



FULL OPENING INFECTIOUS DISEASES COVID-19 Green Meadow Primary School 16th April 2021 Version 8

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.

HAZARD	RISK GROUP	RISK	CONTROL MEASURES (Describe the workplace precautions and risk control systems in place)	Residual Risk Rating HIGH	Co	Are ntrols quate?
				MED LOW	Yes	No*
Arriving to school	Pupils Staff Parents Others	Spread of Infection due to close contact	 1 way system in place around school with marked 2 metre system cones with additional signs to aid parents. Staggered start/end times for school day. (inc flexible register) Familie to be given groups (A – sibling group, B - R, Y1, Y2 and Y3 non sibling group and C – Y4, Y5 and Y6 non sibling group) which will determine their start/finish times. Parents/carers with children in years 4,5 and 6 to be encouraged to drop children off at Meaburn gates to minimise the number of parents on site. Only 1 parent/carer per family to be allowed on site and to wear a mass. Any visitors who have been authorised to enter the school will only enter if their temperature is lower than 37.8. The risk assessment, including social distancing, the wearing of a mask at all times and hygiene requirements, is explained to them on entry. Contact details all visitors recorded by office. No parents to be admitted into school building. Access will be to office reception area only in strictly enforce numbers. 	e sk.	Y	





			Parents wishing to speak to office staff must make an appointment first.		
			Queries to be dealt with via telephone/email if possible.		
			2 metre rule to be enforced while they are waiting for staff to receive their children. This to be done by website, letters and social media.		
			Staff members to wear masks when social distancing between adults cannot be guaranteed. (i.e on the playground when welcoming children to		
			school) No parental events i.e. workshops/parent evenings/sports days are undertaken initially and assessed as the situation evolves		
			Any one exhibiting COVID symptoms should not enter school sites.		
			Any child wearing a facemask will be asked to remove it and bin it before entering the building. Staff will direct children to use the hand sanitiser located by the entry doors and then proceed to their classrooms.		
			For children with medical needs which necessitate the use of the lift, the member of staff operating the lift can wear a face covering and gloves and stand side to side or behind the child needing to use it. Please note that the incorrect handling of face masks can lead to an increased risk of contamination. All contact points in the lift to be cleaned down after use.		
Staff receiving child from Parent	Staff	Spread of Infection due to close contact	Staff receiving children to wear a face mask where social distancing cannot be guaranteed between adults. Please note that the incorrect handling of face masks can lead to an increased risk of contamination.	Υ	
			Staff will direct children to either use the hand sanitiser and proceed to their classroom (another member of staff supervise pupils) or they will be directed to the wash rooms to wash their hands (member of staff will supervise)		





Classroom set up	Staff Children	Spread of Infection due to close contact	Year groups will become a consistent bubble. These will support some teaching activities and lunchtimes. These bubbles will be kept apart from other bubbles where possible, such as through staggered dinnertimes and playtimes.	Y	
			If children change rooms, they should wash their hands or use the hand sanitiser.		
			The classrooms in years 1-6 will have desks facing forwards. Children in EYFS will have own carpet spaces for whole class teaching sessions with everyone facing forwards.		
			There will be an area by the door which will be demarcated for SLT to be able to stand in to observe and check class bubbles. This area will be 2m from the nearest child's desk.		
			In all classes, the teacher should endeavour to keep 2 metres away from the children's tables/desks. In particular, they should avoid close face to face contact and minimise time spent within 1 metre of anyone.		
			Air conditioning units are not to be used.		
			Tissues available on each table for pupils to use when coughing or sneezing and they must go into a lidded bin after one use.		
			Each child will have their own equipment bags containing their pens, pencils etc. This will not be shared.		
			Classroom resources (e.g. books, games, equipment etc) which is used and shared within a bubble to be cleaned regularly. Resources which are shared between different		





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	bubbles (e.g. art, sport or science equipment) should be cleaned before moving between bubbles or left unused for 48 hours (72 if plastic).		
	Items that are soft furnishings e.g. soft toys, cushions etc will be removed from classrooms.		
	Classrooms should be well ventilated with windows and the main class door being opened using door stops provided.		
	Outside space should be used as often as possible with no more than one group together.		
	Reading books can be sent home. When returned, they will cleaned or not be reused for 48 hours.		
	PE bags will be brought into school at the beginning of each week and be returned home to be washed at the end of each week.		
	School bags can be brought into school but children will be asked to limit as to what is brought in from home.		
	Children are not to bring in sweets, cakes and other treats from home for birthdays.		
	Breakfast and afterschool clubs will not be available during this initial period.		
	All staff have the option to wear PPE in school if they wish to, but wearers must understand that the handling of face masks can increase the risk of contamination.		





