

Risk Assessment: Notton House Academy operation from 1 September 2020: response to Coronavirus (COVID-19). Issue 2

The Notton House Academy approach to, as simply as possible, completing our standard or routine risk assessment format is found on the **final page** on this format.

Please note how the Harm, (yellow) and Likelihood, (blue) colour coded choices relate to the relevant columns that appear below in Section 2, as you start to capture the detail from your thinking.

Section 1

MAT/Establishment/Section/Team: Notton House Academy	Date of Assessment: 31st August 2020	Review date: ongoing (Complete once the action plan section below is addressed)												
Assessed by: Please note all those involved should sign up to this assessment. Print below: <table data-bbox="192 1018 1077 1327"> <tr> <td>NAME:</td> <td>DATE:</td> </tr> <tr> <td>1. Michelle Reysenn (Head Teacher)</td> <td>31.08.2020</td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5.</td> <td></td> </tr> </table>	NAME:	DATE:	1. Michelle Reysenn (Head Teacher)	31.08.2020	2.		3.		4.		5.		Staff signatures: 1. 2. 3. etc I/We have read and understood this RA and our role in its implementation.	
NAME:	DATE:													
1. Michelle Reysenn (Head Teacher)	31.08.2020													
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BACKGROUND AND CONTEXT:

From 1 September 2020 all schools are required to reopen for all pupils.

This risk assessment has been developed to support Notton House Academy in implementing government guidance for the reopening of schools first issued on 2 July 2020. It has now been updated to reflect updates published on 7 August 2020. It is available here: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

We have included sections 2 and 3 from our previous risk assessment covering term 6 of the 2019-20 academic year as these could be of use if Notton House Academy is required to close or partially close in response to a local outbreak of coronavirus.

The risk assessment will be reviewed in response to updates to government guidance including any outcomes arising from the government *COVID-19: review of disparities and outcomes report* and any examples of shared 'best practice' that we receive. We have adapted this risk assessment in consultation with relevant partners including trade union representatives where available.

In line with government guidance to other businesses that are advised to go back to work, this risk assessment will be made publicly available to those who wish to see it. The same guidance also provides those employers with a downloadable notice which we have placed on display.

<https://mail.google.com/mail/u/0/?tab=rm0#inbox/FMfcgxwHNMZTbVpxnwzhbjJRTNhHdvrR?projector=1&messagePartId=0.1>

The World Health Organisation (WHO) published a new statement on the 21 August on when children should wear face coverings. They now advise that "children aged 12 and over should wear a mask under the same conditions as adults, in particular when they cannot guarantee at least a 1-metre distance from others and there is widespread transmission in the area."

Part 1: Reopening schools from 1 September 2020

The rationale for schools re-opening for more groups of pupils is set out in the document Education and childcare during coronavirus: Guidance for the full reopening of schools. It is predetermined on the principle that cases of coronavirus have reduced and that there is an effective 'Track and Trace' process in place. The guidance is clear that risks posed to

pupils from remaining out of school in terms of their wellbeing, safeguarding and academic achievement outweigh those posed from the contraction of coronavirus. In relation to working in schools the guidance states that “whilst it is not possible to ensure a totally risk-free environment, the Office of National Statistics’ analysis on [coronavirus \(COVID-19\) related deaths linked to occupations](#) suggests that staff in educational settings tend not to be at any greater risk from the disease than many other occupations. There is no evidence that children transmit the disease any more than adults”

This risk assessment is based on the control measures described in the government guidance for reopening schools referred to above. This states that if schools follow the control measures as set out below, they can be “confident that they are managing risk effectively”.

The system of controls: protective measures

Having assessed our risk, we must work through the below system of controls, adopting measures in a way that addresses the risk identified in our assessment, works for our Academy, and allows us to deliver a broad and balanced curriculum to our pupils, including full educational and care support for those pupils who have SEND.

If we follow the guidance set out here, we will effectively reduce risks in our Academy and create an inherently safer environment.

System of controls

This is the set of actions we must take. They are grouped into ‘prevention’ and ‘response to any infection’ and are outlined in more detail in the sections below.

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend the Academy
- 2) clean hands thoroughly more often than usual

- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
- 5) minimise contact between individuals and maintain social distancing wherever possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)

Numbers 1 to 4 must be in place in all the time.

Number 5 must be properly considered and we must put in place measures that suit our particular circumstances.

Number 6 applies in specific circumstances.

Response to any infection:

- 7) engage with the NHS Test and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the Academy community
- 9) contain any outbreak by following local health protection team advice

Numbers 7 to 9 must be followed in every case where they are relevant.

What is the Task/Activity or Environment you are assessing?	What Hazards are present or may be generated? Look at the activity, processes or substances used that could cause harm to health or injury. Use a row for each one identified	Who is affected or exposed to hazards? (Staff Students Visitors Contractors Etc.)	What Severity of Harm can reasonably be expected? (See Definitions Table 1)	What Precautions (Existing Controls) are already in place to either Eliminate or Reduce the risk of an accident happening?	What Likelihood ? See Definitions Table 1	What is the Risk Rating ? See Risk Rating Matrix Table 2
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1.A: Contact with those with symptoms of coronavirus: Testing: Track and Trace; Outbreak response						
Contact with infected persons/ exposure to the virus within the Academy.	Person contracts coronavirus as a result of direct contact with an infected person (or a symptomatic person) entering the premises.	Pupils and staff	Serious	<p>Guidance has been issued to the entire Academy community. Here, anyone affected must stay at home if they (or their family members) have any of the following symptoms: a high temperature, a new continuous cough, a loss or change to your sense of smell or taste. OR they have tested positive for coronavirus in the last 10 days.</p> <p>Those affected must follow government stay at home guidance as follows</p> <p>https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection</p> <p>Temperature testing is not recommended on its own. Guidance states that it is not a reliable method for identifying coronavirus.</p>	M	M (refer to Action Plan 1&2)

	Contact with those developing symptoms of the virus during the working day.	Pupils and staff	Serious	<p>Our procedure will be that If anyone in the Academy becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they will be sent home and advised to follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection', which sets out that they must self-isolate for at least 10 days and should arrange to have a test to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate for 14 days from when the symptomatic person first had symptoms.</p> <p>If a child is awaiting collection, they will be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window will be opened for ventilation. If it is not possible to isolate them, we will move them to an area which is at least 2 metres away from other people.</p> <p>If they need to go to the bathroom while waiting to be collected, we endeavour that they will use a separate bathroom if possible. The bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>PPE will be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).</p> <p>In an emergency we will call 999 if they are seriously ill or injured or their life is at risk. We will not suggest a visit to the GP, pharmacy, urgent care centre or a hospital.</p>	M	M (refer to Action Plan 1&2)
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				<p>If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, we have noted they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive</p> <p>They are instructed to wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. We will clean the affected area with normal household disinfectant after someone with symptoms has left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.</p>		
Engagement with the NHS Track and trace Process	<p>Failure to follow PHE/ NHS Track and Trace procedures increases the likelihood of exposure to coronavirus in the Academy community.</p> <p>Anxiety and dissent within the Academy community</p>	Pupils and staff	Serious	<p>Relevant staff understand the NHS Test and Trace process and how to contact their local Public Health England health protection team. We will ensure that staff members and parents/carers understand that they will need to be ready and willing to:</p> <ul style="list-style-type: none"> • book a test if they are displaying symptoms. Staff and pupils must not come into the Academy if they have symptoms, and must be sent home to self-isolate if they develop them in the Academy. All children can be tested, including children under 5, but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit • provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace • self-isolate if they have been in close contact with someone who develops coronavirus (COVID-19) symptoms or someone who tests positive for coronavirus (COVID-19) <p>Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. Tests can be booked online through the NHS testing and tracing for coronavirus website, or ordered by telephone via NHS 119 for those without access to the internet. Essential workers, which</p>	L	L

				<p>includes anyone involved in education or childcare, have priority access to testing.</p> <p>The government will ensure that it is as easy as possible to get a test through a wide range of routes that are locally accessible, fast and convenient.</p> <p>We note that the government will release more details on new testing avenues as and when they become available and will work with schools so they understand what the quickest and easiest way is to get a test. By the autumn term, all schools will be provided with a small number of home testing kits that they can give directly to parents/carers collecting a child who has developed symptoms at school, or staff who have developed symptoms at school, where they think providing one will significantly increase the likelihood of them getting tested. Advice will be provided alongside these kits.</p> <p>We will ask parents/carers and staff to inform us immediately of the results of a test:</p> <ul style="list-style-type: none"> • if someone tests negative, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating. • if someone tests positive, they should follow the ‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’ and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or 		
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				anosmia can last for several weeks once the infection has gone. The 10 day period starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 14 days.		
Management of confirmed cases of coronavirus	<p>Failure to follow PHE/ NHS Track and Trace procedures increases the likelihood of exposure to coronavirus in the Academy community.</p> <p>Anxiety and dissent within the Academy community</p>	Pupils and staff	Serious	<p>We will take swift action if we become aware that someone who has attended has tested positive for coronavirus (COVID-19).</p> <p>We will contact the local health protection team. This team will also contact the Academy directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the Academy – as identified by NHS Test and Trace.</p> <p>The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.</p> <p>The health protection team will work with the Academy in this situation to guide us through the actions they need to take. Based on the advice from the health protection team, we will send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days since they were last in close contact with that person when they were infectious. Close contact means:</p> <ul style="list-style-type: none"> • direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin) 	L	L

				<ul style="list-style-type: none"> proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual travelling in a small vehicle, like a car, with an infected person <p>The health protection team will provide definitive advice on who must be sent home. To support them in doing so, we will keep a record of pupils and staff in each group, and any close contact that takes places between children and staff in different groups (see section 5 of system of control for more on grouping pupils). This should be a proportionate recording process. We do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.</p> <p>We note that a template letter will be provided to us, on the advice of the health protection team, to send to parents/carers and staff if needed. We must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others.</p> <p>Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 14-day isolation period they should follow ‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’. They should get a test, and:</p> <ul style="list-style-type: none"> if the test delivers a negative result, they must remain in isolation for the remainder of the 14-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days. if the test result is positive, they should inform their setting immediately, and must isolate for at least 7 days from the onset of their symptoms (which could mean the 		
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				<p>self-isolation ends before or after the original 14-day isolation period). Their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms, following ‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’</p> <p>We note that we should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.</p> <p>Further guidance is available on testing and tracing for coronavirus (COVID-19).</p>		
Containing any local outbreak	<p>Failure to follow PHE/ NHS Track and Trace procedures increases the likelihood of exposure to coronavirus in the Academy community.</p> <p>Anxiety and dissent within the Academy community</p>	Pupils and staff	Serious	<p>We note that if we have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, then we may have an outbreak, and must continue to work with our local health protection team who will be able to advise if additional action is required.</p> <p>In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. If we are implementing controls from this list, addressing the risks that have been identified and therefore reducing transmission risks, whole Academy closure based on cases within the Academy will not generally be necessary, and should not be considered except on the advice of health protection teams.</p> <p>In consultation with the local Director of Public Health, where an outbreak is confirmed, a mobile testing unit may be dispatched to test others who may have been in contact with the person who has tested positive. Testing will first focus on the person’s class, followed by their Hub/year</p>	L	L

