

TEMPLATE

MOD Risk Assessment Form		MOD Form 5010	
Establishment /Unit/Ship: MOD Schools		Assessment Ref: 0002	Updated: 21.05.20
Section/Department: Attenborough School – Risk Assessment aligned to German and UK Guidance as of 21.05.20		Assessment Type <i>(Note 1) tick as appropriate</i>	
Risk Assessment for Building 290; Outdoor Areas and Community Hall (Years 2-6)		Specific <input checked="" type="checkbox"/>	Generic
Number of in school staff: x1 HT, X1 DHT, x5 teachers, x3 LSAs, x3 Administration and x1 Caretaker			
Staff working from home:x4 teachers, x1 Keyperson, x2 LSAs, x2 School Support: Nursery x1 Manager, x1 Deputy Manager and x1 Keyperson			
Activity/Process: Covid 19 - Reopening of Attenborough School – Phase 1 and 2 (Years 2-6) <small>(Based on the recommendations of the Ministerium fuer Schule und Bildung, JSHU, HSE, PHE, DfE, and British Red Cross)</small>		Who is at risk:	
		All staff: <input checked="" type="checkbox"/>	
		Operators and/or maintenance staff: <input checked="" type="checkbox"/>	
		Visitors, vulnerable groups, public, etc.: <input checked="" type="checkbox"/>	
Ref	Hazard	RA Required	
1	Preparing to open		
2	Personal hygiene	Y	
3	Room hygiene; classrooms, common room, administrative rooms, staff rooms, toilets and corridors	Y	
4	Hygiene in sanitary areas – toilets	Y	
5	Infection protection during breaks	Y	
6	Protection against infection during physical education	Y	
7	Persons with a higher risk of severe illness	Y	

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8	Routing	Y
9	Conferences and assemblies	Y
10	First Aid	Y
11	Work Services – Contractors	Y
12	Meals	Y
13	Cleaning	Y
14	Stress	

Likelihood		Risk Matrix		
Common, regular or frequent occurrence.	3	3 Med	6 High	9 High
Occasional occurrence.	2	2 Low	4 Med	6 High
Rare or improbable occurrence.	1	1 Low	2 Low	3 Med
Severity		1 Minor injury or illness.	2 Serious injury or illness.	3 Fatalities, major injury or illness.

Hazard Ref	RISK Associated with Hazard (How people may be harmed – type of injury or ill health)	Existing Control Measures (Note 2)	Risk Rating	Additional Controls Required (Note 2)	Review frequency (Note 3)
1	<p>Preparing to open (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<ul style="list-style-type: none"> Familiarise key staff with the latest UK and Host Nation guidance on Covid-19. https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#how-to-implement-protective-measures-in-an-education-setting-before-wider-opening-on-1-june Workplace assessment to be completed by Mark Harris MOD Schools H&S Advisor, Gareth Medlock Overseas & Training Infrastructure Cell Warrant Officer and Naafi (cleaning schedule) Communicate with key stakeholders (parents, staff, cleaners, contractors) about expectations etc. 	2	<p>All staff and children to be registered using shared drive and Integris. Contactless sign in and out.</p> <p>Antibacterial wipes to be used on Y5/6 stairs (on every occasion used) and Y5/6 fire exits at the end of each day in school. Office staff to use antibacterial wipes on telephones</p> <p>Use of and best practice with nose and mouth PPE</p>	Weekly

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		<ul style="list-style-type: none"> • Identify (survey) pupils and staff to determine those at risk of serious illness. (CM) • Ensure Legionella controls are completed. • Ensure adequate stock of PPE • Ensure adequate stock of cleaning materials including hand towels and tissues. • Finalise signing in/out procedures for staff and visitors – no pens or touch-pad signing in. • Identify key roles: to allow for reduced staffing • Ensure adequate first aid provision and stock. • Restrict access to playground equipment. • Communicate staff room procedures to ensure social distancing- a number of chairs removed to ensure social distancing best practice is employed. • Identify high-risk areas and bottlenecks. all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells. • Communicate instructions for the use of PPE. • Check medicines are in date and are readily available– pupils at risk should not be in school. • Water bottles rather than cups and beakers. • Review of cleaning schedules and prioritise essential tasks. • Ensure rooms are well ventilated. • Distribute key information document. • Use of hand held non-contact thermometer • Consider areas of high-density e.g. drop-off/pick up points. • Ensure the school has adequate spill kits. 		<p>to be outlined by class teachers and HT</p> <p>Reception staff to sign in/out visitors. Staff to use electronic signing in via their workplace terminal.</p> <p>Finalise daily cleaning requirements prior to re-opening based on weekly rota In classrooms, Fire doors and all windows to remain open.</p> <p>All children to arrive at school and leave by car-separate entrance and exits.</p> <p>Dental centre/ Mark Harris to provide training on correct application and removal of Face and Mouth covering and gloves.</p> <p>Staff to be involved in risk assessment and procedure planning.</p> <p>Key documents shared with all staff members prior to re-opening</p>	
2	<p>Personal hygiene (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<p>The novel coronavirus is transmissible from person to person. The main transmission route is droplet infection. This occurs mainly directly via the mucous membranes of the respiratory tract. In addition, transmission is also possible indirectly via hands, which are then brought into contact with the mucous membranes of the mouth or nose and the conjunctiva of the eyes.</p>	2	<p>When entering room – hands to be washed / sanitised by all.</p>	Weekly

