

TEMPLATE

MOD Risk Assessment Form		MOD Form 5010	
Establishment /Unit/Ship: MOD Schools		Assessment Ref: 0002	Date: 10.11.20
Section/Department: Attenborough School (FS1 – Year 6)		Assessment Type <i>(Note 1) tick as appropriate</i>	
		Specific <input checked="" type="checkbox"/>	Generic
Activity/Process: Covid 19 - Reopening of schools (Based on the recommendations of the Ministerium fuer Schule und Bildung, JSHU, HSE, PHE, DfE, and British Red Cross)		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	
8	Routing	Y	
9	Conferences and assemblies	Y	
10	First Aid	Y	
11	Work Services – Contractors	Y	
12	Meals	Y	
13	Cleaning	Y	

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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	Preparing to open (Pupils, parents, staff, visitors, contractors)	<ul style="list-style-type: none"> Familiarise oneself with the latest UK and Host Nation guidance on Covid-19. Communicate with key stakeholders (parents, staff, cleaners, contractors) about expectations etc. Ensure adequate stock of PPE. Confirm signing in/out procedures for staff and visitors –touch-pad signing in and cleaning procedures. Ensure adequate first aid provision and stock. Communicate staff room procedures to ensure social distancing 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 to all staff, children, parents and visitors. Check medicines are in date and are readily available– pupils at risk should not be in school. Review of cleaning schedules and prioritise essential tasks. Ensure rooms are well ventilated in line with German guidance. Distribute key information document. 		<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 to be outlined by class teachers and HT</p> <p>In classrooms, windows to be opened for 3 minutes every 20 minutes.</p>	Weekly

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		<ul style="list-style-type: none"> Use of hand-held non-contact thermometer 			
2	<p>Personal hygiene (Pupils, parents, staff, visitors, contractors)</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> <ul style="list-style-type: none"> In case of signs of illness (e.g. fever, dry cough, loss of sense of taste/odour) stay at home for 10-14 days and seek a COVID test. Keep at least 2.00 m distance when possible. 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; 		<p>When entering a new room – hands to be washed / sanitised by all.</p> <p>School buzzer to be cleaned x2 each day-before school; lunch and after school.</p> <p>Internal stairs to be used at least x2 a day.</p> <p>All staff, parents and visitors (CHILDREN y1-y6) to wear nose and mouth protection at all times when moving around the school and on entry and exit to/from school.</p> <p>Parents and visitors are to wear coverings at all times on site including outdoors.</p> <p>FS children are not required to wear nose and mouth covering, but should</p>	Weekly

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		<ul style="list-style-type: none"> • 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. • Ensure tissues are readily available. If a person needs to sneeze: Catch it, Bin it, and Kill it. Wash Hands! • All adults and Y1-Y6 children to 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 by staff and Y1-Y6 children when moving around inside the school. However, this must not lead to the distance being reduced unnecessarily. • It is not necessary for staff to wear masks during lessons when distance can be managed or when moving about outside the school maintaining a reasonable distance. <p>Safe use of temporary masks:</p> <p>Even with a mask, the safety distance of at least 1.50 m from other people recommended by the WHO should be maintained.</p>		<p>be encouraged when possible to physical distance. e.g. eating dinner and moving around the school.</p> <p>Children and visitors to the school buildings will be required to sanitise their hands on arrival.</p>	
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		<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 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>	<ul style="list-style-type: none"> • To prevent transmission by droplet infection, a distance of 2.00 metres should be maintained in school between class groups inside the school. • A maximum of 20 pupils will be in any given classroom and no more than 30 within the hall. • It is particularly important to air (ventilate) the rooms regularly and correctly, as this will allow the indoor air to be exchanged. German guidance states 3 minutes every 20 minutes for intensive airing or cross ventilation through completely opened windows has to be carried out for several minutes. 		<p>All classrooms to be inspected prior to re-opening and hall to be prepared for lunch with social distancing</p> <p>All windows to be opened every 20 minutes for 3 minutes.</p>	Weekly

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		<ul style="list-style-type: none"> • 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. • All radiators should be functional to maintain reasonable classroom temperatures throughout the winter months. • ICT suite to only be used for curriculum lessons as per the given timetable. Use of the IT suite during wet breaktimes and lunchtimes is not permitted. 			
4	<p>Hygiene in sanitary areas – toilets (Pupils, parents, staff, visitors, contractors)</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. • Toilet seats, fittings, washbasins and floors must be cleaned daily. 		<p>Naafi will deliver an effective clean of all used bathrooms on a daily basis</p> <p>Hand gel/ hand-washing to be used on entry to toilets and when re-entering the classroom</p>	Weekly