				<p>group, then the whole Academy if necessary, in line with routine public health outbreak control practice.</p> <p>We have developed a Contingency Plan to ensure that the education of affected groups of pupils is maintained. This will include the provision of remote learning as set out in government guidance for the reopening of schools.</p>		
	Attendance at multiple settings (eg attendance at LA and private provision on different days of the week).	Pupils and staff	Serious	<p>We have advised parents/carers that where possible they should limit the number of settings that their child attends.</p> <p>We recognise that there are some circumstances where a pupil will attend multiple settings (eg: as part of provision outlined in an EHCP). Here we will work with the partner setting to address any risks identified to enable us to jointly deliver a broad and balanced curriculum to the pupil in question.</p>	L	L
	Notification to Ofsted			<p>We note that any confirmed cases of coronavirus in the setting (child or staff member) and, if the setting has been advised to close as a result should be 'swiftly' reported to Ofsted through the usual notification channels.</p>	L	L

1: B Cleaning and hygiene						
Hand hygiene	Poor hand hygiene increases the likelihood of infection from coronavirus	Pupils and staff	Serious	<p>Opportunities are provided for staff and pupils to clean their hands with soap and water and dry thoroughly:</p> <ul style="list-style-type: none"> • on arrival at the Academy • after using the toilet • after breaks and sporting activities 	L	L

				<ul style="list-style-type: none"> • before food preparation • before eating any food, including snacks • before leaving the Academy • after sneezing/coughing. <p>Paper towels will be used to dry hands in preference to hand dryers. Covered bins available for disposal of paper towels will be emptied periodically during the day.</p> <p>Supervision by staff is provided as needed.</p> <p>Signage about how to wash hands properly, is on display and reinforced with pupils.</p> <p>Where sinks are not easily accessible from the room used by a 'group' of pupils hand sanitiser will be available.</p>		
Respiratory Hygiene	Poor respiratory hygiene increases the likelihood of infection from exposure to coronavirus.	Pupils and staff	Serious	<p>Catch it, kill it, Bin it – tissues are available in all classrooms, staffroom and reception at a minimum. The message is reinforced with pupils.</p> <p>Covered bins are available for the disposal of used tissues.</p>	L	L
Cleaning	Person contracts coronavirus (COVID19) as a result of inadequate cleaning	Pupils and staff	Serious	<p>Our cleaning specification has been reviewed to ensure we comply with requirements set out in https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</p> <p>Where our own cleaners and/or additional staff are required to undertake cleaning duties we have ensured that they have received appropriate training and are provided with PPE, as set out in guidelines above. This also applies to other staff who may be asked to carry out cleaning duties during this period.</p> <p>We have identified cleaning of high-risk areas to be undertaken throughout the Academy day to include:</p> <p>Door handles</p> <p>Kettles</p> <p>Taps</p>	L	L

				<p>Switches</p> <p>Phones</p> <p>Laptops / ipads</p> <p>Printers and photocopiers</p> <p>Staffroom/ food preparation</p> <p>Surfaces that pupils are touching e.g.: toys, books, chairs, tables, doors, sinks, toilets, bannisters, light switches, etc.</p> <p>Our document stating how this will be applied and inspected in practice has been shared with relevant staff.</p> <p>Please Refer to Appendix A</p>		
Safe use of cleaning products	<p>Inappropriate exposure to cleaning product results in allergic reaction/ poisoning etc</p> <p>Storage arrangements of cleaning product change increasing potential for unauthorised 'use' by pupils.</p>	Pupils and staff	Serious	<p>All staff involved in cleaning duties will receive training re: safe use and storage of cleaning materials.</p> <p>PPE will be provided for all cleaning activities.</p> <p>Safety data sheets for cleaning products are available.</p> <p>Only recommended cleaning products will be used.</p>	L	L
	Use of hand sanitiser potential for improper use and ingestion.	Pupils and staff	Serious	<p>We are providing/allowing the use of hand sanitisers that contain at least 60% alcohol.</p> <p>Recognising it is not possible to follow the hand wash advice everywhere, a hand sanitiser is next best and unless there's some allergy, and depending on the age of our pupils, they could use their own/ours under supervision through to it being 'dispensed' so the young, or over enthusiastic don't get carried away.</p> <p>We have obtained the Safety Data Sheet for the product(s). They advise on action to be followed if the sanitiser is not used as designed i.e. a child drinks some; it gets in eyes etc.</p>	L	L

				<p>This will also help with potential reactions to the product.</p> <p>Please refer to Appendix B</p> <p>We have and will secure adequate supplies of the product and provide it, especially in areas such as reception to the Academy.</p> <p>We will not make our own having addressed the national CLEAPSS guidance.</p>		
Measures to reduce contamination from coronavirus.	Use of shared resources	Pupils and staff	Serious	<p>Staff and pupils will have individual pens, pencils etc that are not shared.</p> <p>Classroom based resources such as books and games will be shared within the 'group/bubble'; these will be cleaned frequently along with frequently touched surfaces.</p> <p>Resources that are shared between groups/bubbles will be cleaned frequently and between use by different groups/bubbles or rotated to allow them to be quarantined and out of reach for 48 hours (72 hours plastics).</p> <p>Staff have been advised that they must wash their hands and surfaces before and after handling pupils' books.</p>	L	L
	Items from home to the Academy and vice versa	Pupils and staff	Serious	<p>We are limiting the items that pupils bring in from home each day to essentials such as lunch boxes, hats, coats, stationery and mobile phones. Bags are allowed.</p> <p>Pupils and teachers can take books and other shared resources home although this will be limited.</p> <p>Rules on hand cleaning, cleaning of the resources and rotation will apply to these resources.</p>	L	L
	Harder to clean items	Pupils and staff	Serious	<p>We have removed soft furnishings, soft toys and toys that are harder to clean (such as those with intricate parts) from classrooms and teaching spaces until further notice.</p> <p>Where these remain, they will be subject to regular cleaning and disinfection.</p>	L	L

	Items requiring laundry	Pupils and staff	Serious	We will ensure that all items that are laundered within the Academy eg: towels, flannels and bedding are washed in line with guidance on cleaning in non-healthcare settings and that these items are not shared by children between washes.	L	L
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1:C Minimising contact (social distancing)

Social distancing across the site	Too many people on site increases likelihood of exposure to coronavirus	Pupils and staff	Serious	<p>We have taken the following measures to reduce footfall and maintain social distancing on site including:</p> <p>The same staff will be used on transport at the start and end of the week.</p> <p>Erected signage and barriers to remind those visiting the site of social distancing requirements.</p> <p>In each room we have indicated the maximum amount of people allowed at any one time.</p>	L	L
Social distancing for large groups of pupils.	Large groups of pupils and/or adults increase the likelihood of exposure to and transmission of coronavirus	Pupils and staff	Serious	<p>Assemblies, performances, visiting groups etc will not take place until further notice.</p> <p>Zoom/ Micro Soft Teams, etc may be used as an assembly replacement.</p>	L	L

1:D Minimising contact (social distancing) Phase specific guidance.

Grouping pupils of pupils and social distancing of pupils:	<p>Exposure to infection</p> <p>Classroom teaching</p> <p>Special schools</p>	Pupils and staff	Serious	<p>Pupils will be grouped consistently to reduce the risk of transmission. We have classes of an appropriate size, to achieve the greatest reduction in contact and mixing, without unduly limiting the quality or breadth of teaching, or access for support and specialist staff and therapists.</p> <p>Groups will be kept apart from other groups where possible and children and young people that are able will be encouraged to keep their distance within groups. Where practicable we will take steps to limit interaction, sharing of</p>	L	L
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				<p>rooms and social spaces between groups as much as possible.</p> <p>We recognise that younger children and those with complex needs will not be able to maintain social distancing and it is acceptable for them not to distance within their group.</p> <p>https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings</p> <p>Existing risk assessments for children with EHCPs will continue to apply and be reviewed as required. This will include the identification of any additional support required for a successful return for full time education. In addition, the risk assessments may also be useful if pupils are required to self-isolate or a local outbreak requires us to limit attendance or close on a temporary basis.</p>		
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1: E Use of Personal Protective Equipment						
Use of Personal Protective Equipment (PPE)	Incorrect use exacerbates the risk of further infection.	Pupils and staff	Serious	<p>We will followed the advice of our employer Learn@MAT issued on 26th August 2020.</p> <p>We are all wanting to help get young people back to school. The latest advice circulated by the DfE regarding face masks has changed and continues to keep changing, so the following instructions are mandatory to all Academies and sites that are part of Learn@ MAT until further notice.</p> <p>More people are wearing face masks as a norm. It is not necessarily for the protection of the wearer but as much to help others. An approach we like in Learn@ MAT. Face masks to be freely available to all staff, students and visitors at all times on entering our premises. Face shields to be made available for staff where required. By young</p>	L	L

				<p>people we refer to all ages of children that we work with across our Academies.</p> <p>All young people and staff must wear face masks when in indoor circulation areas and/or communal areas, except when eating and drinking.</p> <p>Young people and teaching staff may take off face masks in their classroom/learning base but maintain appropriate social distancing as they are part of a specific bubble or group. It is expected that where a member of staff needs to work in close proximity to a young person a face mask or preferably a face shield is worn by that member of staff. This is not compulsory as we know the wearing of such a mask can have a negative effect on learning in the classroom but if a child or adult feel happier and safer wearing them in this situation it should be supported.</p> <p>All staff must wear face masks when visiting or in the area of a different group/ bubble than their own one.</p> <p>All staff and young people must wear face masks when travelling in Academy vehicles, taxis or on public transport. Please note that hand sanitiser must be provided on all Academy vehicles and all staff and young people expected to clean their hands on entry to the vehicles as they must on entry to the Academy buildings.</p> <p>All visitors including contractors must wear face masks at all times when inside our buildings and to maintain a social distance of 2 metres both inside and outside the buildings. Any visitor who is on-site for a pre-arranged meeting may take off the face mask for this meeting in an appropriate room away from young people and with social distancing in place.</p> <p>Where a visitor is a specialist provider from one of our partners, such as Child Speech, they must continue to wear a mask in classrooms if just observing as well as in communal spaces.</p>		
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			<p>However, if they are working directly with a young person they may need to remove the face mask for good communication and reasons of building a positive relationship with young people. This should be done whilst respecting social distancing. A clear face shield should be provided and used in these circumstances.</p> <p>Face masks should not be worn for more than one day at a time and disposed of safely in the appropriate disposal unit after use. They should be kept in a clean sealable pouch/bag when not being worn. Face shields can be worn continually but must be cleaned thoroughly on the outside and inside by the user on a regular basis. Hands should be sanitised before and after touching your face mask/shield.</p> <p>This information is specifically focussed on the use of face masks/shields but assumes that the social distancing rules and regular use of hand sanitiser and the cleaning of shared use areas, especially toilets, are being fully adhered to.</p> <p>Government guidance (11/05/20) https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</p> <p>PPE is needed:</p> <ul style="list-style-type: none"> • If 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 becomes unwell with symptoms of coronavirus 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 		
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				<p>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”</p> <p>We are complying with the above and are using our local supply chains to obtain PPE. We have noted where this is not possible, and there is unmet urgent need for PPE in order to operate safely, we may approach our local resilience forum.</p> <p>We will ensure that, staff who are likely to have to support pupils in the circumstances identified above and potentially in the administration of some first aid have access to appropriate equipment and training in its correct use and disposal.</p> <p>See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf </p>		
Use of Personal Protective Equipment (PPE) in Special Schools	Incorrect use exacerbates the risk of further infection.	Pupils and staff	Serious	<p>The above contributes, however, the increased likelihood that staff will be exposed to bodily fluids in the course of their work will mean that the use of PPE will be risk assessed and relevant equipment provided where applicable.</p> <p>The following link is used as our guidance at present: https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance/coronavirus-covid-19-send-risk-assessment-guidance </p>	L	L