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		<ul style="list-style-type: none"> • In case of signs of illness (e.g. fever, dry cough, breathing problems, loss of sense of taste/odour, sore throat, aching limbs) stay at home for 14 days. • Keep at least 2.00 m distance. • Do not touch the face with your hands, especially the mucous membranes, i.e. do not touch your mouth, eyes or nose. • No touching, hugging, holding or shaking hands. • Thorough hand hygiene (e.g. after blowing your nose, coughing or sneezing; after using public transport; before and after eating; after going to the toilet or entering the classroom. • Wash hands with soap for 20 to 30 seconds. The water temperature has no influence on the reduction of microorganisms. Much more important are the duration of hand washing and the degree of rubbing when soaping the hands, or; • Hand disinfection: The proper disinfection of hands is useful when thorough hand washing is not possible. For this purpose, disinfectant must be added in sufficient quantity to the dry hand and massaged into the hands for approx. 30 seconds until they are completely dry. Make sure that the hands are completely wetted; • If possible, do not touch publicly accessible objects such as door handles or elevator buttons with your full hand or fingers, use elbows if necessary. • Cough and sneeze etiquette: Coughing and sneezing in the crook of your arm are among the most important preventive measures! When coughing or sneezing, keep the greatest possible distance from other people, preferably turn away. 		<p>Disinfectant to be positioned in classroom doors; outside toilets and in hall. At entry and exit points.</p> <p>Buzzer to be cleaned x3 each day- before school; lunch and after school.</p> <p>Internal stairs to be used at least x3 a day- External x2 each day Ensure tissues, spare PPE and Hand gels are available in each classroom</p> <p>All children and staff to wear nose and mouth protection when 2.0m cannot be guaranteed. At all times when moving around the school and on entry and exit from school.</p> <p>Children will not be required to wear PPE when in class and when eating snack and lunch when 2.0m can be guaranteed.</p>	
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		<ul style="list-style-type: none"> • Ensure tissues are readily available. If a person needs to sneeze: Catch it, Bin it, and Kill it. Wash Hands! • Wear mouth-nose protection (MNP) or a textile barrier (mouth-nose cover MNC, community mask or temporary mask). This is to catch droplets that are ejected, for example, when speaking, coughing or sneezing, • These masks should be worn when moving around inside the school. However, this must not lead to the distance being reduced unnecessarily. • It is not necessary to wear masks during lessons when the safety distance 2.0m can be guaranteed or when moving about outside maintaining social distancing. <p>Safe use of temporary masks:</p> <p>Even with a mask, the safety distance of at least 2.0 m from other people recommended by the WHO should be maintained.</p> <ul style="list-style-type: none"> • Hands should be washed thoroughly with soap before putting on the mask. • When putting on a mask, care must be taken to ensure that the inside is not contaminated. The mask must be positioned correctly over the mouth, nose and cheeks and must fit as tightly as possible around the edges to minimise air ingress at the sides. • The first time the mask is used, it should be tested to ensure that the mask allows enough air to pass through to minimise interference with normal breathing. 		<p>Children to take used PPE home for washing or disposal.</p>	
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		<ul style="list-style-type: none"> • A damp mask should be removed immediately and replaced if necessary. • The outside, but also the inside of the used mask is potentially pathogenic. To prevent contamination of the hands, they should not be touched. • After taking off the mask, the hands should be washed thoroughly in accordance with the general rules of hygiene. • Multiple use per day is possible while observing the rules of hygiene. In the meantime, the mask should be stored in a dry place in the air (not in closed containers), so that contamination of the inside of the mask/MNP and transmission to other surfaces is avoided. • After final use, the mask should be stored in an airtight sealed bag or similar or washed immediately. It should only be stored for as short a time as possible to avoid the formation of mould. 			
3	<p style="text-align: center;">Room hygiene; classrooms, common room, administrative rooms, staff rooms, toilets and corridors (Pupils, parents, staff, visitors, contractors)</p> <p style="text-align: center;">Risk: Increased COVID Infection rates / Personal Stress levels</p>	<ul style="list-style-type: none"> • To prevent transmission by droplet infection, a distance of at least 2.00 metres must be maintained in school. • Desks in the classrooms must be set correspondingly far apart and consider how teachers can safely engage with pupils. • A maximum of 10 pupils will be in any given classroom and no more than 20 within the hall or playground areas to ensure safe social distancing. • Partner and group work will not possible while social distancing is in place. • Food preparation or Food Handling is not permitted- all parents to provide snack and packed lunch (FS1-Y6) / Nursery to be considered should it re-open 	2	<p>All classrooms to be inspected prior to re-opening and hall to be prepared for lunch with social distancing</p> <p>All windows and fire exits to be opened 10 minutes prior to the school day and remain open until 10 minutes after the day concludes.</p> <p>All rooms in use – pre-opening inspection for ventilation.</p>	Weekly

