



GREEN MEADOW PRIMARY SCHOOL COVID-19 RISK ASSESSMENT

Version 12 – 27th August 2021

This risk assessment will be regularly updated based on Government advice/regulations and circumstances within our school. Please refer to www.gov.uk for the latest guidelines.

The use of this or any other Risk Assessment will NOT make any building COVID safe.

The following risk assessment has been updated and reflects changes to Government guidance following the opening of Step 4 of the road map. to the updated guidance regarding the opening of Step 4 of the Government’s road map from July 2021 and is in line with [Schools COVID-19 operational guidance \(publishing.service.gov.uk\)](https://www.gov.uk/government/guidance/schools-covid-19-operational-guidance).

Green Meadow Primary School follows all of the guidance and measures set out by the DFE.

From September 2021, the school will follow the guidance as specified:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

Green Meadow Primary School will undertake all measures possible to prevent the spread of infection. Unfortunately, even with all measures put into place, the school/Excelsior MAT cannot guarantee 100% that any school site, or persons upon the site are COVID free.

HAZARD	RISK GROUP	RISK	CONTROL MEASURES (Describe the existing workplace precautions and risk control systems in place)	Residual Risk Rating HIGH MED LOW	Are Existing Controls Adequate?	
					Yes	No*

<p>Awareness of policies / procedures / Guidance</p>	<p>Staff Pupils Others</p>	<p>Inadequate information</p>	<ul style="list-style-type: none"> • All staff must ensure they are aware of the current Coronavirus guidelines. • All staff are able to access the following information on-line for up-to-date information on COVID-19 <ul style="list-style-type: none"> ➤ Public Health England ➤ Gov.co.uk ➤ NHS ➤ DfE ➤ Department for Health and Social Care • This risk assessment is to be read in conjunction with BCC COVID-19 staff guidance https://www.birmingham.gov.uk/staffguidance • Cleaning Risk Assessment • COVID19 Cleaning in a non-health care setting https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings • Staff are made aware of the school’s infection control procedures in relation to coronavirus via email or staff meetings. • Parents are made aware of the school’s infection control procedures in relation to coronavirus via letter, website or social media – they are informed that they must contact the school as soon as possible if they believe their child has been exposed to coronavirus. • Pupils are made aware of the school’s infection control procedures in relation to coronavirus via school staff and are informed that they must tell a member of staff if they feel unwell. • All staff, including those who use PPE, should read the following guidance. This has been emailed to all staff: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_d 		Y	
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			ata/file/877658/Quick guide to donning doffing standard PPE health and social care poster .pdf		
Poor hygiene practice	Staff Pupils Others	Ill Health	<ul style="list-style-type: none"> • Infection control procedures are adhered to as much as possible in accordance with the DfE and PHE's guidance. • Visitors/parents are allowed on site. Pupils, staff and visitors are encouraged to wash their hands with soap or use the sanitiser provided and to follow infection control procedures in accordance with the DfE and PHE's guidance. Posters around school reinforce this. Further guidance on hand washing can be found at https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/ • Sufficient amounts of soap (or hand sanitiser where applicable), clean water and paper towels are supplied in all toilets and kitchen areas. • All cutlery and cups are thoroughly cleaned before and after use. • All classrooms have pedal operated lidded bins. Lids must be closed after use and to be emptied regularly throughout the day. • Enhanced cleaning schedule will remain in place throughout the day. Cleaners to carry out daily, comprehensive cleaning that follows national guidance and is compliant with the COSHH Policy and the Health and Safety Policy. Regular enhanced cleaning is undertaken (including of regularly touched surfaces). This includes all used classrooms and teaching areas and toilets. • Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with the bodily spillage procedure, using PPE at all times. • Staff to promote good respiratory hygiene through 'catch it, bin it, kill it' approach and provide all classes with regular reminders both in class and using posters around school. Pupils are also regularly reminded about washing and sanitising hands. 		Y