Use of Personal Protective Equipment (PPE) by pupils (over the age of 11) and staff arriving at the Academy. NB: Wearing of PPE mandatory on public transport for those over the age of 11 without health exemptions.	Poor processes for the removal and disposal of PPE increases the likelihood of infection from coronavirus.	Pupils and staff	Serious	Pupils (and staff) will be instructed not to touch the front of their face covering during use or when removing them. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on safe working in education, childcare and children's social care provides more advice.	L	L
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1: F School transport and travel arrangements

School transport	Risk of exposure to coronavirus whilst using dedicated school transport.	Pupils and staff	Serious	<p>We will ensure that transport providers are aware of any changes to start and finishing times.</p> <p>We note that pupils on dedicated school services do not mix with the general public on those journeys and tend to be consistent. This means that the advice for passengers on public transport to adopt a social distance of two metres from people outside their household or support bubble, or a 'one metre plus' approach where this is not possible, will not apply from the autumn term on dedicated transport.</p> <p>Our approach to dedicated transport will follow government guidance set out in https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020</p>	L	L
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				<p>Specifically we will work with transport providers to determine:</p> <ul style="list-style-type: none"> • how pupils are grouped together on transport, where possible this should reflect the bubbles that are adopted within the Academy. Ensuring the same children sit together will minimise the number of contacts a child has • use of hand sanitiser upon boarding and/or disembarking • organised queuing and boarding where possible to ensure that distancing is maintained • distancing within vehicles wherever possible • clear information for parents/carers and children about the arrangements that are needed for picking up and dropping off children at their home destination. • PHE advice (update for Sept 2020) set out in https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020 <p>That children and young people over the age 11 and over wear a face covering when travelling on dedicated school transport.</p> <p>We note Public health advice that staff should wear a face covering when they are unable to maintain social distancing in passenger facing roles, recognising that there will be exceptional circumstances when a staff member cannot wear a face covering, or when their task makes it sensible (based on a risk assessment) for them not to wear a face covering.</p>		
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				<p>We will liaise with transport providers and any relevant LA department if applicable to ensure that their drivers/escorts do not work if they have symptoms of the virus, hygiene rules are followed and appropriate distance kept between passengers.</p> <p>(See link above to transport guidance published on 11/08/20)</p>		
	<p>Exposure to coronavirus when travelling to and from the Academy and within wider social groupings (outside the Academy).</p> <p>(Predominantly applicable to secondary pupils)</p>	Pupils	Serious	<p>Pupil travel arrangements have been taken into consideration in our plans for opening as follows:</p> <p>We have provided clear messages to pupils about minimising the use of public transport and how to reduce the risks of transmission outside of the Academy.</p> <p>We have also discussed with pupils the potential for coronavirus to spread when they socialise in groups outside the Academy and have reminded them of the importance of following social distancing guidance in the wider community.</p>	L	L
Staff transport to and from work	<p>Potential for increased exposure to coronavirus (and potential for introduction into the Academy) through use of public transport at peak times.</p>	All staff	Serious	<p>Where staff would normally use public transport to travel to work, we will discuss options to alleviate this eg: provision of parking or parking permits, or facilities such as secure cycle storage to support people to walk, run or cycle to work where possible.</p>	L	L
	<p>Risk of exposure to coronavirus whilst using Academy vehicles.</p>	Pupils and staff	Serious	<p>Academy vehicles will be used for essential purposes only.</p> <p>Passenger numbers to be reduced to allow for social distancing</p> <p>Where possible consistent allocation of driver, escort and passengers to vehicle.</p> <p>Hard surfaces eg: steering wheel, handbrake other controls, door handle, seatbelts etc to be cleaned after use.</p>	L	L

				<p>Vehicle users to wash hand before entering the vehicle. Sanitiser and wipes available for use within the vehicle.</p> <p>Academy safeguarding procedures to be followed re1:1 transport in Academy vehicles.</p>		
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1: G Academy workforce						
Staff wellbeing	Staff anxiety re: returning to work and potential exposure to the virus.	All staff	Serious	<p>Individual discussions have been/are held with staff to identify concerns/ barriers re: returning to work. (NB: recognising that some could be experiencing bereavement, mental health issues, etc.).</p> <p>We have signposted to relevant counselling services. Including:</p> <p>SAS which provides a helpline for Academy staff and targeted support for mental health and wellbeing.</p> <p>Supervision with Matt Brown, Mike Armiger or Matthew Hemson.</p> <p>HR advice is available if required.</p> <p>We are working with the trade unions.</p> <p>https://www.hse.gov.uk/news/assets/docs/talking-with-your-workers.pdf</p> <p>Please refer to Appendix C</p>	L	L
Staff who may be at increased risk from coronavirus.	Staff anxiety Potential for staff to suffer serious illness if they contract coronavirus.	Staff in at risk group	Serious potentially fatal	<p>We recognise that some people with particular characteristics may be at comparatively increased risk from coronavirus (COVID-19), as set out in the COVID-19: review of disparities in risks and outcomes report.</p> <p>We will remain alert to the findings of this research and respond to any changes in guidance accordingly.</p>	L	L

				<p>If people with significant risk factors are concerned, we will discuss their concerns and explain the measures the Academy is putting in place to reduce risks.</p> <p>Where practically possible we will accommodate additional measures to support staff where appropriate.</p> <p>We have followed guidance from our employer re: the completion of an Equalities Impact Assessment in relation to the development of this risk assessment.</p> <p>Please refer to Appendix E</p> <p>We have developed this risk assessment with reference to our Equalities Policies and Procedures to ensure that those affected by the control measures in this risk assessment are not unlawfully discriminated against.</p> <p>Please refer to Appendix D</p> <p>We note that people who live with those who have comparatively increased risk from coronavirus (COVID-19) can attend the workplace.</p>		
Staff training	Staff are not aware or do not understand the requirements for working safely.	All staff	Serious	<p>In preparation for a full return in September 2020 training and written instruction has been provided re: operating procedures outlined in this risk assessment to all staff. This includes:</p> <ul style="list-style-type: none"> • What to do if they suspect that they or a member of their household has coronavirus (including testing arrangements) • Day to day organisations and procedures including arrangements for cleaning, staff welfare facilities, travel to work • The importance of keeping teaching groups separate during the day • Arrangements for breaktimes and lunchtimes • Safeguarding including the continued importance of all staff acting immediately on any safeguarding 	L	L

				<p>concerns and any updates to the Academy procedures re: recording concerns, contacting DSL (or Deputy).</p> <ul style="list-style-type: none"> • Procedures to follow if they suspect that a child in their group is displaying coronavirus symptoms • Changes to the Academy behaviour policies • Curriculum adaptations required re: social distancing • Site security and fire safety including evacuation and lockdown procedures. • Use of PPE (where applicable). 		
Individual staff requirements	Concerns from staff in identified work groups	Clinically extremely vulnerable (Shielding)	Fatal/Major	We note that individuals who were considered to be clinically extremely vulnerable and received a letter advising them to shield are now advised that they can return to work from 1 August as long as they maintain social distancing	M	M (AP)
		Clinically vulnerable including pregnant women	Serious	<p>May attend work but should follow advice https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing#clinically-vulnerable-people</p> <p>An individual risk assessment will be carried out for new and expectant mothers; exposure to coronavirus should be included as a potential hazard.</p> <p>We note that The Royal College of Obstetrics and Gynaecology (RCOG) has published <u>occupational health advice for employers and pregnant women</u>. This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. Government advice is that employers and pregnant women should follow this advice and to continue to monitor for future updates to it.</p>	M	M (refer to Action Plan 1&2)

Use of supply teachers and other temporary or peripatetic staff	Potential for the introduction of coronavirus into the Academy		Serious	<p>We note that it is permissible for supply staff and other temporary works to move between schools.</p> <p>We will ensure that such staff follow our control measures for the prevention of coronavirus and advise them to take particular care in minimising contact with pupils as far as is practicable.</p> <p>Where possible we will endeavour to engage staff on a consistent basis.</p>	L	L
Use of volunteers	Potential for the introduction of coronavirus into the Academy		Serious	<p>Volunteers may be used to support the work of the Academy, as would usually be the case.</p> <p>All volunteers will be expected to follow our control measures to reduce the spread of coronavirus. Mixing of volunteers across groups will be kept to a minimum, and they should remain 2 metres from pupils and staff where possible.</p>	L	L

1:H Pupil wellbeing						
Management of expectations within the Academy community	Anxiety within the Academy community re: prevalence and effectiveness of infection control and social distancing measures.	All members of the Academy community	Serious	<p>Our communication with parents/carers and pupils prior to our return in September will include information about:</p> <ul style="list-style-type: none"> • Arrival and departure from the Academy and arrangements for parents/carers to access the site • Arrangements for infection control • Pupil groupings • What the Academy day will look like • Expectations for attendance • Expectations for the wearing of the Academy uniform (government guidance is that this should be worn as usual). • Expectations re: any new behaviour systems that we have put in place to support our work in infection control and social distancing 	L	L