			PPE will be provided for each classroom by site manager.		
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Classroom	Staff	Spread of	Year groups will become a consistent bubble. These will	Υ	
Lessons	Children	Infection due	support some teaching activities and lunchtimes. These		
		to close	bubbles will be kept apart from other bubbles where possible,		
		contact	such as through staggered dinnertimes and playtimes.		
			If children change rooms, they should wash their hands or use the hand sanitiser.		
			Any staff or agency staff who are required to teach in more than one bubble to maintain distancing between pupils if possible and to maintain a distance of 2m from other adults at all times.		
			Where children may require extra assistance, a 1 metre + rule must try to be enforced. If this is not possible, staff will consider their body positions if they have to be closer than this (e.g being above and behind the child)		
			Daily logs to be kept by staff teaching different children.		
			Adults to record date and time and name of children taught.		
			Extra interventions, including 1-1 teaching, will take place,		
			where possible, within a classroom if this is with an adult		
			already in the same classroom/year group bubble. Where		
			this is not possible, interventions will take place in a		
			timetabled space which has been specifically planned for.		
			Both adult and child need to wash their hands before and after the session. Children will use their own pack of		
			individual equipment. For groups of children, all children will		
			face forwards. For individuals, if this is not appropriate or		
			achievable, the teacher should endeavour to keep distanced		
			away from the children's tables/desks. In particular, they		
			should avoid close face to face contact and minimise time		
			spent within 1 metre of anyone. Any space used for an		





intervention will be cleaned after use so that the area is ready for the next group. The adult responsible for taking the intervention must keep a register including date and time and name of children who were part of the intervention.	
Classes will become the consistent bubble. However, year group bubbles will support some teaching activities where necessary.	
At least one senior leader will be non-class based at all times.	
Teachers and Teaching Assistants must not leave their bubble during lessons unless this is to supervise children, for an emergency or to use the toilet.	
Photocopying to be sent to the office to be completed by office staff whenever possible.	





11 30					
Children requiring use of the toilet	Children Staff	Infection Control	Inform the child of the importance of washing their hands after using the toilet and where possible on their return to the classroom use the hand sanitiser on entering the classroom. Ensure toilets are not overcrowded by limiting the numbers of children using at any one time to no more than 6.	Y	
			All toilets within the school building will be regularly cleaned during the day.		
			Where necessary, the second adult in a class will supervise a child going to the toilet to there are no children from other bubbles (class or year group) in the same space.		
			Children to use designated toilets – reception to use reception toilets, Year 1 to use Year 1 toilets, Year 2 to use Year 2 toilets, Year 3 and 4 to use Year 3/4 toilets and Year 5 and Year 6 to use Year 5/6 toilets.		
Break times	Children Staff	Spread of Infection due to close contact	All breaktimes to be staggered to avoid contact with other groups/bubbles or held in separate zones. Children to use designated zone space on the playground only. Children informed again of the importance of social distancing whilst outside.	Y	
			If children are eating their fruit snack outside, they must be fully supervised by a member of staff at all times and sitting down at all times when they are eating.		
			No contact games are permitted at any time throughout the day.		
			Outdoor play equipment can be used by bubbles and cleaned regularly. Where equipment is used by different bubbles, it must be cleaned thoroughly between bubbles.		





	All staff from each year group to supervise their bubbles during breaktime each day on a rotational basis. Staff when needing a comfort break at this time may have their bubble	
	supervised by a member of the pastoral team if needed. Pastoral team will keep to 2m social distancing when supervising.	





1130				 	
Break Times – Staff Room	Staff	Spread of Infection due to close contact	All staff to wear face masks in areas around school where social distancing between adults cannot be achieved (i.e. in corridors, staff room, kitchen etc). Staffroom can be used as an area to take breaks in but at a minimum. Social distancing and the system of controls must be adhered to: Clean hands more thoroughly Ensure good respiratory hygiene Clean down any area after use If necessary, use PPE Staff should not be in contact with any other staff from outside their bubble within the building. Staff members to sanitise hands before and after using any equipment in the staffroom. Windows to be open at all times whilst staffroom is in use. Only one member of staff to use the 'kitchen area' of the staffroom at a time. No more than 6 members of staff to be in the staffroom at the same time in order for social distancing to be maintained. Staff to socially distance in the staffroom at all times. If possible, lunch should be eaten within class bubble or in designated corridor space. The PPA room in the annexe and	Y	