Ill health	Staff Pupils Others	Lack of infection control	<ul style="list-style-type: none"> • Staff and parents are informed of the symptoms of possible coronavirus infection, e.g. a cough, difficulty in breathing, high temperature, loss of, or change in, their normal sense of taste of smell (anosmia) and are kept up-to-date with national guidance about the signs, symptoms and transmission of coronavirus. • Staff should be vigilant, stay alert and report concerns about their own, a colleague's or a pupil's symptoms to the Head of School or Deputy Headteacher as soon as possible. • If a pupil displays symptoms whilst in school, the parents of unwell pupils are informed as soon as possible of the situation by a relevant member of staff. Parents are advised to contact 999 if the pupil becomes seriously ill or their life is at risk. They are also requested to arrange a PCR test for the pupil. Any pupil who has tested positive for COVID-19 in the past 10 days should not attend school. • Unwell pupils who are waiting to go home are kept in Steve's room in the annexe, where they can be isolated with appropriate adult supervision. Any adults using this room at the time will be asked to work temporarily elsewhere until the room has been vacated and then cleaned. A window should be opened for ventilation. If a child requires the toilet during this period, they should use the toilets in the annexe. These toilets will then be out of action until they have been cleaned and disinfected. • Any members of staff who display signs of infection are sent home immediately and are advised to contact call 999 if they become seriously ill or their life is at risk. They are also requested to arrange a PCR test. Any member of staff who has tested positive for COVID-19 in the past 10 days should not attend school. • Any pupil or member of staff who displays signs of Coronavirus are advised to follow the https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/ which sets out that they should arrange to have a test to see if they have coronavirus (COVID-19). Whilst awaiting the test result, they should self isolate and remain at home even if they are feeling better. Other members of their household/support 		Y	
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			<p>bubble (including any siblings) do not need to isolate if they are under 18 or if they have been double vaccinated, unless they develop symptoms themselves.</p> <ul style="list-style-type: none"> • The isolation period for the positive case following a positive result includes the day symptoms started for the symptomatic person, or the day their test was taken if they did not have symptoms, whether this was a Lateral Flow Device (LFD) or Polymerase Chain Reaction (PCR) test), and the next 10 full days. If a member of the household starts to display symptoms they will need to start their 10 day isolation period and book a test. • If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves. • The school must be informed by pupils’ parents when pupils return to school after having coronavirus – the school informs the relevant staff. • A nominated person monitors the cleaning standards of school cleaning contractors and discusses any additional measures required with regards to managing the spread of coronavirus. 			
Confirmed Case of COVID-19	Staff Pupils Others	Spread of infection	<ul style="list-style-type: none"> • All staff and pupils who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus and are encouraged to arrange a PCR test. • Where the child, young person or staff member tests negative, they can return to school. • If a staff member or pupil 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 day after the onset of their symptoms or the day after their test was taken if they did not have symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. A cough or anosmia can last for several weeks once the infection has gone. The 10-day period starts from the day after 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 do not need to 		Y	

			<p><u>self isolate if they are under 18 or adults that are fully vaccinated, unless they develop symptoms themselves.</u></p> <ul style="list-style-type: none"> • If staff have a positive LFD test result, they must also arrange to have a PCR test. The PCR test result overrides the LFD test result even if the LFD is positive. • Staff must inform the head of school when they plan to return to work after having coronavirus. 			
Lack of communication	Pupils Staff Parents Others	Unaware of changes to guidance	<ul style="list-style-type: none"> • We will keep staff, pupils and parents adequately updated about any changes in relation to guidance/procedures around coronavirus. • Staff, pupils and parents receive clear communications informing them of current government guidance on the actions to take should anyone display symptoms of COVID-19 and how this will be implemented in the school. • Staff remain vigilant for symptoms of COVID-19 and signs of illness that may be associated to it as per government advice. • Regular review of the latest information across senior leadership and staff members: https://www.birmingham.gov.uk/COVID-19_schools_faqs • Processes are in place to respond to a confirmed case of COVID-19 in school: <ul style="list-style-type: none"> • Those with symptoms book a test • Use the flowchart from Public Health Birmingham about how to deal with a suspected or confirmed case within the pupil or staffing cohort. 		Y	
Use of PPE/face masks	Pupils Staff Parents Others	Spread of infection	<ul style="list-style-type: none"> • Most staff in schools will not require PPE beyond what they would normally need for their work. • The guidance on the use of PPE in education, childcare and children’s social care settings https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/the-use-of-personal-protective-equipment-ppe-in-education-childcare-and-childrens-social-care-settings-including-for-aerosol-generating-procedure provides more information on the use of PPE for COVID-19. • Staff and other visitors do not need to wear face masks when entering the school site. 		Y	