				<ul style="list-style-type: none"> What will happen if there is a case of coronavirus at the Academy. <p>We are using this as an opportunity to ensure that pupils' emergency contact details are up to date.</p> <p>Government guidance for parents/carers is available at: https://www.gov.uk/government/publications/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-during-the-coronavirus-covid-19-outbreak/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-in-the-autumn-term</p>		
Pupil wellbeing	Changing family circumstances likely to have an adverse effect of pupil's ability to reengage with the Academy	Pupils and staff	Serious	<p>Contact with families has been made by Academy staff to ensure that they are aware of any potential issues and that relevant support is made available.</p> <p>Staff responsible for pupil groups have been briefed in advance and made aware of any existing support plans/ risk assessments etc, for individual pupils. Plans will be reviewed before the start of term 1 to ensure that pupil's needs are met.</p>	L	L
	Ineffective reintegration of young/ vulnerable pupils who have not been attending the Academy for a number of weeks causes anxiety and distress for parents/carers and pupils	Pupils and staff	Serious	<p>As parents/carers will not be able to stay with their children to support their reintegration, we will discuss arrangements on an individual basis where we anticipate difficulties in this area.</p> <p>We will ensure that we have a contact number for the parent/carers so that we can call to ask them to collect their child or provide reassurance to the parent/carers if required.</p>	L	L
	Inadequate understanding or enforcement of pupil behaviour expectations.	Pupils and staff	Serious	<p>The Academy Behaviour Policy has been updated to include expectations re: arrangements for social distancing and movement around the Academy; hygiene rules.</p> <p>Consistent methods of communication ensure that staff, pupils and parents/carers are aware of these.</p>	L	L

Individual pupil medical requirements	Pupils (or their family members) in identified groups.	Extremely clinically vulnerable pupils (shielded)	Fatal/ Major	<p>These pupils may return to the Academy in September 2020. However, if local infection rates rise, they could be advised to shield again.</p> <p>We note that where pupils are no longer required to shield but generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to the Academy (usually at their next planned clinical appointment). See: COVID-19 - 'shielding' guidance for children and young people.</p> <p>Where a pupil is unable to attend the Academy because they are complying with clinical and/or public health advice, we will offer them access to remote education.</p> <p>Where children are not able to attend the Academy as parents/carers are following clinical and/or public health advice, absence will not be penalised.</p>	M	M (refer to Action Plan 1&2)
		Clinically vulnerable pupils	Serious	These pupils should attend the Academy	M M	
		Pupils living in a household with a person who is extremely clinically vulnerable.	Serious	These pupils should attend the Academy	M	M (AP)

		Those living in a household with a person who is clinically vulnerable. (Including pregnant)	Serious	These pupils should attend school	M	M (refer to AP)
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1: I Provision of first aid and the administration of medication						
Provision of first aid		Pupils and staff	Serious	<p>Qualified first aiders are available as required.</p> <p>Where reasonably practicable we will ensure that opportunities for pupils to mix with pupils who are not in their group are limited during the administration of first aid.</p> <p>Normal hygiene precautions (handwashing and use of gloves) are taken when administering first aid.</p> <p>See below re: use of PPE and working in close proximity to an injured person.</p>	L	L
Administration of medication	Illness or injury to those who are unable to access their medication	Pupils and staff	Fatal/major	<p>The Academy's procedures for the administration of prescription and controlled medication will continue to apply.</p> <p>Parents/carers have been advised that they must return any required medication to the Academy; we will check that medication that has remained in the Academy is still in date. Parents/carers have been advised where this is not the case.</p> <p>Staff will wear PPE whilst administering medication if it is not possible to maintain 2m social distancing.</p> <p>Pupils/ students with allergies and/or those requiring medication (including asthma inhalers) will be known to all</p>	L	L

				<p>staff and their requirements identified on class lists for each teaching group.</p> <p>EHCPs or other relevant Healthcare Plans to be shared with staff responsible for each teaching group.</p> <p>Adrenaline Auto-injectors (AAI) and asthma inhalers to be easily accessible and their whereabouts known by staff and pupils. Pupils requiring these will be placed in a group with a member of staff who has had the relevant training to administer the AAI and recognise the signs of an allergic reaction/asthma attack.</p> <p>They accept that in an emergency the importance of immediate action to save life takes precedence over social distancing.</p> <p>We will provide refresher training for all staff re: the requirements for individual children with known allergies and ensure that those supervising groups of children at lunchtime are aware of the importance of avoiding cross contamination.</p> <p>Tables will be cleaned after lunch, rubbish disposed of and bin emptied to avoid allergens remaining in the classroom for longer than necessary</p>		
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1: J Premises						
Preparation of the Academy building	Failure to complete compliance checks renders the building unfit for use.	All premises occupants	Serious	<p>We will ensure that all outlets have been flushed before resuming normal operation. Following this, we have commissioned a water treatment specialist to test the system, which we anticipate will present no problems. If it does, they will chlorinate and flush the complete system for all hot and cold-water systems (including drinking water) and certify the water system is safe before the buildings are reoccupied.</p> <p>All systems have been recommissioned before re-opening, as would normally be done after a long holiday period. This includes gas, heating, water supply, mechanical and electrical systems, and catering equipment.</p> <p>Our fire safety systems have been checked including and making sure:</p> <ul style="list-style-type: none"> • all fire doors are operational • the fire alarm system and emergency lights are operational <p>All areas and surfaces have been cleaned and disinfected prior to reopening and if necessary, pest control deployed for insect infestations, particularly in the kitchen and/or food preparation areas. The kitchen has been deep cleaned too prior to reopening and before food preparation resumes.</p> <p>See: https://www.gov.uk/government/publications/managing-school-premises-during-the-coronavirus-outbreak?utm_source=c51bac38-4a28-4136-b096-4d23f07da6f4&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily </p>	L	L

Ventilation (Open windows and doors are recommended as a means of improving air circulation within the building)	Falls from height (open windows)	All premises occupants	Serious	Whilst taking into consideration the necessity to increase ventilation by improving air circulation within the building we have advised staff that window opening restrictors must not be removed.	L	L
	Use of air conditioning accelerates the spread of coronavirus	All premises occupants	Serious	We have taken advice from our contractors re: the suitability of our air conditioning system for use at this time and taken the following action: That our air conditioning is safe to use.	L	L
	Additional doors and windows are left open compromising site security/fire safety.	All premises occupants	Serious	We have reviewed our site and identified doors that could remain open without compromising fire safety/ and or security. Here, for high risk areas such as kitchens and boiler rooms fire doors will be kept in the closed position. Lower risk rooms such as classrooms and offices may be propped open with removeable things - a weight or wedge - if there are people present who will be tasked with removing it if the alarm goes off and at the end of the day. Door guards etc, will continue to be used to improve circulation in the building (and also reduce the need for touching the door handles).	L	L
Emergency Evacuation and lockdown	Failure to follow procedures leads to injury or loss of life.	Pupils and staff	Serious	Measures necessary for additional ventilation of the building have been and will be assessed and will not compromise fire safety or site security arrangements. We have briefed staff who are aware of the measures to take in the event of an emergency evacuation or lockdown. Registers for different groups will be required. Safe evacuation/ lockdown takes priority over the maintenance of social distancing arrangements temporarily.	L	L

1: K Curriculum delivery: Music and PE						
Curriculum delivery: Music	Increased likelihood of infection from coronavirus from playing musical instruments and singing.	Pupils and staff		<p>We will reduce the risk of transmission by physical distancing and playing outside wherever possible, limiting group sizes to no more than 5, positioning pupils back-to-back or side-to-side, avoiding sharing of instruments, and ensuring good ventilation.</p> <p>We have an operating procedure for cleaning any shared instruments.</p> <p>Further more detailed DfE guidance will be published shortly.</p> <p>We will mitigate the potential aggregate risk of aerosol transmission by:</p> <ul style="list-style-type: none"> limiting the number of children singing or playing together as far as possible and ensuring that children attending are in small groups of no more than 5, with the same children each time wherever possible and at least one staff member children are socially distanced (2 metres apart), are outside or in a well-ventilated room they are not singing loudly <p>The following measures will be in place when children are singing or playing wind or brass instruments:</p> <ul style="list-style-type: none"> Social distancing will be observed at all times whilst playing wind or brass instruments or singing (2 metres, wherever possible, or 1 metre with robust risk mitigation where 2 metres is not viable) Back-to-back or side-to-side positioning (rather than face-to-face) is used whenever possible Activities which can create aerosol are discouraged, such as shouting or singing loudly 	L	L

				<ul style="list-style-type: none"> • Singing or playing wind or brass instruments outdoors, wherever possible • If playing wind or brass instruments indoors or singing indoors, limiting the number of children present to account for ventilation of the space and the ability to social distance • Good ventilation as far as possible and whenever possible, either through the use of mechanical systems and/or opening windows and doors <p>By considering and adopting these cumulative risk mitigation measures, the overall risk will be reduced.</p> <p>Providers offering music, dance and drama activities for children and young people should refer to more information for schools and other providers on music, dance and drama provision during coronavirus (COVID-19), due to be published shortly, which will set out additional measures that can be taken to minimise the risk of coronavirus (COVID-19) transmission during these activities.</p>		
Curriculum delivery: Physical Education	Increased likelihood of infection from coronavirus	Pupils and staff	Serious	<p>Pupils will be kept in consistent groups, sports equipment thoroughly cleaned between each use by different individual groups, and contact sports avoided.</p> <p>Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying scrupulous attention to cleaning and hygiene. This is particularly important in a sports setting because of the way in which people breathe during exercise. External facilities can also be used in line with government guidance for the use of, and travel to and from, those facilities.</p> <p>For further advice please refer to the following:</p>	L	L

				<ul style="list-style-type: none"> • guidance on the phased return of sport and recreation and guidance from Sport England for grassroots sport • advice from organisations such as the Association for Physical Education and the Youth Sport Trust <p>We are able to work with external coaches, clubs and organisations for curricular and extra-curricular activities where we are satisfied that this is safe to do so. We should consider carefully how such arrangements can operate within their wider protective measures.</p>		
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1: L Social distancing in the wider Academy environment						
Arrival and departure from the Academy	Exposure to infection from inadequate social distancing	Pupils and staff	Serious	We will monitor the start/ finish times to keep groups of pupils apart as they arrive and finish school. This will not involve the loss of teaching time	L	L
Circulation within the building	Exposure to infection from inadequate social distancing	Pupils and staff	Serious	<p>We will arrange for pupils to access rooms directly from outside where possible.</p> <p>Circulation routes around the Academy have been reviewed. Where possible there are one-way circulation routes in corridors and stairways.</p> <p>Arrangements are in place to stagger breaktimes and lunchtimes to reduce numbers accessing circulation routes.</p>	L	L
Lunchtimes	Exposure to infection from inadequate social distancing during preparation and serving of food (catering staff)	Pupils and staff	Serious	Our own catering staff arrangements for social distancing have been implemented.	L	L
	Exposure to infection from inadequate social distancing: Collection of	Pupils and staff	Serious	We have addressed the potential for eating in classrooms and will use this option, as long as suitable levels of supervision can be achieved and cleaning is carried out before and after the consumption of food.	L	L

	food by pupils and eating arrangements					
Breaktimes	Exposure to infection from inadequate social distancing: breaktimes	Pupils and staff	Serious	<p>Outside areas can be shared but pupils will remain in their class groups. Different groups of pupils must not play sports or games together.</p> <p>Outdoor equipment will be cleaned regularly. Multiple groups of children will not use it simultaneously.</p>	L	L
Residential settings	Exposure to infection from inadequate social distancing	Pupils and staff	Serious	<p>Our risk assessment takes into account guidance below:</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings</p>	L	L
Educational visits	Exposure to infection from inadequate social distancing etc	Pupils and staff	Serious	<p>We note government guidance advises against domestic (UK) overnight and overseas educational visits at this stage see <u>coronavirus: travel guidance for educational settings</u>.</p> <p>In line with government guidance we will consider the reintroduction of non-overnight domestic educational visits. These trips will include any trips for pupils with SEND connected with their preparation for adulthood (for example, workplace visits, travel training etc.).</p> <p>Our risk assessment for carrying out these visits will be carried out in line with protective measures, such as keeping children within their consistent group, and the COVID-19 secure measures in place at the destination and wider advice on visiting indoor and outdoor venues.</p> <p>We will also make use of outdoor spaces in the local area to support delivery of the curriculum if this can be carried out in line with the implementation of the protective measures outlined in this risk assessment.</p>	L	L