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		<ul style="list-style-type: none"> • It is particularly important to air (ventilate) the rooms regularly and correctly, as this will allow the indoor air to be exchanged. Several times a day, at least in every break, brief and intensive airing or cross ventilation through completely opened windows has to be carried out for several minutes. • Tilt ventilation is largely ineffective, as it hardly exchanges any air. Windows that are closed for safety reasons must, therefore, be opened for ventilation under the supervision of a teacher. • If windows in a room cannot be opened permanently due to structural measures, it is not suitable for teaching unless an effective ventilation system is available. 			
4	<p style="text-align: center;">Hygiene in sanitary areas – toilets (Pupils, parents, staff, visitors, contractors)</p> <p style="text-align: center;">Risk: Increased COVID Infection rates / Personal Stress levels</p>	<ul style="list-style-type: none"> • All toilet rooms must have sufficient liquid soap dispensers, and disposable towels are to be provided and refilled regularly. • The appropriate collection containers for disposable towels and toilet paper must be kept available. • In order to prevent too many pupils from being in the sanitary rooms at the same time, an entrance control must be carried out by a teacher at least during breaks. • Pupils to only use specific toilets – Y5/6 upstairs; Y3/4 downstairs and Y1/2 downstairs. Consider use of specific toilets and hand-washing basins. • Toilet seats, fittings, washbasins and floors must be cleaned daily. 	2	<p>Naafi will deliver an effective clean of all used pupil and staff bathrooms on at least a daily basis.</p> <p>Each class will have a toilet register- all teachers to supervise hand-washing – before school; before and after snack; before and after lunch and finally at the end of day.</p> <p>All children to have specific toilets and hand-basins.</p>	Weekly

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		<ul style="list-style-type: none"> In case of contamination with faeces, blood or vomit, prophylactic scrubbing and wiping disinfection is required after removal of the contamination with a disposable cloth soaked in a disinfectant. Protective rubber gloves must be worn by Caretaker. 		Hand gel/ hand-washing to be used on entry to toilets and when re-entering the classroom	
5	<p>Infection protection during breaks (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<ul style="list-style-type: none"> Ensure that a distance is maintained during breaks. No more than 20 children on the main playground. Staggered break times can prevent too many pupils from visiting toilets at the same time. Keeping distance also applies in the staff room' room and in the kitchenette. A break/kiosk sale will not be offered. 	2	Teachers to supervise break with pupils – Headteacher to provide refreshments to the teacher in designated space	Weekly
6	<p>Protection against infection during physical education (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	Physical Education will only take place in either the hall (ventilated) or on the outside playground areas. There will be no contact sports and social distancing must be maintained.	2	No more than 20 children – all pupils to perform static position exercise e.g. Zumba styled activity indoors- outdoors – children may move ensuring social distancing	Weekly
7	<p>Persons with a higher risk of severe illness (Pupils, parents, staff, visitors, contractors)</p>	<p>Diseases of the cardiovascular system (e.g. coronary heart disease and high blood pressure),</p> <p>chronic diseases of the lungs (e.g. COPD),</p> <p>chronic liver diseases,</p> <p>diabetes mellitus (diabetes),</p>	2	All vulnerable staff to remain at home. Associated pupils to stay at home-guidance to be given to parents. DHT to liaise with CTs to	Weekly