			<ul style="list-style-type: none"> Staff will not be required to wear face coverings when on the playground at pick up and drop off. In the event of an outbreak, face coverings measures may temporarily be put back in place. 		
Arriving at school	Pupils Staff Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> Any visitors who have been authorised to enter the school will have the risk assessment explained to them on entry. Anyone exhibiting COVID symptoms should not enter the school site. Hand sanitiser is located by office entrance for staff and visitors to use and by all entrance doors for children. This must be used by all staff and visitors. A member of staff will be on each entry door to ensure children use the hand sanitisers located by each entrance door or wash their hands on entry. 		Y
After school clubs	Pupils Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> Room/s used for these will be well ventilated (windows and doors open). Hands should be washed/sanitised at the start and end of these sessions. Tissues should be available for children to use when needed during these sessions. 		Y
Classroom set up/ Lessons	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> The use of table groups can resume in classes and children are no longer are required to sit in rows facing forwards. Tissues will be available on all tables for pupils to use. These must go into a bin after use. Children will be regularly reminded about the importance of the catch it, bin it, kill it message. Children will be reminded regularly about the importance of washing/sanitising hands regularly. Classrooms should be well ventilated with windows and the main class door being opened. In cooler weather windows should be opened just enough to provide constant background 		Y

			<p>ventilation, and opened more fully during breaks to purge the air in the space. Staff to ensure that all windows are opened to refresh air in classrooms at break and lunchtime.</p> <ul style="list-style-type: none"> • If children change rooms, they should wash their hands or use the hand sanitiser. • Outside space, as a learning environment, should be used as often as possible. 			
Social Distancing	Staff Pupils	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Social distancing has come to an end when we moved to step 4 on the 19th July. Children can mix. Consistent groups (bubbles) will no longer be required. • Assemblies will still take place in classrooms and full staff meetings will take place in the hall or gym. Staff briefings will still take place via Teams each Friday morning. • In the event of an outbreak, social distancing measures may temporarily be put back in place. 			
Visitors to the office	Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Due to the limited size of the office reception area, only one set of parents/family or visitors will be allowed in this area at once. • Where possible, parents will be encouraged to use a telephone to contact the office. • Contact details are no longer needed to comply with track and trace. 			
Physical Environment/Ventilation	Staff Pupils	Spread of infection	<ul style="list-style-type: none"> • Ventilate all spaces using natural ventilation where possible by opening windows and doors where possible. • Heating to be on throughout the day (during colder months). Classrooms can reduce the openings of windows during these periods (to balance the need for increased ventilation while maintaining a comfortable temperature). Windows/doors to be open to capacity when children aren't in the classroom to give a ventilation blast. • Air conditioning can be used in classrooms. When the air conditioning is on, please ensure that one window is fully opened and the class door is closed. At break and lunchtimes, air conditioning should be turned off and all doors and windows left open to allow the classroom air to be fully refreshed. Stand-alone fans may be used where available. 		Y	

<p>COVID-19 variants becoming present within the local community.</p>	<p>Staff Pupils Parents Others</p>	<p>Increased spread or mortality rate of new variants</p>	<ul style="list-style-type: none"> • We will follow the local or national government procedures for this. 		<p>Y</p>	
<p>Asymptomatic spreaders</p>	<p>Staff</p>	<p>Inadvertent spread of coronavirus</p>	<ul style="list-style-type: none"> • Staff are encouraged to test themselves using LFD kits provided by the school on a Sunday evening and a Wednesday evening. This remains important in reducing the risk of transmission of infection within schools. • Primary age pupils (those in year 6 and below) will not need to test. • Confirmatory PCR tests are required for staff with a positive LFD test result. Whilst awaiting the PCR result, the individual should continue to self-isolate. • If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and individual can return to school, as long as the individual doesn't have COVID-19 symptoms. 		<p>Y</p>	



Cleaning Schedule for use in Excelsior Schools

This guidance is to be used alongside the Government Publication COVID 19 decontamination in non-healthcare settings.