				(See https://oeapng.info/downloads/download-info/4-4k-coronavirus/)		
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1:M Social distancing: Offices and shared staff areas						
Academy Reception areas	Exposure to infection from inadequate social distancing: visitors to the Academy.	Pupils and staff	Serious	<p>Any visitors to site are to be by appointment only. Parents /carers have been advised that they should call the office rather than coming into the Academy.</p> <p>Door entry systems to be adjusted so that visitors cannot enter the reception area where there is not a physical barrier between office staff and visitors.</p> <p>Signage has been erected to advise visitors of social distancing protocols.</p> <p>Consultations with parents/carers, outside agencies etc, to take place over the phone/ video conferencing where feasible. If this is not possible 2m social distancing will be observed in any consultation room and the room cleaned after use.</p> <p>Payments to be online/ contactless where possible. Office staff to wear gloves when handling cash.</p> <p>Hand sanitiser will be provided to all persons entering premises with signage to explain control measures etc.</p>	L	L
	Exposure to infection from deliveries arriving at the Academy.	Staff	Serious	<p>Clear guidance for delivery drivers to be placed at the Academy entrance to include advising the Academy reception by phone of their arrival.</p> <p>Academy staff will advise the delivery driver of a safe space to leave the goods and must not come into contact with the driver.</p> <p>Where it is not feasible to quarantine deliveries staff must wash their hands after unpacking items and dealing with waste packaging.</p>	L	L

	Violence and aggression towards Academy staff causes injury and distress	Pupils and staff	Serious	<p>We will maintain transparency and regular contact with all members of the Academy community.</p> <p>Regular briefings/updates for all staff so that they are aware of the Academy response to the COVID 19 virus and can communicate consistently to those who ask.</p> <p>Readiness to deploy the range of behaviour remedies if behaviour becomes unacceptable from warning to full banning from site/sect 547 warnings/action.</p>	L	L
Other work areas	Exposure to infection from inadequate social distancing: other work areas	Staff	Serious	<p>Staff meetings will be held remotely; if this is not possible 2m social distancing guidance will be followed.</p> <p>Furniture reconfigured in staff areas to allow 2m distancing; screens between office workers etc, has been implemented.</p> <p>All areas are cleaned regularly, a dishwasher is available for cleaning crockery, utensils etc. No tea towels or hand towels are to be used.</p> <p>ICT equipment should not be shared. If this is not possible keyboards and work areas must be cleaned between use.</p>	L	L
Contractors working on the premises.	Exposure to infection from inadequate social distancing/ hygiene arrangements	All	Serious	<p>All contractors working on the premises will be required to follow control measures listed for visitors above. Where possible they will be required to visit after Academy hours.</p> <p>For areas where there are larger scale building projects in place, contractors will remain entirely separate from the Academy community.</p> <p>Contractors will be asked to wear face masks or face shields</p>	L	L

1:N Afterschool clubs

Afterschool clubs	Arrangements for infection control, social distancing etc are not practised at Afterschool Club thus	All members of	Serious	<p>Guidance for September 2020 may be found as follows:</p> <p>https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-</p>	L	L
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	increasing the risk of infection within the Academy community.	the school community		of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak Control measures re: hygiene, cleaning etc set out above will be followed. Children will remain in their year group or Hubs where possible. Otherwise we will group children in small consistent groups. .We will retain records of attendance and groupings. Multiple groups may use the same space with distancing between the groups. Here other protective measures set out within this risk assessment will be in place As with physical activity during the Academy day, contact sports should not take place.		
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Part 2: Maintaining educational provision in the event of a local outbreak

Maintaining contact with pupils staying at home	Safeguarding concerns are not reported; pupil/ student is placed at risk.	All	Serious	Concerns may become apparent during interaction in the community, online communication etc All Academy staff to be aware of arrangements in place for contacting the Academy's DSL/ Deputies during the closure period.	L	L
	Enhanced risks to pupils re: online safety resulting from increased internet exposure; working remotely without access to support from peer group and the Academy	Pupils	Serious	We are to provide information to parents/carers and pupils re: online safety. Including encouraging parents/carers to set up age-appropriate parental controls and internet filters as applicable. Also signposting to support available for reporting bullying and online abuse. We are to make parents/carers aware of sites they are asking their children to use and the Academy staff their child will interact with.	L	L

	E-Safety. Inappropriate staff contact with pupils/ students	Pupils	Minor to Serious	Academy E-Safety Policies continue to apply. Communication must only take place through Academy channels approved by the senior leadership team. Staff must not make informal arrangements to contact students using their own phones/ devices etc.	L	L
	Injury or contamination of staff undertaking home visits. Vulnerable pupils/ students are 'missed' through lack of contact etc.	Visiting staff	Serious	Staff to follow government guidance on social distancing. Speak to families on the door step or through a window if they are self-isolating. Any home visit carried out by member(s) of staff are subject to risk assessment associated with that home, location and family profile. Academy Lone Working Procedures to be followed (including the maintenance of Academy contact during the visit). Where the family is self-isolating ask that the child comes to the window so that they can be seen by professionals. If phoning families we will speak to the child as well.	L	L

PART 3: Arrangements for staff working from home during a local outbreak

Use of display screen equipment eg: laptop, desktop etc.	Back/neck/wrist injury from poor posture and use of equipment over a prolonged period of time.	Staff working from home	Serious	We follow guidance from HSE (March 2020) as follows: For those people who are working at home, the risks associated with DSE must be controlled. This includes doing home workstation assessments. However, there is no increased risk from DSE work for those working at home very temporarily. We have provided workers with advice on completing their own basic assessment at home using: www.hse.gov.uk/pubns/ck1.pdf	L	L
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				<p>We advise staff that there are some simple steps to be taken to reduce the risks from display screen work:</p> <ul style="list-style-type: none"> • breaking up long spells of DSE work with rest breaks (at least 5 minutes every hour) or changes in activity • avoiding awkward, static postures by regularly changing position • getting up and moving or doing stretching exercises • avoiding eye fatigue by changing focus or blinking from time to time. 		
Data protection	<p>Data breach exposes staff or students to risk of harm.</p> <p>Data breach is undetected.</p>	All	Serious	<p>All staff have received GDPR training and are aware of their responsibilities re: use and transfer of personal data.</p> <p>Academy Data Protection Policies and Procedures apply.</p> <p>Staff are aware of their responsibilities for reporting a data breach to relevant staff at school. Our DPO is involved if required.</p>	L	L
Workplace stress exacerbated by social isolation.	<p>Depression</p> <p>Anxiety and other forms of mental illness</p>	Staff working from home	Serious	<p>Opportunities are in place for regular contact from line managers and colleagues. Albeit remotely via online methods.</p> <p>Access to counselling services is provided by SAS and supervision by Matt Brown, Mike Armiger and Matthew Hemson. All staff have been provided with details of this for use at home.</p>	L	L

Section 3 – ACTION PLAN

Instructions for completion

1. Any item that has a risk rating of Red or Amber in section 2 above - the right-hand risk rating column needs to be addressed in this action plan. When you have completed this section, then decide and complete the box on page 2 that confirms when you will review this whole assessment. When you then review the assessment: 1. clear the review date box and 2. Move all the controls in the action plan section up into the main section to show they are now incorporated into what you do. *Now reassess and see if you can decrease the risk rating conclusions?*
2. When an item can be removed altogether (e.g. a dangerous staircase is removed) it can be deleted from section 2 but there must be a historic evidence trail (see point 4)

- Some items are so high hazard that they will never be reduced to a risk rating lower than Medium – these must be kept in the action plan but can be marked as addressed and all being done that is reasonably practicable.
- The original document and any changes to the Risk Assessment, over time, need to be documented for record-keeping purposes. This is especially relevant in the event of any legal claims.

What is the Hazard you need to Control? (high or amber from the risk rating column above)	What Additional Precautions do you need to either eliminate or reduce the risk to an acceptable level.	Who is Responsible for implementing these controls?	When are these controls to be implemented (Date)?	When Were these controls implemented (Date)?
MEDIUM item 1	-Enforce a strict hygiene regime for all people from entry to exit of site -Ensure all staff and pupils are regularly asked and checked for symptoms of the virus -Provide PPE for all people to wear (if they want too) and regularly change when on site. -We have identified all the reasonably practicable control measures available and will actively monitor.	Head Teacher or delegated Lead on site	1 st September 2020	1 st September 2020
MEDIUM item 2	-Ensure all staff are briefed on maintaining and regulating a social distancing throughout the day -Ensure all cleaners are on site throughout the day to maintain highest cleanliness levels throughout the site all day. Followed by a deep clean at the end of each day. -We have identified all the reasonably practicable control measures available and will actively monitor.	Head Teacher or delegated Lead on site	1 st September 2020	1 st September 2020

Information to Aid the completion of the Risk Assessment format

Table 1: Definitions

Potential Severity of Harm	Meaning of the harm description	Likelihood of Harm	Meaning of likelihood
Fatal/Major Injury	Death, major injuries or ill health causing long term disability/absence from work.	High (frequent)	Occurs repeatedly/ to be expected.
Serious Injury	Injuries or ill health causing short-term disability/absences from work (over three days absence)	Medium (possible)	Moderate chance/could occur sometimes.

Minor Injury	Injuries or ill health causing no significant long-term effects and no significant absence from work.	Low (unlikely)	Not Likely to occur

Table 2: Risk rating matrix: **Potential severity of Harm** + **Likelihood of Harm** = Risk rating

	+ High (Likely)	+ Medium (Possible)	+ Low (Improbable)
Fatal/Major Injury	VERY HIGH Risk	HIGH Risk	MEDIUM Risk
Serious Injury	HIGH Risk	MEDIUM Risk	LOW Risk
Minor Injury	MEDIUM Risk	LOW Risk	No Significant Risk

Table 3: Action required: Key to Ranking and what action to take.

VERY HIGH Risk	STOP ACTIVITY! Take action to reassess the work/activity and apply reduction hierarchy before proceeding.
HIGH Risk	Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue.
MEDIUM Risk	Implement all additional precautions that are not unreasonably costly or troublesome and monitor the situation on an agreed frequency.
LOW Risk	Monitor and review your rolling programme.

