

St Christopher's COVID risk assessment
Updated 13th September 2021

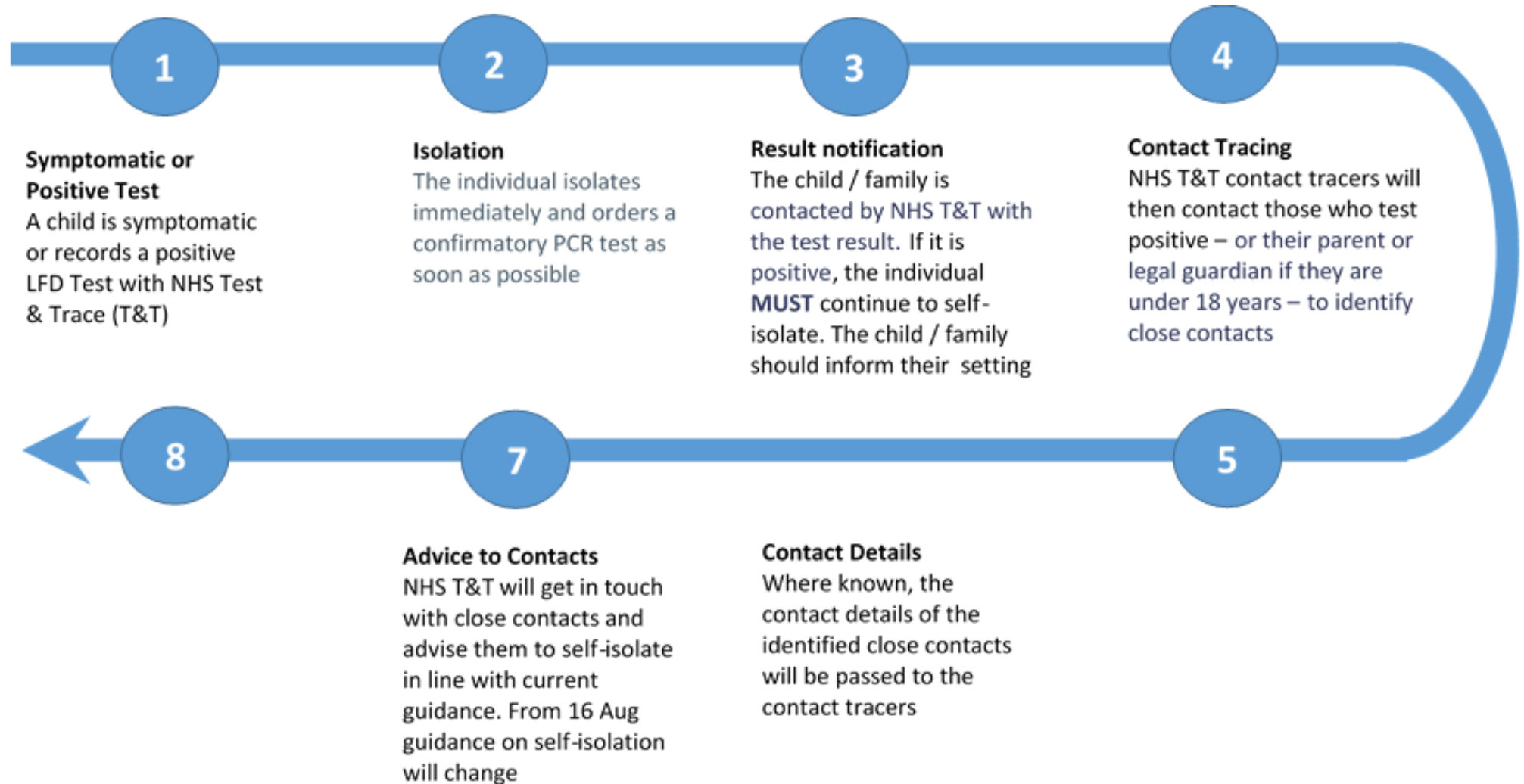
Stage	Date	Event
1 Closure of school	March 20 th 2020 March 23 rd	We reached stage 4 (containment stage) with COVID 19 shutting schools to the majority of students. We shut our school to all students for a deep clean.
2 Partial closure	March 24 th – 1 st June	We remained partially open (including Easter, May half term and all bank holidays) to students with critical keyworker parent/carers and to identified vulnerable students (on average this was 48 students accessing a minimum of two days in school in a week)
3 Partial reopen (a)	1 st June – 19 th June	We increased the number of students with EYFS and semi-formal classes returning on a part time basis to ensure social distancing and significant restrictions in place.
4 Partial reopen (b)	22 nd June – 21 st July	We increased our student numbers with formal classes returning on a part time basis to ensure social distancing with significant restrictions in place.
5 Full reopen	September 2020	The government have advised that schools should reopen. All students returned to school with an average of 89% attendance per week (this took into account any students self-isolating)
6 Partial closure	January 2021	Government announced national lockdown Identified students who needed to be in school with all other students accessing remote learning.
7 Full reopen	8 th March 2021	All students returned to school full time
8	17 th Mar 2021	2 nd stage lockdown ends
9	21 st June`	3 rd stage lock down ends
10	19 th July	4 th stage lockdown ends