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WAY SC			There should be minimal or transitory contact only with adults not within the bubble whilst in school. Staff must make their own drinks/food and wash and dry their own cups and other crockery and utensils thoroughly using warm soapy water. The dishwasher will not be in use. The kettle/taps should be wiped down after use. If the drinks machine is used in the staffroom area, staff to ensure that their cup does not come in to contact with the machine and that it is wiped down between servings. All refreshments should be taken in the group class/ bubble area/room (if choosing to do so inside) and staff must not enter other bubbles unless in an emergency. External phones will be provided with cleaning materials, please wash/sanitise hands and wipe down phones before and after each use. Mobile phones must not be used or visible where children can see them. Photocopiers will be provided with cleaning materials - please wipe down after each use.		
Lunch/Prock	Stoff	Sprond of		V	
Lunch/Break Times	Staff Children	Spread of Infection due	Whilst children are on breaks, clean tables and door handles with a disinfectant or disinfectant spray.	Y	





Classrooms		to close contact	Wear gloves whilst carrying out this task and wash hands after cleaning.		
Lunch breaks	Staff Children	Spread of Infection due to close contact	All lunchtimes to be staggered to avoid contact with other groups. Staff must ensure they are on time to receive their children back in their bubbles. See attached timetable. One class bubble will eat in the hall or gym at each designated time. All children will face the same direction. A space of at least three metres will be left between the serving hatch in the gym and the eating area. When eating in the dining areas, children will collect their food and drink from the hatch. Drinks topped up by supervising staff not children. Reception children to eat in smaller KS1 dining room. An MDS will be attached to each zone for supervision during lunchtimes outside. For wet lunchtimes, an MDS will supervise a bubble. Staff may have their lunch outside but must do so in the allocated space in the community den area. No more than 6 members of staff may meet in one area and must keep 2m apart.	Y	
Assemblies	Staff Children	Spread of Infection due to close contact	All assemblies to take place within classrooms, possibly using group media.	Y	





First Aid – minor treatment	Staff Children	Spread of Infection due to close contact	Where minor first aid treatment is required First Aiders must ensure they wear disposable gloves, apron and a face covering when dealing with injuries. First aiders must have read https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/877658/Quick guide to donn ing doffing standard PPE health and social care poster.pdf Where possible (age and maturity of child) ask them to wipe away any blood or hold cold compresses etc.	Y	
First Aid 1 16	01-#	On many last	Ensure records of injury and treatment are recorded and who administered first aid treatment. Always wash hands after contact	V	
First Aid – Life threatening	Staff Children	Spread of Infection due to close contact	In the event of a serious injury or incident call 999 immediately. Wear disposable face covering and gloves when in close contact or dealing with bodily fluids. Wear eye coverings and fluid resistant face covering if necessary with disposable aprons. In the event of CPR being required it is advised only chest compressions are given and use of a defib if available. If mouth to mouth is needed, first aider will use mouthguards to administer this. Always wash hands after contact	Y	





First Aid & Medication	Staff Pupils Others	First Aid Procedures	First Aiders must always wear gloves when administering first aid procedures. It is advisable a disposable face covering is worn if having to deliver close contact first aid. (always refer to up to date information from Gov.UK). Any dressings used to be double bagged. Where any medications are administered try and encourage the pupils to self-administer or consider wearing a face covering (always refer to up to date information from Gov.UK)	Y	
Children who are upset	Staff	Spread of Infection due to close contact	Where a child is upset it is advised to try to maintain a safe distance whilst offering comfort to child. Encourage child to use a tissue to wipe eyes/nose etc. If contact is required, consider wearing a face covering. Wash hands after contact. Pastoral team must keep a register of who they have been in contact with and record date and time and name.	Y	
Children with behavioural issues	Staff	Spread of Infection due to close contact	Where possible allow the child to vent their frustrations Where possible allow child to be in a room (SEAL) on their own or outside If team teach techniques are required, it is advised face coverings and gloves are worn.	Y	
Children leaving at the end of the school day.	Staff Parents Others	Spread of Infection due to close contact	One-way system in place with a staff member supervising outside to inform parents/ carer to abide by the 2 metre social distancing rule. Staggered leaving times will be in operation	Y	