Appendix A



Framework method statement for cleaning a room after a suspected coronavirus case

A room means a general purpose room or classroom

* Adapt to your local situation as needed. Ask us for advice if you wish.

1.0 Background

There is currently a covid-19 disease pandemic. The UK is presently relaxing stringent lockdown rules that have restricted people moving around between premises. Many businesses and other organisations are re-opening to the public and their employees and service users.

1.1 Status of pandemic

The disease is still present in the UK. The government issues televised bulletins each evening. Copies of the programme and slides are published on the government website the next day.

1.2 Status of “our premises”

The building and grounds will be opened to users in a controlled way and as soon as possible. This method statement relates to the use of general rooms and classrooms. It describes the procedure for cleaning a room if there is a suspicion that a diseased person had inadvertently used the room.

ANY person who is aware they have symptoms of covid-19 or any other transmissible disease (e.g. norovirus, mumps, chickenpox etc) should STAY AWAY.

2.0 Method statement: source of the specification

Public Health England published the following:

“Guidance **COVID-19: cleaning in non-healthcare settings**

Updated 15 May 2020”

Find it at: <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

2.1 Confirmation/disconfirmation of a person being infected

The person who potentially has the disease will be asked to get tested and link with the government test and trace scheme. The person will also be asked to tell you of the result of the test, as soon as it is received.

We will keep, as far as possible, names and contact details for all people using the room (s), by group, to facilitate test and trace. We will do this in line with our data protection policy.

In any case the cleaning and disinfection procedure below will be followed.

2.2 Hygiene procedures by all users of the room in normal use

All users of the room(s) are expected to wipe down surfaces and things like door handles regardless of any people present being suspected of being infected by Covid-19. Covid-19 is NOT the only infectious disease circulating and so good hygiene is important at all times.

Windows will be open to allow for good ventilation.

Users should follow social distancing rules.

Before entering the room(s) users should wash their hands thoroughly. Where not possible a hand sanitising liquid or gel will be used.

2.3 Action if a person is suspected of showing symptoms of covid-19 and has used the room.

The person will be isolated or go out of the nearest door to outside the building and be asked to go home unless they are visibly ill and need collecting. Then advice is needed from NHS 111 or Public Health England. If they go home they should book a test for covid-19. Should their symptoms worsen and become severe then they need to speak to a medical advisor via NHS 111 so they may triage their situation.

We will remember that the person may be suffering from a condition **other** than covid-19 and so if necessary we/they may need to ring 999.

Whilst the person remains on site in an isolation room, anyone entering the isolation room for care and communication purposes will put on and take off personal protective equipment we supply carefully, following best practice guidelines and disposing of it safely.

Cleaning and disinfection will then follow the guidance from Public Health England.

(i)The/Our cleaner will put on and take off personal protective equipment of gloves, apron and eye protection to protect them against splashes of cleaning chemicals and any virus. We will also follow the DS recommendation of including a mask too, in all circumstances. (Public Health England advises a mask for situations where there are bodily fluids (from coughing and so on) present, but we take the attitude it is easier to just use them all the time.) Again disposal will be carefully done to best practice guidelines.

(i)(a) For advice on put on and taking off PPE (gloves, apron, mask etc) we suggest viewing:
<https://www.bing.com/videos/search?q=PHE+covid+ppe+social+care+youtube&docid=608020231855868647&mid=8B4977AEA2280A8B02E28B4977AEA2280A8B02E2&view=detail&FORM=VIRE>

And there are posters at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster_.pdf

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

(ii) Using the approved cleaning materials* namely our chosen proprietary brand **Screen Powerful Disinfectant** (such as a detergent containing chlorine that meets the PHE guidance) the cleaner will use disposable tissues or cloths to clean all surfaces likely to have been touched or in contact with the person.

(iii) Furniture and fittings will be dealt with in a similar way. The exception is for equipment which may be damaged by bleach or water when **Screen Powerful Disinfectant** (an alcohol based cleaner) will be a substitute. We will use steam cleaning for some furniture but will not use it, for obvious reasons, on electrical equipment or sensitive items. We will seek advice from the manufacturer of the item if this information is not already known.

(iv) Electrical equipment will not be wet washed due to the risk of electrocution or fire or damage to the equipment. We will use alcohol “dry wipes” or an equivalent, while avoiding any penetration of fluids into the equipment. Electrically powered equipment will always be disconnected from the mains supply before it is cleaned.

(v) The floor will be cleaned with the approved cleaner (using the version for floors if there is an option); Doors and wall surfaces, to ceiling height, will also be cleaned using suitable janitorial equipment and disposable cloths.

(vi) Warning signs for a wet floor on the doors to the room will be positioned/displayed.

(vii) A sign will be positioned to say when the room will be dry and can be used again.

(viii) Personal protective equipment will be removed in the approved manner. (See separate guidance).

(ix) Used tissues and other disposable cleaning items, including personal protective items, will be put in a bin bag and then double-bagged by putting it in another bag and then setting aside in the secure waste store area with a label on when it can be disposed of. The date will be 3 days from the date of bagging. (Note: if the cleaning items have been used with the disinfectant then any virus on them should be destroyed anyway.)

(x) We will record the cleaning done in the premises logbook/or equivalent, as per our procedure.

(xi) Where necessary/appropriate we will Email any room hirers and confirm cleaning, disinfection and when the room will be available again.

* We note that steam cleaning is an alternative method in some cases. This requires additional safety procedures since it uses pressurised hot water and steam. We recognise that we will need to have available the safety information for any chemicals used and where necessary record a Control of Substances Hazardous to Health risk assessment, COSHH. This will be part of the overall cleaning risk assessment. Chemicals will at all times be out of reach and/or secured from children and other vulnerable people.

Version 3.0 (General framework) 7th June 2020 by MH after LW

Produced by the Risk, Property and Facilities Director, Delegated Services,
(RP&F D), as Competent Person

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Delegated Services is a not for profit, community interest company providing affordable, expert and comprehensive support services, in partnership with schools and community organisations.

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Appendix B

Hand Sanitiser Guidance

How to use an alcohol-based hand sanitiser:

1. Apply enough of the product to the palm of your **hand** to wet your **hands** completely.
2. Rub your **hands** together, covering all surfaces, for up to 25 seconds or until they're dry.
3. If your **hands** are visibly dirty, however, wash **with** soap and water.

Hand Sanitiser Data Sheet

Please refer to the attached document “Safety Data Sheet Alcohol Gel Hand Rub 260820”.

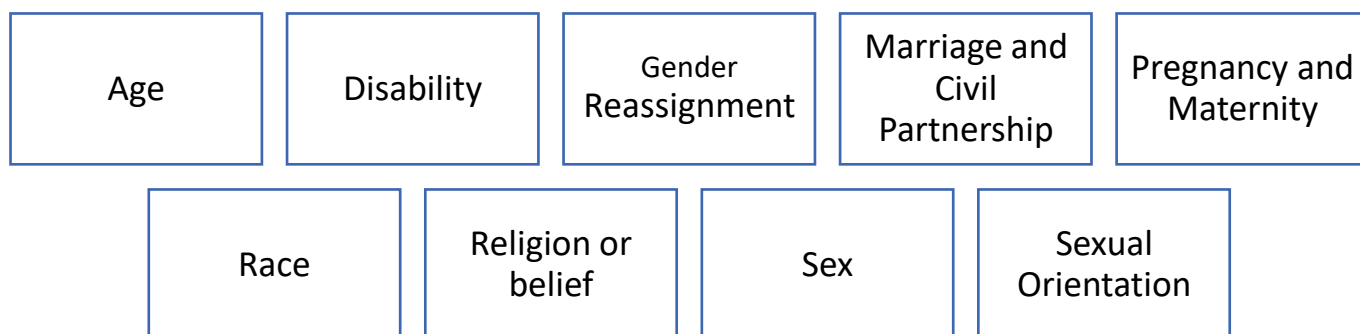
Appendix C

Please refer to the attached document “Talking with your workers about preventing coronavirus”.

Appendix D- Equality Impact Assessments and the Law

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

The Act protects people on the basis of nine '**protected characteristics**'. These are:



The **Public Sector Equality Duty** means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

It requires that public bodies have 'due regard' to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

Equality Impact Assessments are the main way that we pay, and demonstrate, 'due regard' to the Public Sector Equality Duty in our decision-making.

Case law outlines what paying 'due regard' looks like in practice for public bodies, and these are the principles that should be considered when doing Equality Impact Assessments.

The general principles of due regard were set in the case *Brown v. Secretary of State for Work and Pensions* (2008). This can be found over the page. The courts have said that even where the context of decision-making is financial resources in a tight budget, that does not excuse non-compliance with the

duty and 'indeed there is much to be said that in straitened times the need for clear well-informed decision making when assessing the impacts on less advantaged members of society is as great, if not greater.

Appendix E

Bristol City Council Equality Impact Assessment Form



(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Draft Model Risk Assessment for Schools Re-Opening after Covid-19 Closure
Directorate and Service Area	People , Education Services
Name of Lead Officer	Christina Czarkowski Crouch

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?
The model risk assessment for School Re-Opening, has been prepared to assist Schools negotiate the various Public Health England guidance in relation to the risks associated with the COVID 19 virus. The assessment has been prepared to help Schools instigate suitable control measures to help protect the School's Staff / Pupils and Visitors.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?
Citywide data Bristol <u>Joint Strategic Needs Assessment (JSNA)</u> and citywide data available from <u>Open Data Bristol</u> shows that Bristol is a thriving and diverse city, but its success is not shared by everyone, and inequality is growing. Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. The greatest levels of deprivation are in Hartcliffe & Withywood, Filwood and Lawrence Hill. In Bristol 15% of residents - 70,400 people - live in the 10% most deprived areas in England, including 18,900 children and 7,900 older people. Bristol has a relatively young age profile with more children aged 0-15 than people aged 65 and over. The median age of people living in Bristol is 32.5 years old, compared to 40 years in England and Wales.

The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now at least 45 religions, at least 180 countries of birth and at least 91 main languages spoken.

The proportion of the Bristol population who are not 'White British' in census records increased from 12% (2001) to 22% (2011).

Age 70+ people in Bristol City Council

The government is asking people aged over 70 to take extra precautions to avoid getting ill. There are an estimated 43,200 people aged 70 and over living in Bristol (Mid-2018), making up 9.3% of the total population. This **proportion** varies across the city from as high as 19% of residents in Westbury-on-Trym and Henleaze ward to just 3% of residents in Central ward.

Wards with the highest proportions of people aged 70 and over include:

19% Westbury-on-Trym and Henleaze
16% Stockwood
16% Hengrove and Whitchurch Park
15% Stoke Bishop

Wards in Bristol vary significantly in size. The highest **numbers** of people aged 70 and over include the following with more than 2,000 people aged 70 and over:

3,716 Westbury-on-Trym and Henleaze
2,714 Hengrove and Whitchurch Park
2,395 Avonmouth and Lawrence Weston

Another useful geography for mapping the number of people aged 70 and over is by Lower Layer Super Output Area (LSOA). There are 12 LSOAs where more than a fifth of residents are aged 70 and over, these include:

- 5 LSOAs in Westbury-on-Trym & Henleaze
- 3 LSOAs in Stoke Bishop
- 2 LSOAs in Hengrove & Whitchurch Park
- 1 LSOA in Stockwood
- 1 LSOA in Bishopsworth.