RISK ASSESSMENT

Risk	Actions
Staff and students, who are clinically exceptional vulnerable, if they contract COVID 19.	<ul style="list-style-type: none"> • All students are expected back in school • All critically vulnerable staff should have had their second vaccine prior to returning to work.
Staff and students who are clinically vulnerable if they contract COVID 19.	<ul style="list-style-type: none"> • Those staff who have underlying health conditions that puts them as clinically vulnerable should have a risk assessment that takes into account their specific health condition and this should be reviewed in line with the staggered move out of lockdown.
Staff and/or students are at risk at catching or spreading COVID 19 whilst travelling to and from school	<ul style="list-style-type: none"> • Additional cleaning measures will be put in place after each use of the minibuses. • Marks transport will ensure that students follow good hygiene routines e.g. catch it, bin, it kill it and have their own risk assessment • All staff will support with collection of their students to minimise the amount of Marks staff needing to come on site. • Based on new government guidance students will be encouraged to wear face masks on minibuses however understanding is given if students are too anxious to wear it or if it cause's other students to become distressed. • No student will be sent home on the bus if they present with symptoms. • Marks transport and parents have been advised to ensure that no student is put on transport of they have symptoms (see appendix 1 transport covid response flow diagram). • Encourage staff collecting and dropping students off to socially distance and wear high visibility vests. • In the event of a positive test result the students on the same transport bubble will also be expected to self-isolate for 10 days.
Visitor's including supply staff, parents and professionals may bring in and transmit COVID.	<ul style="list-style-type: none"> • Visitors and supply staff must read the school COVID risk assessment prior to entering. • Visiting professionals will follow their own professional body guidance and if they come into school we will encourage consultations to take place outside or in a large space.
Staff and or students are at risk at catching or spreading COVID 19 whilst attending school.	<ul style="list-style-type: none"> • Staff are being asked to ventilate their classrooms by opening windows at the beginning and end of the day and when the class go out to play (this can become more frequent as the weather becomes warmer) • Cleaners will be asked to ensure deep clean protocols are followed at the end of each day. • Everyone will be asked to follow usual hygiene routines washing hands on entry and end of day, before and after eating. • All classrooms will have bonnet spray and asked to spray down hard surfaces at the end of each day. • All classrooms will have tissues and hand soap next to their sinks.