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	<p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<p>ened immune system (e.g. due to a disease associated immunodeficiency or due to the regular intake of tions that can influence and reduce the immune defence, s cortisone).</p> <p>Pupils who suffer from one or more pre-existing conditions are recommended to stay at home. The same applies if there are persons (parents, siblings) in the household who are at higher risk of developing a serious illness.</p>		<p>provide continued remote learning</p>	
8	<p>Routing (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Infection, stress, temperature related illness</p>	<ul style="list-style-type: none"> Care should be taken to ensure that not all pupils are able to reach the classrooms and school playgrounds at the same time via the corridors. The schools are called upon to develop a concept for the routing of routes that is adapted to the specific spatial conditions. If there are waiting areas for pupil traffic or parental pick up in the immediate vicinity of the school, suitable supervisory measures must be taken after school hours to ensure that distance and hygiene rules are also observed at these locations. 	2	<p>Staggered entry to school and exit</p> <p>Staggered break and lunchtimes.</p> <p>Class teachers to deliver children to lunch hall and collect at the designated time.</p> <p>Entrance and exit routes – all other routes to be supervised by an adult and taken via an outdoor route from each classroom.</p>	Weekly
9	<p>Conferences and assemblies (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<ul style="list-style-type: none"> Conferences must be limited to what is necessary. Attention must be paid to maintaining the minimum distance. Video or telephone conferences are to be preferred. Class and parent-teacher meetings may only be held if they are indispensable. The same rules apply as for conferences. 	2	<p>Zoom Assemblies will be used by the Headteacher</p>	Weekly

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10	<p>First Aid (Pupils, parents, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<p>It is important to remember first aid has always had to consider the risk of infection, not from coronavirus (Covid 19) but from other infections such as HIV, hepatitis and other viruses or infections which have the potential to do harm.</p> <p>Normal hygiene measures are known to lessen the risk of infection and should be followed.</p> <ul style="list-style-type: none"> • Wear gloves and mouth and nose protection at all times when dealing with First Aid in addition to medical aprons. • Wearing gloves creates a barrier between you and the casualty. Even if you wear gloves it is still important to wash your hands after helping someone. • If gloves are not easily available, then treat the casualty as normal but be sure to wash your hands at the earliest opportunity- every second counts and delaying help to get gloves can have a detrimental effect on the outcome for your casualty. • Wash your hands after any contact with someone. • Following current government advice around handwashing is known to reduce the risk of infection. Wash your hands with soap and water for a minimum of 20 seconds or use hand sanitiser gel if water is not available. <p>Compression only CPR</p>	2	<p style="text-align: center;">At least X2 Designated First Aiders in school every day – rota to be confirmed prior to re-opening</p> <p>First Aid Room to be ventilated – windows opened throughout the day and the door opened when providing First Aid to an individual.</p> <p>Any pupil or staff member showing symptoms of ill-health will be collected from the First Aid room.</p>	Weekly

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		<p>As a precaution the Resuscitation Council UK have provided updated advice:</p> <ul style="list-style-type: none">• Check if they need CPR by looking for absence of signs of life and normal breathing.• Do not listen or feel for breathing by placing your ear and cheek close to the persons mouth. If you are unsure, assume they are absent.• Call 112 as soon as possible.• If a coronavirus infection is suspected, tell them when you call 112.• Give chest compressions: push firmly downwards in the middle of the chest and then release.• If you think there is a risk of infection, you should attempt compression only CPR and if available use an Automated External Defibrillator (AED). Continue until the ambulance arrives.• Wear a face mask, disposable gloves and eye protection if available. If you decide to perform rescue breaths on someone who is not breathing, use a resuscitation face shield where available <p>Wash your hands</p> <ul style="list-style-type: none">• After performing compression-only CPR, you should wash your hands thoroughly with soap and water; alcohol-based hand gel can be used if this isn't available.• If treating a baby or child, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough.• It is likely that you will know them already and we accept that doing rescue breaths will increase the risk of transmitting the coronavirus,			
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		either to the rescuer or the child but the risk is small compared to the risk of taking no action.			
11	<p>Work Services – Contractors (Pupils, staff, visitors, contractors)</p> <p>Risk: Increased COVID Infection rates / Personal Stress levels</p>	<ul style="list-style-type: none"> • Adhere to the 4C System - Management of Visiting Workers and Contractors: • Co-ordinate visiting workers and contractors activities. • Communicate to the visiting workers/contractors the known hazards and control measures. • Co-operate with all interested parties when implementing control measures. • Control - Clearly identify the responsibilities of visiting workers/contractors for controlling health and safety risks in any locally produced contract, and that the duties are transferred to any sub-contractor when and where appropriate • Provide trained and competent defence personnel to undertake the 4Cs system duties appropriate to their role. 	2	<p>All visitors and parents to outline purpose of visit prior to gaining access via the main entrance. All visitors including contractors must sanitise hands and apply a face covering when entering the school. Document drop boxes will be in operation allowing 72 hours for documents to be stored safely prior to school staff accessing. All important communication to be placed on to leaflet stand to avoid contact with administrative staff. All visitors, contractors and parents to use hand gel on entering the building. School caretaker to sign documents with contractors outside. A log of visitors on</p>	Weekly