Health inequality in Bristol

Life expectancy for women is 82.8 years and for men 78.7 years, both are significantly worse than the national average. In the past five years life expectancy for women has not increased and has risen by less than 0.5 years for men. The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.6 years for men and 7.1 years for women.

Ward Name	% with illness or health condition which limits day-to-day activities
Hartcliffe & Withywood	42.5%
Southmead	40.9%
Stockwood	39.0%
Avonmouth & Lawrence Weston	35.2%
Horfield	33.3%
Frome Vale	30.6%
Filwood	30.5%
Henbury & Brentry	30.1%
Hillfields	29.8%
Bedminster	29.1%
Knowle	28.7%
Lockleaze	28.6%
Hengrove & Whitchurch Park	26.5%
Central	26.3%
Lawrence Hill	24.9%
Stoke Bishop	24.8%
St George Troopers Hill	24.8%
St George West	24.8%
Brislington West	24.7%
Bishopsworth	22.9%
Easton	22.9%
Clifton	22.4%
Brislington East	22.4%
St George Central	21.4%
Ashley	20.8%
Windmill Hill	20.1%
Eastville	20.0%
Southville	19.7%

Bishopston & Ashley Down	19.6%
Westbury-on-Trym & Henleaze	19.6%
Hotwells & Harbourside	18.4%
Cotham	16.2%
Redland	15.6%
Clifton Down	11.6%
Bristol Average	25.7%

Data from Bristol Quality of Life Survey 2019-20

Asthma

Avonmouth; Easton; Filwood; Hartcliffe and Withywood; Horfield; Lawrence Hill; Southmead; and St George Central Wards have the highest overall proportion of emergency admissions for asthma in Bristol.

Bedminster; Central; Easton; Hotwells and Harbourside; Lawrence Hill; and Southville Wards have the highest proportion of emergency admissions of children aged 0-18 for asthma in Bristol.

The Coronavirus Act 2020 ¹

The new Coronavirus Act 2020 contains provisions:-

- increasing the available health and social care workforce
- easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to priorities care for people with the most pressing needs, allowing key workers to perform more tasks remotely and with less paperwork, and taking the power to suspend individual port operations
- containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings, and strengthening the quarantine powers of police and immigration officers
- supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies

¹ Link to Bill and Explanatory Notes:

<https://services.parliament.uk/Bills/2019-21/coronavirus/documents.html>

Link to Government's assessment of the impacts here (considerable detail):-

<https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts>

LGA summary:

<https://www.local.gov.uk/sites/default/files/documents/20032020-%20Coronavirus%20Bill%20-%20LGA%20briefing.pdf>

Coronavirus / COVID-19 response

UK Government has published a summary of impacts from the Coronavirus Act 2020 here <https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts>

The Equality and Human Rights Commission (EHRC) published its letter to the Prime Minister on 20th March saying:

“COVID-19 does not discriminate, but it does impact people differently. The priority remains those who are directly most seriously affected, more likely to be older people and those with underlying health conditions, and the people who care for them – whether that is their loved ones or our dedicated health and social care professionals. The restrictions being extended by today’s emergency coronavirus legislation are designed to protect those in vulnerable situations and safeguard our future. They have significant implications for all of us, but as they come into effect it will be important to consider carefully the specific impacts they may have on groups who are already disadvantaged in other ways. We must ensure they are not left further behind”.

Temporary closure and continuity of educational institutions and childcare premises

The Act enables the Secretary of State for Education to give directions for the temporary closure of premises used for the provision of education, including schools, 16 to 19 Academies, further and higher education and childcare providers. It allows a local authority to exercise any of the Secretary of State’s functions in relation to all schools and settings in its area, including academies and free schools.

Mental Health

The Act will enable existing mental health legislation powers to detain and treat patients who need urgent treatment for a mental health disorder and are a risk to themselves or others, to be implemented using just one doctor’s opinion. It also allows for a temporary extension or removal of time limits in mental health legislation to allow for greater flexibility where services are less able to respond. These temporary changes would be brought in only in the instance that staff numbers were severely adversely affected.

Powers relating to potentially infectious persons

The Act provides public health officers, constables and (in some circumstances) immigration officers with the means to enforce sensible public health restrictions, including returning people to places that they have been required to stay. Where necessary and proportionate, constables and immigration officers will be able to direct individuals to attend, remove them to, or keep them at suitable locations for screening and assessment.

Health Protection (Coronavirus Business Closures) Regulations

If Bristol City Council operates in contravention of the Regulations, it will be committing an offence. The Health and Safety Executive officers will monitor compliance with these regulations. Breaches will be subject to prohibition notices, and potentially unlimited fines.

Changes to Council Services

A summary of changes and closures to council services will be updated on our webpage:
<https://www.bristol.gov.uk/crime-emergencies/coronavirus-covid-19-what-you-need-to-know>

As a baseline requirement the 'reasonable adjustments' duty under the Equality Act 2010 has three requirements that organisations must consider for their workplace and services that apply in situations where a disabled person would otherwise be placed at a substantial disadvantage compared with people who are not disabled. There are:

- changing the way things are done e.g. opening times;
- changes to overcome barriers created by the physical features of premises.
- providing auxiliary aids e.g. extra equipment or a different or additional service.

People with neurological differences including Dyspraxia, Dyslexia, ADHD, Dyscalculia, Autism, or Tourette Syndrome etc. may require adjustments such as making sure that communication is clear, concise and unambiguous; setting out time-scales to give sufficient advance notice; or managing any known issues around anxiety or sensory sensitivities around meetings.

Workforce pressures

To cope with reduced capacity and increased work pressure for public bodies there is likely to be significant diversification of existing job roles, loosening of qualification criteria (e.g. for health care professional and social workers), recruiting of retired staff etc.

Bristol City Council needs to continue delivering essential statutory services to our communities. To allow us to do this, we will need to move colleagues from services which are currently closed to the public to help keep critical services running. Our HR team will ask managers in services which are currently closed to identify colleagues who are available to work in other parts of the organisation.

If members of staff are asked to work in a different role, as far as possible this will be within their existing skill set and they will receive appropriate training and risk assessment. The current grade will be maintained even where employee is redeployed into a lower graded role and matched if a higher graded role. Members of staff who are in any of the high risk groups and are currently self-isolating won't be asked to work elsewhere. Employees whose reasonable adjustments cannot be met in the redeployed role and those on emergency care leave should also be excluded.

We have a dedicated [intranet \(The Source\) page for up-to-date information](#) and have set up an email address for staff queries related to our response to Coronavirus.

2.2 Who is missing? Are there any gaps in the data?

We know that there are gaps in our diversity data for some protected characteristics citywide, especially where this has not historically been included in census and statutory reporting e.g. for sexual orientation.

We also know there are some gaps in some school's diversity information - especially where personal and confidential information is voluntarily requested from staff.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

- Bristol, City Council (BCC) are working with local partners including VOSCUR to update a COVID-19 volunteer and key worker register.
- BCC are utilising and seeking advice from local equality groups and stakeholders championing the needs of people from different protected groups.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

We are aware of the following issues for protected characteristic groups relating to coronavirus/COVID-19 which we will seek where possible to address / mitigate through this proposal²:

Age

- Children and young people who are not able to leave their home may be more likely to experience neglect or other forms of abuse (e.g. through increased contact and lack of external professional support)³.
- Concerns regarding increased vulnerability to extra-familial risks such as child criminal exploitation, child sexual exploitation, trafficking and grooming of young people into drugs gangs including county lines.
- Duties for young people transitioning to adult social care have been suspended. The absolute duty to admit a child to a school where they are named on an EHCP has been replaced with a 'reasonable endeavours' duty.
- Although 'vulnerable' children and young people (including looked after children and children with special education needs) are being offered ongoing education placements, resources and staffing will be very depleted, which may have negative impact on wellbeing and safety. Provision for SEN pupils unlikely to extend to siblings. There are continuity plans to ensure residential and secure children's homes are adequately staffed and resourced.
- Young disabled people unable access therapies (e.g. hydrotherapy) and lack of access to groups providing breaks and socialisation.
- Families in one-bedroom accommodation, particularly single-parent families, have likened lockdown to prison.
- Disadvantaged young people may not have access to appropriate technology for learning, social connection and entertainment.

² For Equality and Human Rights Commission response see: <https://www.equalityhumanrights.com/en/our-work/news/human-rights-and-equality-considerations-responding-coronavirus-pandemic>

³ <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/coronavirus-abuse-neglect-vulnerable-children/>

- Older people: Older BAME, men and those with underlying health conditions are most at risk from COVID-19. Some Families and Staff may have this concern with their family members.
- Only 47.8% of people in Bristol aged 65+ say they are comfortable using digital services, compared to 81.8% overall⁴. We need to ensure that wherever possible telephone numbers are provided as an alternative to digital services as face-to-face services are not available, as well as making use of any available community volunteer support as appropriate. We also need to ensure as appropriate possible that communications channels include multiple platforms including radio, TV, press, post/letters and print media.
- At a local level we are working with partner organisations to ensure key messages for older people are being delivered via telephone, radio and print/postal media.

Disability

- Under new emergency legislation, various duties of the Care Act 2014 including the duty to meet the eligible needs of Disabled people (Section 18) and their carers (Section 20) are suspended and Local Authorities instead have to provide care they consider necessary to avoid breach of the European Convention of Human Rights (ECHR). There is a risk that the needs of disabled people may not be met due to increased demands and a reduced workforce.
- Reduced checks may lead to more people from equalities groups being detained under the Mental Health Act unfairly.
- As many face-to-face services have been cancelled in response to the coronavirus crisis we must do everything we can to ensure we are making reasonable adjustments (see 2.1 above) and wherever possible we must ensure that there are alternative arrangements in place to meet the needs of disabled people who may not be able to access online and telephone services (including for accessing information⁵). For example our Translation and Interpreting Service can provide telephone or video interpreting (for BSL only) as an alternative to face to face interpreting⁶. Include options for SMS contact to helplines.
- Ensure communications are in plain English and that Easy Read versions are available (or on request if appropriate⁷).
- Alternative arrangement for people with sight loss to provide signatures and documents as evidence for applications.
- There is a guide to making new documents accessible on The Source⁸.
- People with visual impairments may find it difficult to meet social distancing requirements. Many cannot judge distances, or need to physically touch objects to be aware of their

⁴ Bristol Equality of Life Survey 2019-20

⁵ Public Health England campaign resources in BSL:

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> ; BSL users can talk to NHS111 using the InterpreterNOW app (registration is required). They can also connect via a PC or laptop.

⁶ This may change without notice in line with NHS and government guidance.