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

- One member of the cleaning staff to be in school all day to clean areas that are being used during the day – toilets, classrooms, corridors, door handles, clean surfaces that children and staff are touching, desks, chairs, doors, sinks, toilets, light switches, bannisters.
- Cleaning staff will be on a rota throughout the week where possible.
- The designated cleaner to make sure there is ample supplies of hand soap/paper towels in all areas of the school where needed. All hand sanitisers to be checked and refilled daily.
- Tissues and hand sanitisers are to be available in every classroom in use.
- All bins are emptied throughout the day with facilities to ensure used tissues etc are double bagged.
- All remaining cleaning staff to be in at the end of the day to do a deep clean daily in all rooms in use that day – all non-cleaning staff must be off site before the deep clean is started so as not to cross contaminate areas to ensure a ready and clean start of the next school day.
- All areas/supplies to be checked at the end of the day to make sure for eg soap,paper towels, tissues, tissue bags, hand sanitisers are fully stocked up ready for the start of the next school day.



Schools and COVID-19: guidance for Black, Asian and minority ethnic (BAME) staff and their employers in school settings

At the start of May 2020, the NHS released their [call to action to support BAME NHS people](#) and communities during and beyond COVID-19. A draft NHS England document proposed trusts ensure every staff member has a risk assessment to keep them safe, and that guidance will be provided to support employers to create proactive approaches for BAME staff, covering physical and mental health.

While it may not yet be clear why the danger of contracting COVID-19 and subsequent mortality rates are higher for BAME colleagues, it should be clear that a bespoke health and wellbeing offer for BAME staff should be developed and rolled out not just within the NHS, but also across the education system as we start to encourage more teachers and children back into face to face contact. Through acknowledging the very different outcomes for BAME people in particular with regards COVID-19, this could be a vital opportunity to not only put in place safeguards for colleagues now, but also affect lasting change in the imbalance of power, decision-making and representation for BAME colleagues within our education organisations as a whole for the long term.

The following are what an equivalent set of top five calls to action would look like in the education sector if they were to mirror that of the NHS guidance:

- 1) **Protection of staff** which includes risk assessments that specifically take into account the physical and mental health of BAME staff. The NHS has provided [guidance](#) for employers on risk prioritisation and management which includes ethnicity. This includes ensuring that line managers are supported to hold conversations with BAME staff that are sensitive and comprehensive, and that these should be held on an ongoing basis as physical and mental health are prone to changes.
- 2) **Engagement with staff** and relevant networks is paramount. Communication with these should be strengthened so that managers can hear and learn from lived experience - this includes initiating webinars and facilitated discussions including BAME and non-BAME colleagues within unions, MATs, BAME network leaders, local authorities, the DfE, leadership and governance associations and other stakeholders with the aim of starting a meaningful dialogue that will result in some real change across the education sector.
- 3) **Representation in decision making** is critical to include BAME staff as key influencers in decisions that may be made that directly affect them. There should be a national audit of BAME representation (segmented into the respective groups and not lumped together as a broad category of 'non-white' peoples) across educational leadership, governance and leading policy-making functions of all education organisations. This should be tackled head on and the imbalance addressed from school level and right up into government policy as a matter of urgency.
- 4) **Rehabilitation and recovery** to make sure there is bespoke and continuing health and wellbeing support throughout and beyond the crisis. The disproportionate impact of COVID-19 on BAME communities is acute, both personally and professionally. Teaching colleagues are already under pressure as frontline actors in uncertain times. We need to ensure that the unique needs of our BAME colleagues are met both now, and in the future. This could be the start of a long-awaited change.
- 5) **Communications and media.** The media representations of the education sector do not tend to include BAME colleagues. To create positive representations from, with and about BAME staff and students, we should be holding to account all education organisations from the



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smallest school settings and through to the higher echelons of decision-makers and power holders, to ensure that their media and other communications are positive about BAME colleagues and students and representative in terms of optics as well as content matter.

We are indebted to our education professionals, teachers and support staff alike, who are going above and beyond to adapt and excel, teaching and caring for the young people they serve in these difficult times. We need to harness our collective passion, and commitment to true equality for all, at a time of increased complexity, challenge and emotional strain. We hope we can make real and lasting change for our BAME colleagues and the communities we all serve.