Risk	Actions
Staff/students are asymptomatic which could increase transmission in school	<ul style="list-style-type: none"> • All staff will complete home lateral flow tests once a week. Secondary age children will be offered home test kits too (See separate risk assessment for the rapid flow test site) • In the event that the rapid flow test produces a positive test result the staff/student will be asked to get a PCR test at a test centre and must have a negative result or self-isolate for 10 days if positive. The result will be shared with health protection team and school.
A student or staff member has symptoms of COVID 19, increasing the risk of transmission and spread.	<ul style="list-style-type: none"> • If a student or adult has symptom's they will be isolated and sent home. • If the student travels or marks transport, Marks will be contacted who will then inform the crew of that bus. • In the event of a child presenting with symptoms on call should be called and then the Covid procedure should be followed • A PPE kit will be available in each class to the class team member who will support the students/staff displaying symptoms. • The room where the students is isolated until collection will have a deep clean and the classroom where the student/staff was based. If any other room was used e.g. toilet during the time the symptomatic person was on site, this will also be deep cleaned.
A student or staff member tests positive for COVID 19.	<ul style="list-style-type: none"> • Parents are asked to inform school straight away if a student test positive. School will follow the positive result procedure • If a child is in contact with a positive person they will need to get a negative PCR test before being allowed to return to school, alternatively they will need to isolate for 10 days if a PCR is not able to be taken. • If a staff member is contact with a positive case they will be asked to remain at home until they receive a negative result of a PCR. They are asked to take a daily lateral flow for the 10 day period following contact.
There is insufficient staff to support student's needs in school.	<ul style="list-style-type: none"> • In the event of a first aid issue, staff should use the nearest first aider to support. • In the event that the business continuity of the school is in jeopardy due to significant staff absence then the business continuity plan will be activated 9 (see appendix 5)
Students education is hindered due to reduced access to school	<ul style="list-style-type: none"> • In the event of one child not being in school due to self-isolating because of household then teacher will provide the work that is being set in class on Tapestry.
Staff emotional wellbeing is effected by their individual experiences regarding COVID 19	<ul style="list-style-type: none"> • Staff will be communicated on a weekly basis via briefing notes. • The staff welfare team offer a check in's with staff and 1:1 discussion also offered. • A senior leader will be on site at all times and available to discuss any concerns. • The staff welfare team has an email address for staff to contact them to request a chat. • Staff will be provided in advance of the reopen with the risk assessment and asked to contribute so that they are included and informed of measures taken to reduce risk. This will be regularly reviewed
Student emotional wellbeing and mental health is affected by their individual	<ul style="list-style-type: none"> • Students will be offered through the curriculum to understand and explore the concept of feeling and being safe. • Students who show signs of heightened anxiety and or stress will be provided with additional support and resources. • Contact between staff and students via Microsoft teams can be organised and referral to the mental health practitioner or healthy minds can be provided.

Risk	Actions
experiences regarding COVID 19	<ul style="list-style-type: none"> Students are provided with visual resources and other information to support their understanding of change and COVID.
There is an increase in safeguarding concerns with students spending more/all of their time at home and difficulties accessing hard to reach families.	<ul style="list-style-type: none"> Staff will be extra vigilant around any safeguarding concerns or if a student's attendance is different to what is expected. Social care meetings such as CIN's will still be attended by the child protection team via Microsoft teams where possible Home visits will take place (with social distance measures in place) if a family is hard to reach. A new home visit protocol has been agreed. Usual safeguarding procedures will be followed in the event of a concern.
There is a third spike in the school/local or national number of COVID 19 cases.	<ul style="list-style-type: none"> Head teacher will be liaising with health protection team to assess any possibility of local lock down measures. A constant review of the school, local and national picture will inform decisions around retraction of offer or relax of specific restrictions. Communication with staff, students and parents to reassure and advice on any changes in the landscape of the situation.



Scenarios and advice from relevant agencies

Symptoms	DFE/health protection guidance
Can more guidance be given to a persistent cough, what is so specific about a COVID cough compared to cold etc coughs	This is coughing a lot for more than an hour, or 3+ coughing episodes in 24 hours. There is information here https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/
Child presents with symptoms of COVID	<p>If your child has symptoms, they and other members of the household should self-isolate – and you should inform their education or childcare setting. You should immediately order a PCR test for them. If the PCR result is negative, they and other members of their household can stop self-isolating (unless instructed to self-isolate for other reasons). If the PCR result is positive, they, other members of their household and any close contacts identified by NHS Track and Trace must self-isolate until 10 days after the onset of symptoms.</p> <p>If a pupil tests negative and if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating and return to school. If the pupil remains unwell following the test (such as with a different illness), then they should be recorded as code I – illness, as would usually be the case. Code X should only be used up until the time of the negative test result. Schools should not retrospectively change the attendance register due to a negative test result.</p>
If a child has symptoms but a few days later stops having symptoms should they still isolate and get a test?	<p>Resolution of the symptom shouldn't be a reason not to test.</p> <p>If they are within the 5 days from symptom onset, they should still get a test If they are over the 5 days from symptom onset, the child should isolate for the full 10 days from the onset of symptoms and then they can then return to school.</p>

Positive contact	DFE/health protection guidance
What defines contact	<ul style="list-style-type: none"> • <1 metre face to face contact plus any of: conversation, being coughed on, physical contact • <1 metre but not face to face contact, for at least 1 minute • 2 metre face to face contact for at least 15 minutes • Sharing a small vehicle for any time, or close proximity in a large vehicle
What should a close contact do	<p>In line with current guidance, anyone identified by NHS Test and Trace must self-isolate for 10 days from the date of last contact with the positive case and not attend their education or childcare setting. They should also take a PCR test. If the PCR test is negative, they must continue to self-isolate for their full self-isolation period as they could still become infectious. If the result is positive the individual must self-isolate for 10 days from the date of the test.</p> <p>From 16 August, in line with fully vaccinated adults, under-18s identified as close contacts will not need to self-isolate and instead will be advised to take a PCR test. Further guidance will be provided shortly.</p> <p>Children who are aged under 5 years old who are identified as close contacts would only be advised to take a PCR test if the positive case is within their own household.</p>

	18 year olds will be given the opportunity to get fully vaccinated before being treated as adults. After this point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.
How will a setting know if a student, pupil or member of staff has tested positive?	Children, pupils, students and staff members who record a positive LFD or PCR test should let their setting know. Staff, pupils or students (or the parent) are required to report the test result via the NHS Online reporting system for both negative, void and positive test results. They should also report positive, negative and void results to the setting.

Track and trace	DFE/health protection guidance
If a child is contacted by track and trace due to contact with a positive person	<p>Close contacts are also advised to take a PCR test. If the test result is negative, they must still complete the full self-isolation period, as the test will not detect all positive cases. If the result is positive, they will need to self-isolate for a further 10 days – and NHS Test and Trace will contact them to identify any close contacts.</p> <p>From 16 August, if the close contact is under 18, they will not have to self-isolate (in line with the policy for fully vaccinated adults) but will be asked to take an PCR test immediately, other than for very young children identified as non-household contacts, and they will not need to self-isolate while awaiting the results of the test. If the PCR test is positive, they will be required to self-isolate for 10 days from the date of the test. NHS Test and Trace will then get in touch to identify close contacts.</p>
How will a child or young person know what a 'close contact' is?	NHS Test & Trace will contact those who test positive, using the details you registered when ordering the PCR test. – or their parent or legal guardian – to identify close contacts. They will ask a series of specific questions to help the individual understand what is meant by a close contact, making it easier for them to be identified. Being in a setting with an individual who has tested positive for COVID-19 will not necessarily mean a person is identified as a close contact. We expect there to be a very small number of close contacts on average for each case.
If a child knows their contacts names but not the details, does NHS Test and Trace disregard those contacts, or ask the setting for details?	As with the process for adults, NHS Test and Trace will work with the positive case or, depending on the age of the individual, their parent/legal guardian, to identify those who have been in close contact. We expect this to be a very small number of individuals for each case on average. Contact tracers are trained in supporting people to identify close contacts and also work with local authorities to help trace contacts where needed.
What if settings are asked to provide contact details for close contacts to parents or NHS Test and Trace?	<p>Settings must not provide any personal information if asked to by parents and/or close contacts that would be a breach of GDPR or data protection legislation.</p> <p>In exceptional circumstances, education and childcare settings may be contacted by NHS Track and Trace if deemed necessary by local health protection teams in response to a local outbreak, as currently happens in managing other infectious diseases.</p> <p>In this scenario settings may share proportionate and relevant information as requested by NHS Track and Trace without consent. The sharing of information in these exceptional circumstance does not require consent as it is enabled by specific legislation, but to support this, the existing privacy notices should continue to be in place and be easily accessible.</p>