⁷ UK Government advice is available in accessible formats/languages, for example:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> Hand washing guidance in Easy Read, Larger Print and BSL

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

⁸ Internal link for BCC workforce only

presence. Guide dogs for example are not trained to keep distance from people or objects. Therefore exercise that involves walking can be stressful as they have to be very aware of people around them and sighted people do not always move out of the way. Lack of face-to-face contact with friends and key/support workers, and restrictions over movement is likely to exacerbate mental health issues. Even people with low-level mental health issues that had previously maintained their wellbeing through social prescribing and community services are reporting escalating conditions without support⁹.

- Lack of PPE – There is a risk that people who are not able to access the requisite PPE to safeguard their health due to national supply shortages.

Sex

Women:

- Workforce pressures are likely to place an additional burden on women who still bear the majority of caring responsibilities for both children and older relatives. There is a risk that good practice in recruitment may be bypassed e.g. in acting up arrangements (which in the circumstances are more likely to be given to people without caring responsibilities).
- Women are more likely to be key workers, particularly in healthcare and supermarkets.
- Women are more likely to be furloughed – more women than men work in retail and hospitality sectors
- Nationally 27% of women experience domestic abuse in their lifetimes, with negative impacts on mental and physical health and further impact on families including children. The rate of recorded domestic abuse incidents in Bristol has shown a significant rise over the last two years and 74% of victims were female. Women who are victims of domestic violence may be trapped indoors with an abuser during coronavirus social isolation measures.
- Concerns regarding women with no recourse to public funds unable to leave their situations.
- Reports that PPE is poorly fitting as it has been made to fit men's bodies.

Sexual Orientation

- The Stonewall LGBT in Britain - Health Report shows LGBT people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks¹⁰.
- LGBTQ+ couples are being maliciously reported for being out with friends when they are with their partners/ spouses or families.
- Many LGBTQ+ people will have no choice in lockdown but to be in close contact with family that don't accept them. Many aspects of Bristol's LGBTQ+ scene have transferred online in response to COVID-19, and some businesses and performers are adapting to changing circumstances by providing digital services¹¹.
- Stonewall research indicates that lesbian, gay and bisexual people may be at increased risk of domestic abuse, which is exacerbated through social isolation.
- Research has shown that LGBT people are more likely to be living with long-term health

⁹ Advice from <https://www.voscur.org/>

¹⁰ FFI see <https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help> + <http://lgbtbristol.org.uk/>

¹¹ <https://www.bristol247.com/news-and-features/lgbt/coronavirus-how-bristols-lgbtq-community-is-responding/>

conditions, are more likely to smoke, and have higher rates of drug and alcohol use, and so may be at higher risk of getting seriously ill from COVID-19¹².

- A Stonewall survey found that 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT. This may mean that LGBT people with severe COVID-19 symptoms may delay accessing healthcare or may not access healthcare at all.

Pregnancy & Maternity

- Pregnant women are identified as a high risk group for coronavirus.
- There is a risk of disruption to non-emergency medical treatment.
- There is a risk pregnant women and those on maternity leave may be indirectly disadvantaged in their careers by coronavirus measures.

Gender Reassignment

- People seeking or undergoing gender reassignment have had trouble accessing specific healthcare (e.g. hormones and surgery) due to COVID-19, on top of already very long wait times for this type of care.
- There is risk of disruption to non-emergency medical treatment.
- 37% of transsexual people and 33% of non-binary people have avoided healthcare through fear of discrimination¹³.

Race

- There is evidence of significantly higher mortality risk from COVID-19 among Black, Asian and Minority Ethnic (BAME) groups, but these deaths do not appear consistent across BAME groups. As well as other issues identified below a contributing factor is to be the overrepresentation of BAME populations in lower socio-economic groups and disproportionate employment in lower band key worker roles.
- There is disproportionate death / impact of C19 symptoms on BAME key workers.
- BAME groups remain over-represented in the “at-risk” communities identified by the Government, which is concerning and leading to higher death rates.
- Hate Crime – a slight spike in hate crimes locally towards Chinese and South East Asian communities, as well as targeting of and abuse towards police officers and health service practitioners. There are clear risks associated with the impact of Covid-19 including a rise in frustration, ASB and Hate Crime as people are forced to stay home, may lose income and structure to their day and don’t have access to many leisure and public facilities¹⁴.
- Multi-generational and large households have struggled with social distancing due to the size of the household, and young people have struggled to keep within the home.
- Digital disadvantage – lack of IT for educational and information purposes.
- Emergency measures legislation - The lack of guidance around emergency measures, such as police powers and school closures is already leading to local variation and disproportionate impact on BAME communities.
- We have a statutory duty to foster good relations between people who share a protected characteristic and those who do not. This means we should be providing ‘myth-busting’ information and challenging misunderstanding wherever possible through our communications.

¹² https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

¹³ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

¹⁴ Advice from <https://www.sariweb.org.uk/>

- People who do not speak English as a main language will require local updates and information in plain English, and alternative languages/formats to address the risk of misinformation being spread e.g. through social media.
- Concerns around historic pattern of BAME students being under-predicted in grades and not able to determine validation of their own achievement through the exam process – may be left behind with no current provision for them to be able to 'catch up'.
- GRT (Gypsy, Roma, Traveller) people may not be registered with GP, have higher levels of poor health, experience additional complications with lockdown/social isolation e.g. travelling season during expected peak of virus in UK.
- Our [Translation and Interpreting Service](#) can help with translation and interpreting in many languages. Video Interpreting over Zoom is being offered in addition to telephone interpreting and translations services.

Religion or Belief

- Not being able to meet face-to-face for worship/prayer is likely to impact on communication channels for some faith groups.
- Challenge for faith groups in adapting religious festivals e.g., Ramadan during social isolation measures.

Deprivation / Socio-economic

- People living in the most deprived areas of England are significantly more likely to die from COVID-19¹⁵
- An increased number of people are accessing foodbanks and there is reliance on VCSO sector to support. Food poverty exacerbated by price-hikes in local convenience stores e.g. double for basics such as rice.
- As the coronavirus outbreak and response will have an especially negative impact on the most deprived people in Bristol we must ensure that we are doing everything we can as a local authority to mitigate this e.g. by pausing debt collection activities; coordinating food-bank activities etc.

Homelessness

- Increased risk of infection in hostels
- Those who previously have sofa-surfed are now at risk of homelessness.
- BCC will have a dedicated task-group to respond to emerging issues

Refugees and Asylum Seekers

- Difficulties accessing healthcare
- Poor quality housing
- Need to provide translation and interpretation services
- Digital poverty – people on asylum support receive only £37 a week on cards which cannot be used online so are unable to purchase WiFi contracts - there is no WiFi installed in asylum

support properties provided by the home office. Limited access to mobile data, or even devices on which to access the internet or contact friends/family and support services. Lack of information and ability to shop online.

- Young refugees and asylum seekers in shared property may be from different cultural and linguistic backgrounds.
- Fear of NHS charges to access healthcare – may not know Covid-19 treatment is exempt from charges
- Fear of data sharing between the NHS and the home office, means that some people in this group are afraid to access health care.
- BCC have a dedicated task-group to respond to emerging issues

Carers

- Significant increase in work and pressure for unpaid carers together with diminishing resources and support lead to a decrease in their mental health and wellbeing. Particularly where the person they care for is unable to leave the home to attend social activities (e.g. attending a community/ day service) or they are not able to get their usual amount of breaks or respite from their caring role. The person they care for may be experiencing exacerbated impact on their mental health due to being socially isolated or not having the mental capacity to understand why they cannot go out.
- Young carers are often hidden but with the pandemic and subsequent lockdown, they are more likely to be performing inappropriate caring duties and their education and health will suffer disproportionately compared with non-caring young people.

3.2 Can these impacts be mitigated or justified? If so, how?

[See section 3.1 above for specific mitigations]

- The BCC COVID-19 advice hotline is accessible to BSL users and people whose first language is not English. It was made a free phone number available 7 days a week to increase access.
- Communities where there are high levels of economic and/or social capital have been more able to mobilise quickly and tap into mainstream systems. Bristol has been able to mitigate this by quickly establishing a coordinated infrastructure with the community and voluntary sector to support the tremendous volunteer effort. Through this we have been able to get help to the people who need it quickly across the whole city. This has been made possible because Bristol has built a strong infrastructure by investment in the Voluntary, Community and Social Enterprise (VCSE) sector, Community Development, voice and influence partnerships and social action.
- Bristol has been able to mobilise volunteers with specific skills and security checks as appropriate through the existing CanDo Bristol volunteering web platform.
- Bristol's One City Approach brings together a wide range of public, private, voluntary and third sector partners within Bristol. They share an aim to make Bristol a fair, healthy and sustainable city. A city of hope and aspiration, where everyone can share in its success.
- In collaboration with our five other thematic multi-agency boards made up of experts from across the public, private and voluntary sectors, the One City Economy Board is forming an economic recovery taskforce. This will work collaboratively to develop a framework and prospectus for Bristol's requirements for economic recovery, best practice, and an action plan for advancing our aims under the One City Approach. It will do so in an inclusive manner with

<p>a continued awareness of regional, sub-national and national guidance and activity.</p> <ul style="list-style-type: none"> • The Corporate Safety, Health and Wellbeing Team have produced a Risk Assessment form for vulnerable persons working on front line services. • Bristol City Council Education services are producing a guidance document about Hate Crime.
3.3 Does the proposal create any benefits for people with protected characteristics?
3.4 Can they be maximised? If so, how?

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?
<p>A) That a large majority of our pupils and families live (Hartcliffe & Withywood) in the most deprived 1% of England.</p> <p>B) The proportion of Bristol population who are not 'White British' has increased from 12% (2001) to 22% (2011). This is reflected in our pupil and staff community.</p> <p>C) Wards with the highest proportions of people aged 70 and over include, 16% Hengrove and Whitchurch Park. Again a large proportion of our pupils and families live in this area.</p> <p>D) All of our pupils have EHCP's and some are more vulnerable than others.</p>
4.2 What actions have been identified going forward?
<p>1) We are providing education to all pupils on our roll because they have EHCP's and some are more vulnerable than others. We cannot have all pupils onsite due to social distancing and transport constraints. Therefore will have implemented a staff and pupil rota to reduce infection and spread of covid-19, a robust home learning and communication system, and regular home visits to ensure safeguarding. We are also aware of our vulnerable staff and parent/carers and have implemented actions to reduce risk.</p>
4.3 How will the impact of your proposal and actions be measured moving forward?
<p>We will measure the impact of our proposals through;</p> <p>1) Regular communication with pupils and parent/carers which is being recorded on a daily basis.</p> <p>2) Daily updates with staff.</p> <p>3) Weekly NHA leadership meetings.</p> <p>4) Weekly Learn@MAT Head Teacher meetings.</p> <p>5) Reviewing our Risk Assessment on a regular basis.</p>

Head Teacher Sign-Off:	Chair of Governors Sign Off:
Date: 31.08.2020	Date: