

RISK ASSESSMENT

A. Outline of activity or task to be assessed: Managers to use these generic controls to assist in documenting their local approach to the use of offices/buildings.

Form No.

Group/Service Area:

Work Activity

Working in the Schools during Covid19 Pandemic

Workplace/Team: Minsterley Primary School

Date of Assessment: September 2021

Date for Re-assessment

Name of Assessors: Katie Wilcox Manager:

Signature: *Katie Wilcox*
Signature:

Hazard is something with the **potential** to cause **harm**. **Risk** is the **likelihood** of someone being hurt multiplied by the **severity** of the occurrence.

Level of risk = likelihood x severity

B. Risk Matrix – This section is used for guidance to complete section C.

5 x 5 RISK ASSESSMENT MATRIX

Increasing consequence or severity ↑	5	5 low	10 med	15 med	20 high	25 high
	4	4 very low	8 low	12 med	16 med	20 high
	3	3 very low	6 low	9 low	12 med	15 med
	2	2 very low	4 very low	6 low	8 low	10 med
	1	1 very low	2 very low	3 very low	4 very low	5 low
		1	2	3	4	5

Increasing likelihood or probability →

PRIORITY OF ACTION

High	17 - 25	Unacceptable – Stop work or activity until immediate improvements can be made.
Medium	10 – 16	Tolerable but need to improve within a reasonable timescale, e.g., 1-3 months depending on the situation.
Low	5 - 9	Adequate but look to improve by next review.
Very Low	1 – 4	Residual risk acceptable and no further action will be required all the time the control measures are maintained.

Score	Likelihood / Probability	Description
5	Very likely / Almost certain	Event is expected to occur in most circumstances
4	Likely	Event will probably occur in most circumstances
3	Fairly likely / Possible	Event could occur at some time
2	Unlikely	Event is not likely to occur in normal circumstances
1	Very unlikely	Event may occur only in exceptional circumstances

Score	Consequence/Severity
5	Catastrophic / Severe / Fatality
4	Major injury / ill health
3	Moderate (over 7-day injury)
2	Minor injury / ill health
1	Insignificant / no injury

Description

Death or permanent disability to one or more persons
Hospital admission required, eg, broken arm or leg
Medical treatment required, over 7-day injury
First aid is required
Injuries not requiring first aid treatment

C. Use information from section B to identify level of risk for each hazard

What are the Hazards?	Who might be harmed and how the hazard could cause harm	What are you already doing? (Existing Controls)	Risk Level Low/ Med/ High	What further actions are necessary	Residual Risk Level Low/Med/ High	Action	
						Who	When
Catching or spreading Coronavirus – General considerations	Staff, pupils Parents, guardians	- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered - ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach - cleaning frequently touched surfaces often using standard products, such as detergents and bleach	Low	When a pupil or member of staff have been tested positive for Covid-19 the group of pupils and staff exposed in the same group will be asked to have a PCR test	Med	Head teacher	Ongoing

Social Distancing at School	including cleaning and catering staff, pupils, Visitors. contractors	desking – designate separate spaces where practicable.		information will staff on Google Classroom Staffroom so that all staff are aware.	Low	Head	ongoi ng
3	Managing Customers, Contractors and visitors	Staff including cleaning and catering staff, pupils, Visitors. contractors	Contractors - Encouraging visits via remote connection/working where this is an option. - Where site visits are required, site guidance on social distancing and hygiene should be explained to visitors on or before arrival. - Limiting the number of visitors at any one time. - Limiting visitor times to a specific time window and restricting access to required visitors only. - Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night. - Maintaining a record of all visitors, if this is practical. - Revising visitor arrangements to ensure social distancing and hygiene, for example, where someone physically signs in with the same pen in receptions.	Low	All contractors to only enter school premise when children are not on site unless an emergency. Children be moved away from area that needs to be worked on.		ongoi ng
4	Workplace and furniture contamination	Staff including cleaning and catering staff, pupils, Visitors. contractors	Hygiene: handwashing, sanitation facilities and toilets - Using signs and posters to maintain personal hygiene standards and build awareness of good handwashing technique, the need to increase handwashing frequency - ensure that all adults and children: - frequently wash their hands with soap	Low	Liase with staff regularly and adapt with any concerns that are raised.	SLT	ongoi ng

thoroughly. Review the [guidance on hand cleaning](#)

- clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing
- are encouraged not to touch their mouth, eyes and nose
- use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it')
- ensure that sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitiser in classrooms and other learning environments
- Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.
- Enhancing cleaning for busy areas.
- Providing more waste facilities and more frequent rubbish collection.
- Where possible, providing paper towels as an alternative to hand dryers in handwashing facilities.
- follow the [COVID-19: cleaning of non-healthcare settings guidance](#)
- clean surfaces that staff, children and young people are touching, such as toys, books, desks, chairs, doors, handles, sinks, toilets, light switches, bannisters, more regularly than normal
- ensure that help is available for children and young people who have trouble cleaning their hands independently
- consider how to encourage young children to learn and practice these habits through games, songs and repetition
- ensure that bins for tissues are emptied throughout the day
- where possible, all spaces should be well ventilated using natural ventilation (opening windows) or ventilation units

5	Use of Personal protective equipment (PPE) in School settings against COVID -19	Staff including cleaning and catering staff, pupils, Visitors. contractors	- Wearing a face covering or face mask in schools or other education settings is not recommended. - Schools and other education or childcare settings should not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. - Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission. The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including: - children, young people and students 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 if a child, young person or other learner	Med	PPE is available for first aid and will be placed around school in different locations. In an emergency any first aider must respond and use PPE that is in the closest place available.	LOW	HT	Ongoing
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			while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn						
			Education, childcare and children's social care settings and providers should use their local supply chains to obtain PPE.						
6	Catering facilities		- consult with the catering company if separate from school staff, see what they are able to provide - Practicality of providing food for pupils and staff - All children to bring own water bottle to school so that drinks are not shared. Water fountain to remain out of use.	LOW		LOW	Catering Staff	Ongoing	
7	First Aid		First aiders need additional support and training in use of additional PPE if close contact with a patient is required. E.g. changes to EAV/CPR due to Covid 19.	Low	Staff offered training in unsure of use of PPE	Low	All first aiders	Ongoing	
8	Accidents\ incidents		- Normal reporting to various parties e.g. Reporting to Governors / Trustees / Local Authority. - Reporting of COVID-19 cases to Health & Safety Team. (RIDDOR 2013 requirements for HSE reporting) - Consider looking at high risk activities to minimise the potential for accidents and the	LOW	All high risk activities will be avoided.	Low	All Staff	Ongoing	