Positive lateral flow	DFE/health protection guidance
If a child has a positive lateral flow	<p>If a student has a positive result from a lateral flow device (LFD) test after 19 July they and other members of the household should self-isolate. They, or their parent, should notify the setting that they will not be attending setting on the basis of the LFD test result. The student should order an immediate confirmatory PCR test.</p> <p>If the confirmatory test is taken within two days and the result is negative, they and other members of their household can stop self-isolating (unless they have developed symptoms or been instructed to self-isolate by Test and Trace for other reasons). The student should inform the setting and return to face to face learning.</p>
Member of household has positive lateral flow	If a member of a household has a positive lateral flow test they should immediately book a PCR test. All other household members should also isolate until the result of the PCR test.

Positive PCR	DFE/health protection guidance
Child receives a positive test result	<p>If the confirmatory PCR test is positive (or is taken more than two days after the LFD), they and other members of their household must self-isolate until 10 days after the date of the LFD test (or the date their symptoms began, if they were symptomatic). They should inform the setting that they have had a positive PCR test result and will not be attending the setting for the period of their isolation. They should learn remotely during this period if they are well enough to do so.</p> <p>You will be asked to provide the contact details, if you know them, of any of the individuals – or their parents or guardians – who have been identified as close contacts. NHS Test and Trace will then get in touch with these close contacts and provide appropriate instructions or advice.</p> <p>They should only return to school if they do not have symptoms other than a cough or loss of sense of smell or taste (anosmia). This is because a cough or anosmia can last for several weeks once the infection has gone. Code X should be used for the period of self-isolation until the test. After the pupil tests positive they should be recorded as code I (illness) until they are able to return to school.</p> <p>Contacts in an educational setting will be traced if the positive case specifically identified an individual as having close, prolonged contact which will normally have occurred in a social setting e.g. sleepovers.</p> <p>A setting will not routinely be contacted to provide details of close contacts. However, education and childcare settings may be contacted, if deemed necessary, by local health protection teams in response to a local outbreak, as currently happens in managing other infectious diseases.</p>
If someone in a child's household has a positive test	<p>If the household member tests positive, the pupil should continue self-isolating for the full 10 days from when the member of their household first had symptoms. Code X should be used during this period.</p> <p>At present, anyone identified as a close contact is legally required to self-isolate and must not attend their education or childcare setting (the only exception is if they are participating in a daily contact testing trial). Anyone identified as a non-household close contact by NHS Track and Trace must self-isolate until 10 days after the date of their most recent contact with that person. If they live in the same household, they must self-isolate until 10 days after the date of that person developing symptoms or, if that person was asymptomatic, the date of their test. NHS Test and Trace will notify you of the day on which the self-isolation period ends.</p>