The duty of care

There are a range of statutory requirements that together form part of the duty of care that schools owe to their staff, and by extension to pupils and visitors such as parents. In the school setting these would include

- **Section 1 (2) Health and Safety at Work etc Act 1974** which states: "It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees."
- **Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999** which provides that: "Every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking"
- An Equality Impact Assessment or some other means of meeting the requirement of the **Public Sector Equality Duty contained in section 149 of the Equality Act 2010**, which requires public authorities to have due regard to a number of equality considerations when exercising their functions.

The duty of care is to all staff, and by extension pupils and visitors. No one should work in an environment where foreseeable risk has not been mitigated or removed as far as is reasonably practicable. Staff (including managers) have a duty of care to themselves, to colleagues, to those they manage or employ and to those they provide services to.

We know from Public Health England, from the Office of National Statistics and from a range of recently published research that some groups of people are more at risk from COVID 19, notably those with certain long term health conditions. BAME staff are particularly at risk, and the NHS has specifically identified the importance of risk assessments for BAME staff

This evidence has underpinned the NHS approach to risk assessment for all staff, not simply those in high risk areas. The core document being used to underpin risk assessments is <https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection>

If we were to have a parallel risk assessment guidance document and tool for staff in education settings, they may look like this:

Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in school settings

Introduction

There is an officially acknowledged high and disproportionate number of deaths of Black, Asian and Minority Ethnic (BAME) people due to COVID-19. As such, there is a need for initial guidance on risk mitigation for urgent implementation across all education settings.

Risk assessment

Risk assessment should be carried out for all staff, but especially for BAME staff as a priority, so that a personalised risk mitigation plan can be put in place for each member of staff. This requires an open and collaborative one to one conversation between the staff member and line manager, aided by the HR or occupational health team as required. It should be conducted within a "done with", co-production approach with the staff member, and not a "done to" approach. This means that the staff member should see the risk assessment document and paperwork before the one to one conversation takes place.

Risk mitigation

Surveys and accounts from various professional medical and nursing bodies indicate that BAME staff face particular issues with being supported with measures to reduce their exposure to risk. The assumption is that this may be the same across other caring professions, including for teaching and school support staff professionals.

Measures to reduce exposure to risk must be implemented as a priority to protect the lives of staff and students. The measures will need to be in place for some time as the pandemic takes its course, so need to be sustainable. There is a widespread assumption at senior levels of the NHS that a "second wave" of COVID 19 is likely in late Autumn 2020. Regular feedback to see whether interventions are working is vital.

Long term work designed to improve organisational culture and capability will also enhance risk management.

Personal protection equipment (PPE)

Appropriate PPE should be made available and clear instruction and training should be provided to school staff regarding how to wear and dispose of, or re-use these, where fitting. There is ongoing debate for and against use of face masks/face coverings in general for staff, students and the public - guidance should be updated as the evidence evolves and is made available.

Students should be offered an explanation and reassurance about staff wearing PPE.

Staff testing

There is now a national testing process for England. It should be offered to staff with consideration given to prioritising BAME staff and their families, to enable healthy staff to attend work.

Aids for remote working

It is advised that organisations provide resources for remote working for all staff as priority.

Redeployment

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BAME staff should be considered for redeployment to lower risk work areas or home working. A proactive offer by the manager as part of an ongoing review, keeping staff needs in mind, will engender confidence that the staff members' needs are being taken seriously.

Working from home

If completely working from home or redeployment is not possible, a balance between working from home and school may be a way of reducing COVID-19 risk exposure. This should be carefully and actively considered rather than staff being made to feel guilty.

Other infection prevention and control measures

Social distancing in all work areas including staff rooms, classrooms and dining areas and hand washing should be undertaken as described in national guidance and should be strictly maintained.

Support for BAME school setting employees to manage additional impact of COVID-19

Vitamin D supplements

Although there is no evidence to suggest that Vitamin D gives specific protection against COVID-19 or prevents complications associated with the virus, low levels of Vitamin D may predispose to severe infection. Staff should be encouraged to have their Vitamin D levels tested, especially BAME staff members. Line managers should meet to discuss ways of making this advice available to staff, especially BAME staff as a priority, as they may be overrepresented in those with low levels of Vitamin D.

BAME staff engagement

Engagement with BAME employees should be a priority, including any staff networks, committees, union and other representative groups that should be invited to Q&A and other engagement events with senior staff. This can ensure the BAME voice is heard by leaders. Staff forums can be useful mediums to initiate debate. It is vital to discuss this issue in all mainstream staff side forums and not just with BAME colleagues. These issues are not just BAME issues but have relevance to all staff and to the whole organisation.

Psychological safety

Staff will need reminders of avenues available to speak out about issues such as poor access to equipment, bullying, and other issues, with an aim to reduce fear of raising concerns and ensuring there is a safe space to do so.

The risk assessment process

The risk assessment tool (below) is a means of structuring the assessment



Risk assessment tool for staff during the COVID-19 pandemic

General information			
Staff member's name(s)		Job title	
Line manager		Manager's job title	
Work location		Working hours	
Date of assessment		Review date	
Individuals underlying health condition category / other factors	<i>Please tick appropriate box</i>	Current post involves	<i>Please tick appropriate box</i>
	Notified as on 12 week shielding (very high risk group)		Direct contact with other adults
	Age (>65 years) Please tick if age is over 50 for BAME staff		Direct contact with children under 12
	Diabetes		Direct contact with children over 12
	Chronic lung disease		Providing support to colleagues within the setting (e.g. cleaning, estates, IT)
	Chronic heart disease		Providing support to colleagues but not directly in the setting (e.g. training)
	Cancer		
	Pregnancy please tick if over 28 weeks, under 28 weeks if pre-existing risks present		
	Immunosuppression		
	Pre-existing disability that impacts on respiratory morbidity		



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	Impact of carers stress or concerns about family		
	BAME background		
	Gender (please tick if male BAME above 50)		
	Is there a anyone that you live with who is "shielded" in according with the Public England schedule of conditions requiring shielding		

What are you already doing?		
Interventions	Current position	Additional action to reduce risk
Can this work be done at home?		
Could alternative work be undertaken at home or elsewhere across the school/trust (redeployment)?		
Can face to face interactions be limited?		
Have arrangements been made for remote working?		
PPE		
Access to swab testing and prioritising at-risk groups and their family members		
Has the individual had any sickness in the past linked to their health condition?		
Has the individual had a Vitamin D test showing deficiency?		
What arrangements are you going to put in place to ensure		



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regular contact/wellbeing?		
Other considerations:		

Assessment			
<i>Please tick appropriate box</i>		Monitoring / further action	
Actions agreed as detailed above reduce the risks to the colleague		Manager to review and monitor	
Actions agreed as detailed above do not fully reduce the risk to the colleague / some concerns remain		Seek further advice and support	
Additional notes			
Please add any additional notes as appropriate / following discussion with appropriate advice and support provider			
Individual's signature (can be electronic signature of reference to email confirmation)		Date signed	
Print name			



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Line manager's signature (can be electronic signature of reference to email confirmation)	Line manager's job title
Print name	
HR manager's signature (can be electronic signature of reference to email confirmation)	HR manager's job title
Print name	

Guidance notes:

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement – it should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff should see the risk assessment document and paperwork before the one to one conversation.
2. There should be guidance produced for staff and line managers to follow should there be a disagreement regarding either the outcome of the risk assessment or the follow up action to be taken.
3. The risk assessment can be used in conjunction with but not replace occupational health assessments of pre-existing disabilities
4. It is recommended that the risk assessment is completed by a line manager, co-signed by a member of staff and further validated by the HR department
5. The risk assessment should be a rolling programme – and should be done again at least every time any family or household member is required to self-isolate, and the staff member should be told with clarity as to what happens immediately
6. Please refer to NHS advice on risk factors and the government advice on shielding staff [here](#)
7. Suggested approach to interpreting risk factors are below:

Number of risk factors	Proposed action
Singular risk factor	Consider home working
Multiple factors (>/=2) or have a very high risk single risk factor	Strong emphasis on home working

Acknowledgements: based on Lincolnshire Partnership NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Somerset Partnership NHS Trust, Royal College of Psychiatrists and Faculty of Occupational Medicine guidance and assessment.

