect on the well-being of staff and pupils who are working at home.	Parents, staff, children	3	3	9	-Communicate to parents and staff to contact school if they require support; year group emails will continue to be in place as well as SeeSaw for communication.	-Devices to be applied for and distributed -Isolation class lists provide key information -Blended learning registers in place	SLT	As necessary
SAFEGUARDING								
Current policies do not take implications of COVID-19 into account	Parents, staff, children	1	2	2	Behaviour, safeguarding and SEND policies will be updated in accordance with guidance	-SENDCo to update and publish on website.	SLT	Termly
Children who are isolating as a whole class bubble, are not seen daily by school staff	Children (particularly those most vulnerable)	3	4	12	-Blended learning registers submitted 2x per day (KS1&KS2) and usual attendance procedures followed. -Registers submitted at 10am & 3:45pm -Blended learning registers kept for EYFS and usual attendance procedures followed	-Registers to be taken for each of the 5 sessions.	T Admin	Daily
Children who are isolating as a single case, are not seen daily by school staff	Children (particularly those most vulnerable)	3	4	12	-Teachers to monitor work submitted and access to learning for pupils who are self-isolating as a single case. Normal attendance procedures to be followed if these pupils are not accessing learning from home. -Teachers to inform SBM if a child who is isolating does not have a device.	-Teachers MUST monitor and inform SLT if children are not accessing home learning	T SBM SLT	Daily
Attendance of children is not tracked effectively and therefore children who are at risk are not monitored	Children (particularly those most vulnerable)	3	4	12	Absence coding: Must but done daily - not for a whole week at once. -If a child has symptoms for Covid, please use code X -If a sibling of the child with symptoms has to self-isolate, the code is X -If a member of the child's household has Covid and they have to self-isolate, the code is X -If a class bubble has to self-isolate, the code is X -If a sibling of a child in a bubble, which is self-isolating, cannot attend school, the code is O -If a parent is keeping their child at home due to a medical condition we must be provided with a letter from a medical professional to confirm they must shield - if we receive a letter then the code is X and if not you must code as O.	-Office to give lists to FSW	SLT FSW	Daily
COVID-19 has implications on statutory procedures and normal 'expected practice'	Children (particularly those most vulnerable)	1	4	4	-Yearly training to take place as normal. -All staff briefed in September for what to do in the case of a lockdown and any updates of information to relevant children they may need to know about. -Staff expected to adhere to safeguarding instructions. -Weekly safeguarding briefings to take place in the staff	If changes made, staff will be briefed as and when.	SLT All staff	Yearly training/ Weekly briefing/ Procedures followed daily

					meetings, which will take place in the school hall to ensure appropriate social distancing. -Procedures, timetables and risk assessments shared with staff and they have signed to say they have read and understood them			
The effects on of COVID-19 have a detrimental influence on the mental health of individuals	Teaching, non- teaching staff, pupils. (Anxiety, depression, stress, poor mental health & wellbeing)	3	3	9	-Children to receive support from the adult responsible for wellbeing in their phase and class teacher in the first instance -Recovery curriculum in place initially -Weekly PSHE wellbeing sessions to be delivered to pupils. -Keep in touch (KIT) meetings regularly organised to ensure staff are supported. -Ensure that all adults have regular breaks and are encouraged to pay regard to their work/life balance. -Changes in new school protocols explained to children and individual support made available when/if needed. -Arrangements in place for employees to access a confidential counselling service.	-Senior Leadership Team referrals if children or staff need further support. -In the event of a whole bubble self-isolation, provide school devices to all staff and pupils so that they can access/support blended learning -Refer to Stress SSG for more information.	SLT	As required

Checklist A

Site Team

In addition to the regular health and safety site compliance checks that need to be undertaken; please ensure that the checks below are also all completed prior to 1st September 2020. (Some items may appear on H&S paperwork as well as this Covid Checklist.)

	Completed Please initial and date
Flushing the water system in accordance with the school legionella risk assessment and policy.	
Make sure all water checks have been completed including in the kitchen as these haven't been used for a while. Including any leaks and provision of hot water. Water company to be invited in to carry out all essential checks.	
Make sure all gas and electric checks have taken place.	
Testing the fire alarms/smoke alarms/panic and accessible toilet alarms.	
Do an electrical check in every room to make sure lighting is okay.	
Do a safety walk of all areas that have not been used and ensure everything is okay.	
Check fire door mechanisms	
Ventilation system	
Inspection of asbestos sites – make sure they have not been damaged by rodents during closure	
Inspection for rodent activity or infestations	
Servicing of reprographic equipment	
Check all clocks are working and are showing the correct time.	
Check the outdoor area for rubbish/items that need to be removed.	
Ensure 8 lockers are moved into each classroom and spaced out. Store all valuables in lockers in Yr group boxes.	
Signed Signed Site Team	
Signed Head Teacher	

Checklist B

Classroom and Learning Environment.

The teacher and teaching assistant in this room need to be aware and ensure the following is in place in their learning environment:

	Please initial and date
Remove excess furniture and resources to increase space if space to do. This includes all soft furnishings that must be removed from classrooms	
Desks to be facing towards the front of the class.	
Coats to be hung on the back of children’s chairs and bags to be placed underneath chairs which will contain all of the things they need such as lunchboxes and book bags.	
Social distancing rules created for and with the children – including how many children playing with resources and how – class rules. (Include instructions on how to line up, physical contact, use of toilet, moving around the classroom etc.).	
Resources and activities planned to reduce shared contact and individual learning.	
Interactions carried out where possible from a distance.	
Apply same measures when working outdoors.	
Teacher and LSP are assigned to these children and stay with these children throughout the day (and on sub-subsequent days).	
Children to use same desk and equipment (each child has their own stationary back).	
Staff allowed to stay at adult height – no requirement for getting to child level for interactions, where appropriate.	
Children stay together in their bubble and not mix with other groups, this includes having their lunch in class.	
Ensure all classroom doors are open at all times. Ensure windows are if weather permitting.	
All homework accessed through internet and email. Books will be changed Friday mornings. Used books will be placed in quarantine.	
Signed Teacher	Signed LSP/LSA

Checklist C

Enhanced Cleaning – Site Team

Date								
	Please initial and	Please initial	Please initial	Please initial	Please initial and	Please initial and	Please initial	Please initial
All photocopiers and door key pads to be continuously cleaned by the site team								
Tables, door handles, whiteboards and other surfaces cleaned with antibacterial spray: mid-day by the classroom adults/additional adult if available, communal areas included and after school by the site team.								
Ensure out of bounds areas are clearly marked.								
Signed Site Team			Signed			Head Teacher		

Checklist C

Enhanced Cleaning – Learning Support / Teachers / SLT

	Completed Please initial and date
Learning Support / Class Teacher	
When planning lessons and activities for the following week, remember to advise appropriate personnel of required resources in order that they can ensure items are cleaned before lessons, buy teaching and LS staff, cleaning by site or admin team.	
Staff do not take any books or resources home that have been used by children. Live marking and other non-contact assessment for learning strategies will be used in lessons for feedback.	
All staff complete a closing checklist at the end of every day to ensure all equipment and resources have been thoroughly cleaned with antibacterial spray for the next day, and then placed on tables ready for lessons so children have restricted choice of	
All water bottles are to be sent home for cleaning at the end of each day.	
Signed	Signed
Teacher	LSP/LSA
	SLT

Checklist C Information

Enhanced Cleaning – All Staff

This information is to act as a reminder to all staff regarding keeping ourselves safe. (If you become aware that stocks of any cleaning or PPE have run low/not available please complete a stock form immediately and leave it outside of the office.)

Hygiene Reminders

1. Hand gel dispenser outside of key areas.
2. Hand gel order in large quantities.
3. Handwashing PHSE lessons, songs and rhymes to be used.
4. Extra disinfectant ordered to ensure thorough cleaning in each classroom.
5. Children wash hands or use hand gel on entry to school, before break, after break, before lunch, after lunch, leaving school, using the toilet and any time they cough or sneeze.
6. Washing hands posters to be on display around school site. Reminders how to wash hands properly – videos and posters.

Cleaning Reminders

1. A thorough clean of all areas will be undertaken prior to reopening.
2. Soap, hand sanitiser and paper towel levels in each area must be checked daily and topped up.
3. All surfaces, handles, toilets and shared equipment will be cleaned each day using antibacterial spray.
4. PPE will be worn by all cleaning staff – mask, gloves and aprons.
5. Cloths to be washed after each use.
6. Some resources will be rotated and left to de-contaminate for a minimum of 72 hours after cleaning to reduce the risk of indirect transmission.
7. Soft furnishings and soft / cloth toys will be removed from use in classrooms.
8. Resources on each day list given to site manager to ensure these resources are cleaned at the end of the day.
9. Pedal bins in all classrooms.
10. Mop heads to be washed daily.
11. Disinfectant to be kept out of reach of children.
12. Staff to be alert: if any children have the coronavirus symptoms then waste from this classroom must double-bagged and SLT to be alerted

Closing Checks Health and Safety Checklist

W/C:

	Monday		Tuesday		Wednesday		Thursday		Friday	
Is the room clean, tidy & free from hazards?										
Are all toys in the correct place? Have the boxes been sorted out?	Inside	Outside	Inside	Outside	Inside	Outside	Inside	Outside	Inside	Outside
Have children's individual resource packs been cleaned and wiped?										
Have any used storage boxes been cleaned and wiped?										
Have toys/equipment been cleaned with antibacterial spray?										
Has outdoor equipment been sprayed and wiped?										
Have water bottles been taken home?										
Have tables been left in their allocated places?										
Please initial and date to show all checks completed										

Class Teacher Signed _____

Head Teacher Signed _____

Checklist D Information

Waste Disposal/Cleaning Information – All Staff

This information is to act as a reminder to all staff regarding keeping ourselves safe.

(If you become aware that waste is not being disposed of correctly please advise a member of SLT immediately.)

Waste Disposal

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus, in line with the "Guidance on Cleaning for Non-Healthcare Settings" (see below).

To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in the resource room, mark it and store it for 72 hours

Waste should be stored safely by the site manager and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

For any clinical waste generated the Academy will continue to follow their usual waste policies.

Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The bin bag should then be disposed of.

The Government has provided the following “Guidance on Cleaning for Non-Healthcare Settings” (see below). All staff should be aware of this information:

Please note: this guidance is of a general nature and should be treated as a guide, and in the event of any conflict between any applicable legislation (including the health and safety legislation) and this guidance, the applicable legislation shall prevail.

- cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people
- wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished
- using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles
- if an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron
- wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning

Background

Experience of new coronaviruses (SARS-CoV and MERS-CoV) has been used to inform this guidance. The risk of infection depends on many factors, including:

- the type of surfaces contaminated
- the amount of virus shared from the individual
- the time the individual spent in the setting
- the time since the individual was last in the setting

The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 48-72 hours.

Principles of cleaning after the case has left the setting or area Personal protective equipment (PPE)

The minimum [PPE](#) to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) is disposable gloves and an apron. Hands should be washed with soap and water for 20 seconds after all PPE has been removed.

If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept such as a hotel room or boarding school dormitory) or there is visible contamination with body fluids, then the need for additional PPE to protect the cleaner's eyes, mouth and nose might be necessary. The local Public Health England (PHE) Health Protection Team (HPT) can advise on this.

Non-healthcare workers should be trained in the correct use of a surgical mask, to protect them against other people's potentially infectious respiratory droplets when within 2 metres, and the mask use and supply of masks would need to be equivalent to that in healthcare environments.

Cleaning and disinfection

Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

or

- if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses
 - Avoid creating splashes and spray when cleaning.
 - Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
 - When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.
 - Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Laundry

- Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.
- Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

1. Should be put in a plastic rubbish bag and tied when full.
2. The plastic bag should then be placed in a second bin bag and tied.
3. It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. You should not put your waste in communal waste areas until negative test results are known or the waste has been stored for at least 72 hours.

- if the individual tests negative, this can be put in with the normal waste
- if the individual tests positive, then store it for at least 72 hours and put in with the normal waste

If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so waste can be sent for appropriate treatment.

Government Guidelines:

The Government has provided the following guidance; all staff are to familiarise themselves with this

guidance: [Effective infection protection and control](#)

There are important actions that children and young people, their guardians and those who work with them

can take during the coronavirus outbreak to help prevent the spread of the virus.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces

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:

1. Minimise contact with individuals who are unwell

If you have, or are showing symptoms of, coronavirus (a new continuous cough, or fever, or a loss of, or change in, your normal sense of taste or smell (anosmia)), or have someone in your household who is, you should not be in a childcare setting, school or college. You should be at home, in line with the [guidance for households with possible coronavirus infection](#).

When working with children in residential schools and homes, you should follow the [guidance on isolation for residential educational settings](#).

2. Clean your hands often

Clean your hands more often than usual, particularly after arriving at your setting, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.

To clean your hands, you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered.

3. Respiratory hygiene (catch it, bin it, kill it)

Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser.

4. Clean surfaces that are touched frequently

To prevent the indirect spread of the virus from person to person, regularly clean frequently-touched surfaces, such as:

- door handles
- handrails
- table tops
- play equipment
- toys
- electronic devices (such as phones)

When cleaning, use the usual products, like detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

All education, childcare and children's social care settings should follow the Public Health England (PHE) [guidance on cleaning for non- healthcare settings](#).

5. Minimise contact and mixing

You should, as much as possible, alter the environment of your setting (such as classroom layout) and your timetables (such as staggered break time) to minimise contact and mixing.

6. Personal protective equipment (PPE)

The majority of staff in education, childcare and children's social care 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 learners 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
- PPE should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms

Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE. Where this is not possible, and there is unmet urgent need for PPE in order to operate safely, they may approach their nearest local resilience forum.

Testing

Access to [testing is already available to all essential workers](#). This includes anyone involved in education, childcare or social work - including both public and voluntary sector workers, as well as foster carers. Education settings, as employers, can [book tests through an online digital portal](#). There is also an option for employees to book tests directly on the portal.

By the time settings open to wider cohorts of children and young people, all children, young people and other learners eligible to attend their education or childcare setting, and all children in social care settings, as well as their households, will have [access to a test](#) if they display symptoms of coronavirus. If they develop symptoms, they should be tested. If they test negative, they can return to their setting and their fellow household members can end their self-isolation. If they test positive, education and childcare settings should follow [guidance on implementing protective measures in education and childcare settings](#). Residential settings should follow [isolation guidance for residential settings](#).

How to work safely in specific situations, including where PPE may be required

Reference to PPE in the following situations means:

- fluid-resistant surgical face masks
- disposable gloves
- disposable plastic aprons
- eye protection

(for example a face visor or goggles)

Where PPE is needed:

- a facemask should be worn if a distance of 2 metres cannot be maintained from someone with symptoms of coronavirus
- if contact is necessary, then gloves, an apron and a facemask should be worn
- if a risk assessment determines that there is a risk of fluids entering the eye from, for example, coughing, spitting or vomiting, then eye protection should also be worn

When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on [how to put PPE on and take it off safely](#) in order to reduce self-contamination.

Face masks must:

- cover both nose and mouth
- not be allowed to dangle around the neck
- not be touched once put on, except when carefully removed before disposal
- be changed when they become moist or damaged
- be worn once and then discarded - hands must be cleaned after disposal

What specific steps should be taken to care for children with complex medical needs, such as tracheostomies?

There are a small number of medical procedures which increase the risk of transmission through aerosols (tiny droplets) being transferred from the patient to the care giver. These are known as aerosol generating procedures (AGPs). Within education and children's social care settings these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care.

Staff performing AGPs in these settings should follow Public Health England's [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE which is:

- a FFP2/3 respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted correctly (known as 'fit testing') by an individual trained to do this. Staff in education and children's social care settings that need support with fit testing should contact the appropriate health lead for the child/young person. This could be either via the Designated Clinical Officer for SEND for support from the local Clinical Commissioning Group, or via the lead nursing team in the health provider.

How should I care for children who regularly spit?

If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they should continue to receive care in the same way, including any existing routine use of PPE.

To reduce the risk of coronavirus transmission, no additional PPE is necessary, but additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot. Read [guidance on cleaning for non-healthcare settings](#).

In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus and needs to be cared for until they can return home?

If anyone in an education, childcare or non-residential children social care setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell, they must be sent home and advised to follow the [guidance for households with possible coronavirus infection](#).

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, with appropriate adult supervision if required depending on the age of the child. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn by staff caring for the child while they await collection if direct personal care is needed and a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Read [guidance about cleaning non-healthcare settings](#).

What care should be taken in early years settings?

Because it is challenging to reduce contact between young children in early years settings, regular cleaning and disinfection of surfaces, objects and toys, as well as handwashing, are particularly important. The use of soft toys and toys with intricate parts or that are otherwise hard to clean should be avoided. Read [guidance on cleaning for non-healthcare settings](#).

Settings should manage risks by keeping children in small groups and trying, as far as possible, to keep the same children and staff members together from day to day. Settings should consider staggering mealtimes and should discourage parents and carers from gathering at setting entrances. As far as possible, parents and carers should not enter early years premises.

Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus. This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a childcare setting and should be at home.

How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that education, childcare and children's social care settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area.

As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.

How should PPE and face coverings be disposed of?

Used PPE and any disposable face coverings that staff, children, young people or other learners arrive wearing should be placed in a refuse bag and can be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus, in line with the [guidance on cleaning for non-healthcare settings](#).

Any homemade non-disposable face coverings that staff or children, young people or other learners are wearing when they arrive at their setting must be removed by the wearer and placed into a plastic bag that the wearer has brought with them in order to take it home. The wearer must then clean their hands.

To dispose of waste from people with symptoms of coronavirus, such as disposable cleaning cloths, tissues and PPE:

- put it in a plastic rubbish bag and tie it when full
- place the plastic bag in a second bin bag and tie it
- put it in the resource room, mark it and store it for 72 hours

Waste should be stored safely by the site manager and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours. Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives. This waste does not require a dedicated clinical waste collection in the above circumstances.

Settings such as residential care homes or special schools that generate clinical waste should continue to follow their usual waste policies.

Further information is also available in the [cleaning non-healthcare settings guidance](#)