			Children released when parent/carer is visible to maintain constant flow	
Parent wishing to talk to staff	Staff	Spread of Infection due to close contact	Parents will be informed that the majority of conversations with teaching and office staff will be either over the phone or, if this is not possible, a meeting will be arranged and social distancing rules observed. Parents will be discouraged in congregating around the school site.	Y
Staff communication	Staff	Spread of Infection due to close contact	Site staff to be contacted via internal telephone or new site helpdesk portal. No members of staff enter another bubble or office/room unless absolutely necessary or an emergency. If this is so, then 2m social distancing rules and hand cleansing on entry and exit must be followed. All enquiries room to room/office should be made via internal telephone during the school day. Any members of staff who need to check on another classroom (such as pastoral team/ SLT) must not enter and communicate from the doorway. IT staff to be contacted through the IT helpdesk facility.	Y
Awareness of policies /	Staff Pupils	Inadequate information	All staff must ensure they are aware of the current guidelines in regard to protective measures as outlined in the Government Guidance https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-and-childcare-settings	Y









Parents are made aware of the school's infection control procedures in relation to coronavirus via letter, website, posters 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 data/file/877658/Quick guide to donning doffing

standard PPE health and social care poster.pdf





Poor hygiene practice	Staff Pupils Others	III Health	Posters are displayed throughout the school reminding pupils, staff and visitors to wash their hands, e.g. before entering and leaving the school.	Y	
			Staff to ensure that children clean their hands regularly, including when they arrive at school, before and after breaks, when they change rooms and before and after eating.		
			Pupils, staff and visitors are encouraged to wash their hands with soap or alcohol-based sanitiser (that contains no less than 60% alcohol or alternative) and follow infection control procedures in accordance with the DfE and PHE's guidance.		
			Sufficient amounts of soap (or hand sanitiser where applicable), clean water and paper towels/hand dryers are supplied in all toilets and kitchen areas.		
			Children to be reminded regularly about not touching faces.		
			Pupils may be supervised by staff when washing their hands to ensure it is carried out correctly, where necessary.		
			Water dispensers will not be used by children in school.		
			Pupils and staff are forbidden from sharing cutlery, cups or food.		





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	All cutlery and cups are thoroughly cleaned before and after use.		
	All staff to ensure good respiratory hygiene by promoting the "catch it, bin it, kill it" approach		
	Bins to be emptied regularly throughout the day. Lidded bins to be in each classroom.		
	Cleaners to carry out daily, comprehensive cleaning that follows national guidance and is compliant with the COSHH Policy and the Health and Safety Policy.		
	A senior member of staff arranges enhanced cleaning to be undertaken where required – advice about enhanced cleaning protocols is sought from the Health Protection Team /Public Health England		





Ill health	Staff Pupils Others	Coronavirus Symptoms	Staff are informed of the symptoms of possible coronavirus infection, e.g. a cough, difficulty in breathing and high temperature, and are kept up to date with national guidance about the signs, symptoms and transmission of coronavirus.	Y	
			Children/adults with others in their home who have symptoms should not be in school.		
			Any staff/pupils who exhibit symptoms or with suspected COVID to be directed to take a COVID test at the earliest possible time.		
			If a child or adult within a group tests positive for COVID, they must isolate for 10 days. Any adults or children who have been in close contact who develop symptoms themselves need to follow guidance by self isolating and arranging for a test.		
			If there is a risk of being splashed by vomit or other bodily		





fluids, then face coverings must be worn with a fluid resistant surgical facemask

Any pupil or member of staff who displays signs of being unwell, such as having a cough, fever or difficulty in breathing, and believes they have been exposed to coronavirus, is immediately taken out of the class and placed in an area where they will not come into contact with others and are supervised at all times. The area for this school will the annexe.

A member of SLT or office staff will follow the BCC flow chart to seek further advice.

The relevant member of staff calls for emergency assistance immediately if pupils' symptoms worsen.

The parents of unwell pupils are informed as soon as possible of the situation by a relevant member of staff.

Where contact with a pupil's parents cannot be made, appropriate procedures are followed in accordance with those outlined in governmental guidance.

Unwell pupils who are waiting to go home are kept in an area where they can be at least two metres away from others. The area for this school will be the annexe.

Areas used by unwell staff and pupils who need to go home are appropriately cleaned once vacated, using a disinfectant and care to be taken when cleaning all hard surfaces.

If unwell pupils and staff are waiting to go home, they are instructed to use different toilets to the rest of the school to





minimise the spread of infection. This school has designated toilet in the annexe.