What is the guidance to settings on whether they inform parents that a child in a class has tested positive or may be a close contact?	<p>Settings should consider whether individuals in their setting (taking account of factors such as known vulnerability) need to be informed of a positive case. When informing individuals of a positive case, the setting should not disclose any information that could result in an individual being identified. Settings may make their own decisions on how they wish to communicate the information.</p> <p>Individuals should only be asked to stay home for Covid-related reasons if:</p> <ul style="list-style-type: none"> • they or someone in their household is symptomatic • they or someone in their household has tested positive with a PCR or LFD (they may return if a positive LFD result is followed by a subsequent confirmatory PCR within 2 days) • (until August 16th) they have been notified by NHS Test and Trace that they are a close contact
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Non-attendance due to COVID	DFE/health protection guidance
Parents don't send child to school because they have worries about COVID	<p>Pupil attendance in school is mandatory and the usual rules on attendance apply. As the child is still on the roll of the school, the child is not missing education and therefore school should start addressing matters in line with its school attendance process and seek to engage with the parents to identify the issues and provide help and support in the usual way and, if there is no medical evidence to substantiate the absence, the school should go down the usual enforcement route.</p> <p>If a parent refuses to send their child to school, this is not considered a child missing education. In the current climate, schools should attempt all they can to keep a child on roll especially if the reasons are due to parental or child anxiety. Schools cannot remove a child from roll due to non-attendance after 20 days if they are in contact with the parents and the child still lives at the home address. In these circumstances the school should again follow its policy in respect of non-school attendance first establishing whether there is a genuine reason for absence and where this is medical, such as anxiety, ensuring medical appointments are made to assess the child and appropriate medical advice obtained so that the right support can be put in place. In the absence of a valid reason that can be authorised the normal school attendance process should be followed using the normal tools and some of the additional ones suggested in the document. (Inclusion and attendance guidance)</p>
If a student refuses to come to school because of anxiety related to COVID	<p>Clearly where no authorised reason for absence has been established school work should not be provided at home. However, there will be situations where pupils are at home for justifiable reasons such as quarantine when they are not themselves ill. It is then expected that they will be provided with online schooling or some other form of remote education such as sending work home without delay. This should be monitored and marked during their time at home. This may also apply in a local lockdown situation if schools remain open but vulnerable children, or those with family members who are vulnerable, are required to shield. (Inclusion and attendance guidance)</p>
The guidance states that if the child is not unwell that we should be proceeding with non- attendance procedure, however is a child is staying at home because they	<p>"Shielding advice for all adults and children paused on 1st August 2020. This means that even the small number of pupils who will remain on the shielded patient list can return to school, as can those who have family members who are shielding". Therefore all pupils who fall within this category should return to school and only a local lockdown would change this. If there was a local lockdown clearly they will be shielding again and should have a letter confirming this and provide a copy to the school. Once shielding has paused again then the school should write to the parents setting out their</p>

have a vulnerable person in the house is this still the case?	expectation that the child would be back in school and asking them to make contact to explain why this has not happened. (Inclusion and attendance team)
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Staff COVID scenarios

Scenario	DFE/health protection guidance
If a member of staff is pregnant what needs to happen	Guidance is at the link https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/#coronavirus
If a member of staff has COVID symptoms and has to remain at home until test results, are they on full pay and does this sit outside of the usual sickness absence management trigger points?	If the member of staff is reporting that they are too unwell to work then they would receive sick pay as per their entitlements but it would <u>not</u> count towards the trigger points for the purpose of absence management under the policy i.e. stage 1 etc. However, if they are not too unwell to work but simply cannot attend work as they are required to 'self-isolate' then they should be asked to work from home where possible. If this is not possible due to the nature of the role then it is paid absence.
If a member of staff has a child who is sent home with symptoms is this carers leave?	In this scenario the staff member themselves will actually also be self-isolating as whole households are required to self-isolate where one member is displaying covid symptoms. Therefore the same principles apply as above i.e. they should be required to work from home where possible. If this is not possible due to the nature of their role then it is paid absence.
If a member of staff is in contact with a positive COVID result and has to isolate, is this full pay?	If they have no symptoms themselves but have been told to self-isolate by NHS track and trace due to being in contact with someone who has tested covid positive then they should be asked to work from home where possible. If this is not possible due to the nature of the role then it is paid absence.