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				site will be held by the Admin team.	
12	<p style="text-align: center;">Meals (Pupils, staff)</p> <p>Risk: Infection, stress, food poisoning, slips, trips, poisoning (COSHH), and burns.</p>	<ul style="list-style-type: none"> • Parents will be responsible for providing a packed lunch. • The school will not provide school meals. • Cooling packs to be included in children's packed lunch to limit teacher/LSA handling of personal items. • Ensure hand washing prior to eating • Packed lunches will be consumed in the school hall, adhering to distance. • Clean with detergent and then sanitise the area. 	2	<p>All children to keep their packed lunches and snacks within their school bags until ready for consumption – this prevents unnecessary handling.</p> <p>Headteacher to clean and sanitise tables in between sittings and the Naafi to clean every day. Cloakrooms will not be used until further notice- all pupils to keep belongings with them in class.</p>	Weekly
13	<p style="text-align: center;">Cleaning (Pupils, staff, visitors, contractors)</p> <p>Risk: Infection, stress, slips, trips, poisoning (COSHH), burns.</p>	<p>COVID-19 is mainly passed on by person-to-person spread between people who are in close contact with one another and by droplets produced when an infected person coughs or sneezes. It can also spread through contact with a surface or object that has the virus on it. Cleaning helps minimise the spread of coronavirus (COVID-19). Fortunately, normal cleaning methods do kill this virus.</p> <ul style="list-style-type: none"> • Review cleaning schedules to prioritise important cleaning tasks. • Follow the manufacturers' guidelines for use of substances hazardous to health. • Compulsory handwashing / use of gel before entering and leaving school. 	2	<p>Cleaning schedule to be agreed with the Naafi – prior to re-opening.</p> <p>Areas/rooms used by staff and pupils will be cleaned at least daily.</p>	Weekly

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		<p>Overarching principles to cleaning potentially contaminated areas.</p> <ul style="list-style-type: none">• Where the accommodation has been used as an isolation area for a single person, the departing person should be used for the initial clean (i.e. they cannot catch the virus from themselves).• The COVID 19 virus can withstand more than 48 hours at average room temperature (20°C) on different surfaces such as; door handles, taps, desks, switches etc. Therefore, if an area can be kept closed and secure for 72 hours, wait until this time has passed before cleaning as the amount of virus living on surfaces will have reduced significantly.• Extract fans should be left on, or windows left open on areas requiring cleaning to reduce virus particles which have been aerosolised. One change of air will reduce viral particles by around 63% and five changes to 1%.• 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. Persons should be discouraged from touching their face when cleaning.• If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where unwell individuals have slept in the accommodation, 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.			
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		<ul style="list-style-type: none">• 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 <p>Cleaning Methodology.</p> <ul style="list-style-type: none">• Use separate cleaning cloths and disposable paper towels for each area e.g. one for bathrooms and another for other areas. Ensure the toilet bowls are cleaned last to prevent the risk of spreading contamination. Used towels/cloths must not be used to dry off wet surfaces as this may only re-contaminate areas that have been effectively disinfected. Cleaned and disinfected surfaces should be dried with disposable paper towels. Where possible surfaces are to be allowed to air-dry.• 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: <ol style="list-style-type: none">1. use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (more guidance below).			
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		<p>or</p> <ol style="list-style-type: none">2. 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 <p>or</p> <ol style="list-style-type: none">3. if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses4. Other cleaning precaution:5. Avoid creating splashes and spray when cleaning.6. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.7. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of. <ul style="list-style-type: none">• Soft Furnishings. Any items heavily soiled with body fluids should be disposed of. Other furnishings (e.g. mattresses, sofas, chairs) should be left for 72 hours. Remove bedding and place in a plastic bag, seal then double bag and seal again and leave for 72 hours before laundering. Curtains and carpets will require a quick spray over with the soapy water solution. (IMPORTANT – do not use bleach solution on soft furnishing as this may stain). Do not shake items or avoid all necessary agitation. When items cannot be cleaned using detergents or			
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		<p>laundered, for example, upholstered furniture and mattresses, steam cleaning should be</p> <p>Waste</p> <ul style="list-style-type: none">• Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues): <ol style="list-style-type: none">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.4. 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.5. If the individual tests negative, this can be put in with the normal waste6. If the individual tests positive, then store it for at least 72 hours and put in with the normal waste <ul style="list-style-type: none">• If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste dispose as clinical waste, in appropriate orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.			
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		<p>Reference: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</p>			
14	<p>Stress (Pupils, staff, visitors, contractors)</p>	<p>Work-related stress is a major cause of occupational ill health that can cause severe physical and psychological issues for employees.</p> <ul style="list-style-type: none"> • Publication posters will increase awareness in your workforce and help to prevent stress in the workplace – see link below • Refer to the First Aid Manual in the FA Room • Signposting to help • Direct staff to HeadFit Website • Follow the ALGEE protocol <p>A – Assess the situation L – Listen non-judgementally G – Give reassurance and information E – Encourage appropriate professional help E – Encourage self-help and other support strategies</p> <p>Posters: https://www.hse.gov.uk/pubns/books/workplace-stress-poster.htm</p> <p>Booklet: Tackling workplace stress: https://www.hse.gov.uk/pubns/wbk01.pdf Stress Talking Toolkit: https://www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf</p> <p>HeadFit: https://headfit.org/</p>	2		

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15	Fire Evacuation	All pupils and staff to assemble at Fire Assembly point and Social Distance – School Business Manager to print out Site attendance registers daily to ensure all children and staff have evacuated safely. Caretaker and Headteacher to ensure all access gates are opened for Fire Services	2			
Assessor						
Name:		Mark Harris	Manager (Note 4)		Overall Activity/Process Risk Rating	
Rank/Grade:		DCYP SHE Advisor	Name:			Andy Chapman
Rank/Grade:		DCYP SHE Advisor	Rank/Grade:			Headteacher
Line Manager Assessment Review (Note 3 and 4)						
Date:		Date:		Date:		
Name:		Name:		Name:		

Notes:

- 1 If using a 'Generic' risk assessment, Assessors and line managers are to satisfy themselves that the assessment is valid for the task and that all significant hazards have been identified and assessed. If additional hazards are identified they are to be recorded and attached to the Generic assessment.
- 2 Only a reference or simple description of the control measures is required. If the risk assessment identifies the need for additional control measures, the hazard will need to be reassessed once the additional controls have been implemented.
- 3 Risk Assessments are to be reviewed:
 - at a frequency proportional to the risk (e.g. high risk – 6 monthly; medium risk – annually; low risk – every 2 years)
 - where required by local instructions/procedures;
 - if the safe execution of the activity relies on stringent supervision and/or adherence to a safe system of work;
 - if there is reason to doubt the effectiveness of the assessment.
 - following an accident or near miss.
 - following significant changes to the task, process, procedure, personnel or line management.
 - following the introduction of more vulnerable personnel.
 - If a "Generic" assessment then prior to use.

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- 4 Line managers are to note that they are responsible for production of the risk assessment and that they are signing to indicate that the risk assessment is suitable and sufficient and they consider the risks to be acceptable.

High	Common, regular or frequent occurrence.	3	3 Med	6 High	9 High
Medium	Occasional occurrence.	2	2 Low	4 Med	6 High
Low	Rare or improbable occurrence.	1	1 Low	2 Low	3 Med
Risk Matrix Likelihood X Severity			1	2	3
			Minor injury or illness.	Serious injury or illness.	Fatalities, major injury or illness.
			Low	Medium	High

High	Improve control measures; consider stopping work. Conducting work at this level of risk is to be reported up the Line Management / Command chain.
Medium	Review control measures and improve if reasonably practicable to do so, consider alternative ways of working.
Low	Maintain control measures and review regularly or if there are any changes.

TEMPLATE

References:

Guidance: Health protection in schools and other childcare facilities - <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

COSHH Poster: Manual cleaning and disinfecting in schools - <http://coshh-tool.hse.gov.uk/assets/live/sr04.pdf>