Unwell pupils, with non-Covid symptoms, who are waiting to go home are kept in an area where they can be at least two metres away from others. The area for this school will be outside the main office area.

Any pupils who display signs of infection are taken home immediately, or as soon as practicable, by their parents – the parents are advised to contact NHS 111 immediately or call 999 if the pupil becomes seriously ill or their life is at risk.

Any members of staff who display signs of infection are sent home immediately and are advised to contact NHS 111 immediately or call 999 if they become seriously ill or their life is at risk.

Any medication given to ease the unwell individual's symptoms, e.g. Paracetamol, is administered in accordance with the Administering Medications Policy.

Children/ adults with others in their home who have symptoms should not be in school. A test should be taken at the first available opportunity. 119 can be used to locate test centres or request a test.

If a child or adult within a group tests positive for COVID, they must self isolate for 10 days and the group must self-isolate for 14 days and will not be allowed into school. This will take into consideration whether the other systems of control have been adhered to so that not all children within the year group need to isolate.





III Health	Staff	Number of staff is lower than required for the safe running of the school	Consultation with Excelsior MAT. Flexible and responsive use of TAs. Supply staff recruited as necessary. Business continuity plan put in place.		
III Health	Staff Children	Class bubble / Year group/ whole school closure	Blended model of home and school learning. Home learning utilized via Microsoft Teams and school website. Teachers, as part of planning, will consider resources appropriate for home and school. If a class teacher is unwell and not in school, Year Group partner in the first instance, then a member of SLT will produce home learning if required. If teacher is self-isolating, but not unwell, they will provide appropriate learning tasks for their class or year group.		





Spread of	Staff	Lack of	Spillages of bodily fluids, e.g. respiratory and nasal	Υ	
infection	Pupils	infection	discharges, are cleaned up immediately in line with guidance,		
	Others	control	using PPE at all times.		
			https://assets.publishing.service.gov.uk/government/uploads/system/uploads		
			/attachment data/file/877658/Quick guide to donn		
			ing doffing standard PPE health and social care poster.pdf		
			Parents are informed not to bring their children to school or on		
			the school premises if they show signs of being unwell and		
			believe they have been exposed to coronavirus.		
			If a member of staff or pupils within a group have been in		
			contact with a confirmed COVID-19 case, those persons in		
			that group are not to return to school before the minimum		
			recommended exclusion period (or the 'self-isolation' period)		
			has passed, in line with national guidance. This is currently		
			14 days.		
			Pupils will not be taken on school trips at this time.		
			Parents notify the school if their child has an impaired immune		
			system or a medical condition that means they are vulnerable		
			to infections.		
			The school in liaison with individuals' medical professionals		
			where necessary, reviews the needs of pupils who are		
			vulnerable to infections.		
			Any additional provisions for pupils who are vulnerable to		
			infections are put in place by the head of school, in liaison		
			with the pupil's parents where necessary.		
			All essential staff training/ meetings, where social distancing		
			cannot be facilitated, to be held virtually.		





Poor management of infectious	Staff Pupils Others	Lack of infection control	Everyone is instructed to monitor themselves and others, stay alert and look out for similar symptoms if a pupil or staff member has been sent home with suspected coronavirus.	Y	
diseases			Staff are vigilant, stay alert and report concerns about their own, a colleague's or a pupil's symptoms to the Head of School, Deputy Head Teacher or another member of SLT as soon as possible.		
			The school is consistent in its approach to the management of suspected and confirmed cases of coronavirus.		
			The school is informed by pupils' parents when pupils return to school after having coronavirus – the school informs the relevant staff.		
			Staff inform the head of school when they plan to return to work after having coronavirus.		
			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.		

Please note:

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. Nor can we guarantee that we can fully maintain social distancing between the children and adults within each group.





Appendix 1

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 site manager 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.

Appendix 2

Lunchtime arrangements:





Lunchtimes are staggered for each year group - Reception - 11.30 - 12.30pm

Year 1 and Year 2 - 11.30 - 12.30pm

Year 3 and Year 4 - 12 - 1pm

Year 5 and Year 6 – 12.30 – 1.30pm

At the start of lunchtime, class teachers and TAs to take children to hall/gym for their lunch where a member of SLT will be on duty. TAs to remain with class bubble whilst eating and to supervise children when their bubble moves from the hall/gym to wash hands and then to supervise the children to their designated zone.

MDSs to supervise zones outside.

Teachers to collect children from zones at the end of lunch play time.