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5	<p style="text-align: center;">Infection protection during breaks (Pupils, parents, staff, visitors, contractors)</p>	<ul style="list-style-type: none"> • Ensure that a safe distance is maintained between the following three groups during indoor lunch provision-Sitting 1: FS2 and KS1 1145-1230hrs (20 children); Sitting 2 1230hrs-Year 3/4 and Year 5/6 (28 children). Children to be seated in specific positions within the lunch hall to ensure physical distancing of 1.5 metres. • Keeping distance also applies in the staff room' room and in the kitchenette. • A break/kiosk sale will not be offered. 		<p>Fs2 – collect lunch at 1145hrs Year 1/2 – 1155hrs</p> <p>Year 3/4 and Years 5/6– 1230hrs-onward</p> <p>Rota to be created for lunchtime cover with ratio of at least 1:15 in the lunch hall and outside.</p>	Weekly
6	<p style="text-align: center;">Protection against infection during physical education (Pupils, parents, staff, visitors, contractors)</p>	<ul style="list-style-type: none"> • Physical education will only take place either in the hall (ventilated)- groups of less than 20 or in outdoor areas. 		<p>No more than 20 children (indoors) and 30 children (outdoors) involved in Physical Education</p>	Weekly
7	<p style="text-align: center;">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> <ul style="list-style-type: none"> • Chronic diseases of the lungs (e.g. COPD), • Chronic liver diseases, • Diabetes mellitus (diabetes), • Cancer, • A weakened immune system (e.g. due to a disease associated with an immunodeficiency or due to the regular intake of medications that can influence and reduce the immune defence, such as cortisone). • Identified within an 'at-risk' category as a result of age, gender or ethnicity. <p>Pupils who suffer from one or more pre-existing conditions (see individual risk assessment)</p>		<p>All vulnerable staff to work as stated on their individual risk assessment.</p>	Weekly

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8	<p>Conferences, team meets and assemblies (Pupils, parents, staff, visitors, contractors)</p>	<ul style="list-style-type: none"> • Meetings must be limited to what is necessary. • Attention must be paid to maintaining the minimum distance. • Video or telephone conferences are to be preferred. • Team meets to continue on Thursdays but individuals should physically distance and wear a mouth and nose covering when arriving and departing the venue. • Week ahead brief previously scheduled on Friday am to be completed during Thursday pm meets. 		<p>Assemblies suspended until further notice – x2 weekly Zoom opportunities</p>	Weekly
9	<p>First Aid (Pupils, parents, staff, visitors, contractors)</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, aprons and mouth and nose protection at all times when dealing with First Aid or children presenting with a or multiple COVID symptoms. • 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 		<p>At least X2 Designated First Aiders in school every day</p> <p>First Aid Room to be ventilated throughout the school day—and the door opened when providing First Aid to an individual.</p> <p>Any pupil or staff member with COVID symptoms should exit the school from the First Aid room.</p>	Weekly

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		<p>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.</p> <ul style="list-style-type: none">• 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> <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			
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		<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, either to the rescuer or the child but the risk is small compared to the risk of taking no action. 			
10	<p style="text-align: center;">Work Services – Contractors (Pupils, staff, visitors, contractors)</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. <ul style="list-style-type: none"> • Where possible – contractors to access the school after 1500hrs when children have vacated the building for the day. 		<p>All visitors and parents to outline purpose of visit prior to gaining access via the main entrance. 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.</p>	Weekly

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				School Infrastructure Manager to sign documents with contractors outside. A log of visitors on site will be held by the Admin team.	
11	Meals (Pupils, staff)	<ul style="list-style-type: none"> • Ensure hand washing prior to eating – hall windows opened to provide maximum ventilation. • All adults on duty in the hall to wear Mouth and Nose Covering. • School dinners and packed lunches will be consumed in the school hall, adhering to distance between three school groups. • Clean and then sanitise group tables. 		<p>All children to keep their packed lunches and snacks within their school bags until ready for consumption – this prevents unnecessary handling.</p> <p>Naafi staff to clean and sanitise tables every day.</p>	Weekly
12	Cleaning (Pupils, staff, visitors, contractors)	<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. <p>Overarching principles to cleaning potentially contaminated areas.</p>		<p>Cleaning Schedule provided by the Naafi to continue.</p> <p>Areas/rooms used by staff and pupils will be cleaned daily.</p>	Weekly

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		<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 in the main hall, or windows left open during cleaning to reduce virus particles.• Personal protective equipment (PPE). The minimum PPE to be worn for cleaning an area where a person with possible or confirmed coronavirus (COVID-19) includes Nose and Mouth covering, an apron and protective gloves. Persons should be discouraged from touching their face when cleaning.• 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.			
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		<ul style="list-style-type: none"> • 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). <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 viruses 			
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		<p>4. Other cleaning precaution:</p> <p>5. Avoid creating splashes and spray when cleaning.</p> <p>6. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.</p> <p>7. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.</p> <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 laundered, for example, upholstered furniture and mattresses, steam cleaning should be <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.			
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		<ol style="list-style-type: none"> 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 waste 6. 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. <p>Reference: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</p>			
13	<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 • Signposting to help • Direct staff to HeadFit Website • Follow the ALGEE protocol <p>A – Assess the situation</p>			

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		<p>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>			
14	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 Infrastructure and H&S Manager to ensure all access gates are opened for Fire Services			
Line Manager Assessment Review					
Assessor		Manager (Note 4)			Overall Activity/Process Risk Rating
Name:	Andy Chapman	Name:			
Rank/Grade:	Headteacher	Rank/Grade:			
Line Manager Assessment Review (Note 3 and 4)					

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Date:	10.11.20	Date:		Date:		Date:	
Name:	A. Chapman	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.
- 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.

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Low	Maintain control measures and review regularly or if there are any changes.
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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>