A fortnightly rota will be in place as follows:

Week A				
Lunch Time	Class	Dining area	Lunch Play	Zone outside
12 – 12.30pm	Leopards and Zebras	Small dining room	11.30 – 12pm	Reception area and KS1 playground
11.30 – 11.50am (11.50 – 12 – cleaning)	Lions	Hall	12 – 12.25pm	KS1 - Z1
11.30 – 11.50am (11.50 – 12 – cleaning)	Tigers	Gym	12 – 12.25pm	KS1 – Z2
11.30 – 11.50am (12 – 12.10 cleaning)	Gazelles	Classroom	12 – 12.25pm	KS2 – Z1
11.30 – 11.50am (12 – 12.10 cleaning)	Giraffes	Classroom	12 – 12.25pm	KS2 – Z2
12 – 12.20pm (12.20 – 12.30 cleaning)	Cadbury	Hall	12.30 – 12.55pm	KS2 - Z1
12 – 12.20pm (12.20 – 12.30 cleaning)	Bournville	Gym	12.30 – 12.55pm	KS2 – Z2
12 – 12.20pm (12.30 – 12.40 cleaning)	Shakespeare	Classroom	12.30 – 12.55pm	KS1 – Z1
12 – 12.20pm (12.30 – 12.40 cleaning)	Tolkien	Classroom	12.30 – 12.55pm	KS1 – Z2
12.30 – 12.50pm (12.50 – 1pm cleaning)	Mars	Hall	1 – 1.25pm	KS1 - Z1





12.	.30 – 12.50pm (12.50 – 1pm cleaning)	Saturn	Gym	1 – 1.25pm	KS1 – Z2
12.	.30 – 12.50pm (1 – 1.10pm cleaning)	Jupiter	Classroom	1 – 1.25pm	KS2 – Z1
12.	.30 – 12.50pm (1 - 1.10pm cleaning)	Pluto	Classroom	1 – 1.25pm	KS2 – Z2

Week B				
Lunch Time	Class	Dining area	Lunch Play	Zone outside
12 – 12.30pm	Leopards and Zebras	Small dining room	11.30 – 12pm	Reception area and KS1 playground
11.30 – 11.50am (11.50 – 12 – cleaning)	Gazelles	Hall	12 – 12.25pm	KS1 - Z1





11.30 – 11.50am (11.50 – 12 – cleaning)	Giraffes	Gym	12 – 12.25pm	KS1 – Z2
11.30 – 11.50am (12 – 12.10 cleaning)	Lions	Classroom	12 – 12.25pm	KS2 – Z1
11.30 – 11.50am (12 – 12.10 cleaning)	Tigers	Classroom	12 – 12.25pm	KS2 – Z2
12 – 12.20pm (12.20 – 12.30 cleaning)	Shakespeare	Hall	12.30 – 12.55pm	KS1 - Z1
12 – 12.20pm (12.20 – 12.30 cleaning)	Tolkien	Gym	12.30 – 12.55pm	KS1 – Z2
12 – 12.20pm (12.30 – 12.40 cleaning)	Cadbury	Classroom	12.30 – 12.55pm	KS2 – Z1
12 – 12.20pm (12.30 – 12.40 cleaning)	Bournville	Classroom	12.30 – 12.55pm	KS2 – Z2
12.30 – 12.50pm (12.50 – 1pm cleaning)	Jupiter	Hall	1 – 1.25pm	KS1 - Z1
12.30 – 12.50pm (12.50 – 1pm cleaning)	Pluto	Gym	1 – 1.25pm	KS1 – Z2
12.30 – 12.50pm (1 – 1.10pm cleaning)	Mars	Classroom	1 – 1.25pm	KS2 – Z1
12.30 – 12.50pm (1 - 1.10pm cleaning)	Saturn	Classroom	1 – 1.25pm	KS2 – Z2

In the event of a wet lunchtime, MDSs supervise class bubbles in their own classroom for the lunch 'play time'.







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 <u>call to action to support BAME NHS people</u> 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 <u>guidance</u> 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

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

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	Please tick appropriate box		Please tick appropriate box
underlying health condition category / other factors	Notified as on 12 week shielding (very high risk group)	Current post involves	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		
	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				
		Ι		
regular contact/wellbeing?				

<u>, </u>	<u>.</u>
Assess	sment
Please tick appropriate box	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
Addition	al notes
Please add any additional notes as appropriate / foll support provider	
Individual's signature (can be electronic signature of reference to email confirmation)	Date signed
Print name	

Other considerations:

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	

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