Covid-19 guidance December 2021 update (incl Nativity RA)

RA100 V2.7

Summary of changes since September 2021:

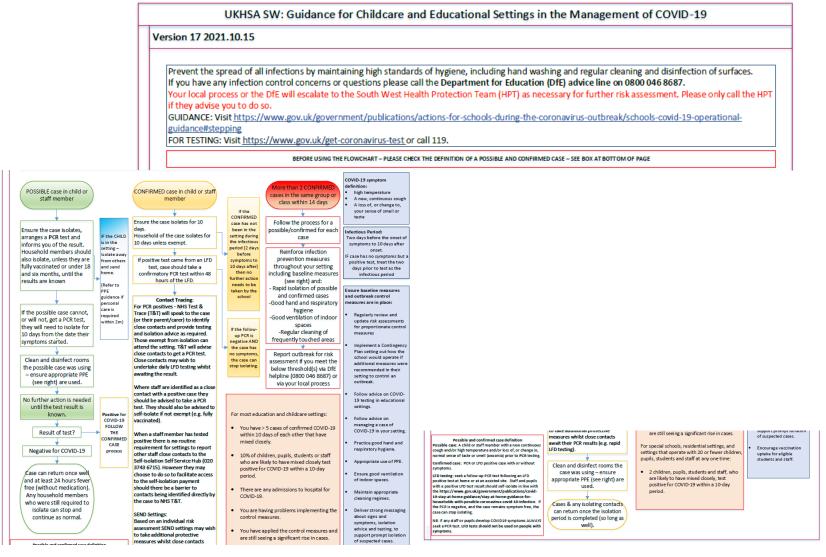
- Contacts of positive covid cases who are double vaccinated to take lateral flow tests for 7 days.
- Essential visitors to school site to take an LFT test on the day.
- All staff in primary schools to wear face masks in communal spaces
- Face visors can be worn in addition to face mask but not as a replacement
- Anyone who has been identified as being in close contact with an official positive case of Omicron must take lateral flow tests for 7 days irrespective of their vaccination status.
- Twice weekly staff LFD testing ongoing Daily testing recommended

Summary of hierarchy of controls:

- Ongoing twice weekly staff asymptomatic LFD testing Daily recommended
- Face coverings mandatory in circulation spaces and common areas for all parties
- Contacts of positive covid cases who are double vaccinated to take lateral flow tests for 7 days.
- Essential visitors to school site to take an LFT test on the day.
- Anyone who has been identified as being in close contact with an official positive case of Omicron must isolate take lateral flow tests for 7 days irrespective of their vaccination status.
- Monitor and isolate all who have symptoms maintain quarantine arrangements, cooperate with PHE (testing, track and trace)
- Continue to protect the vulnerable/highly vulnerable in line with national guidance and by local risk assessment
- Regular and repeated hand washing/sanitising: on arrival, before food, after washroom visit, on entry/exit to room
- Good respiratory hygiene practice
- Twice daily cleaning regime with focus on frequently touched surfaces (reference to Cleaning document)
- Limit sharing of equipment personal equipment where possible, risk assessment for curriculum areas where equipment has to be shared to identify compensating hygiene controls. Continue to practice good hygiene and cleaning regimes for equipment School to Risk Assess.
- PPE for selected staff who work in close proximity identified in individual risk assessment for staff member or pupil
- Face coverings to be worn for public and designated school bus/taxi travel
- School discipline: policy amended to account for those who disrupt/endanger fellow students/staff.



Flowchart: We make use of the UKHSA flowchart, as indicated below, in our management of Covid-19:





	Establishment/	Department: Milton	Abbot School
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Establishment Risk Assessment **RA100 V2.7**

Address:

Person(s)/Group at Risk Staff, Pupils, Visitors and Contractors

This risk assessment explains the actions school leaders should take to minimise the risk of transmission of COVID-19 in their school Stage 4 Road Map September 2021. This includes public health advice, endorsed by Public Health England (PHE).

This risk assessment is generic and outlines the <u>Baseline COVID-19</u> control measures. Also included is brief information on additional measures that may be recommended by DfE/PHE SW or DCC Public Health if settings meet the threshold for further public health actions (as defined in the <u>Contingency Framework</u> for Education and Childcare settings). Each school is responsible for reviewing and amending to ensure it is applicable to their setting and the latest government guidance and <u>must</u> consult with their staff regarding the risks and control measures being implemented.

General guidance on completing risk assessments is available at arrangements note HS47. When conducting the risk assessment. it is important that the school adopts a considered collaborative approach in line with DfE Guidance.

Date assessment completed:

This document is to remain under constant review due to the fast-changing nature of DfE / Government guidance in response to the challenges posed by Covid-19.

Assessor(s):

C. Luxford M. Jones

Significant Hazard Section	Control measures in place Additional measures or actions not included in this column below should be put in the assessor's recommendations at the end of this document	Optional: School's comments re. mitigations put in place
Nativity Perfor	mances – December 2021 Risk Assessment especially in light of new var	riant (Omicron)
 T. King is class teacher and hat Letter to parents invited views writing (08/12/21). 	as been included in all decision-making throughout. Governors opinions were also as to whether this event should go ahead in a specific way or not at all – no conc	sought. Chair in agreement. erns were raised up to the point of
• •	of this RA before the performance to confirm that no control measures have been	
such an event and how we fee	ativity performances supersede previously agreed measures – we are only underled we can best control factors to limit the possibility of transmission.	ning the specific ones for holding
Poorly ventilated spaces leading to risks of coronavirus spreading	 Performances will take place in the school hall, which has capacity for 80 people but the audience will be limited to 20 per performance. All windows and doors will be open before and during each performance. CO2 measuring equipment used throughout school will be in place for the performances and these will be monitored by CL 	
Too many people sharing one space risks coronavirus spreading	 All members of the audience to wear a face mask before entering the hall. All members of the audience to sanitize hands before entering the hall. Nativity to take place over three performances (2 pms, 1 eve.) so that numbers can be at a minimum (20 people, therefore at 25% capacity). Audience numbers limited by tickets – only two per family. 	
Spread of covid/omicron via surfaces that are touched by different people	 You should put in place and maintain an appropriate cleaning schedule. All members of the audience to sanitize their hands before entering/departing the hall. All surfaces will be sprayed and wiped before and after each performance (as per our daily routines from Norse) Audience members will be taken to their seat and movement will be clearly restricted (advertised as NO refreshments and NO toilets – short performance) Audience numbers are limited – see above Deep clean after each performance to avoid pupils touching Covid infected surfaces when they next use the hall 	
Introduction of Covid into the school via external visitor	Clear messaging was put in place on original letter to parents and on slip attached to tickets stating that we need to be highly cautious and anyone with any symptoms should not attend the performances. See above for hygiene and PPE equipment to reduce the risk of Covid being	
Case Thresholds: a rise in cases	introduced by a parent in the audience.	-
increases the risk of transmission	If there is a rise in cases in Reception and KS1 (0 at the point of writing, since September) then the performance is likely to be cancelled.	

	 For most education and childcare settings: 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. There are any admissions to hospital for COVID-19. You are having problems implementing the control measures OR you have applied the control measures and are still seeing a significant rise in cases. For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time: 	
	2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.	
Keep occupied spaces well ventilated		
Poorly ventilated spaces leading to risks of coronavirus spreading Ventilation to reduce transmission Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak and CIBSE COVID-19 advice provides more information. DfE is working with the Scientific Advisory Group for Emergencies (SAGE) and NHS England on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.	 Ventilation and AC systems working optimally. Heating used as necessary to ensure comfort levels are maintained when the building is occupied. Keep windows open wide enough to provide some natural background ventilation and open internal doors to increase air flow. Open windows fully when rooms are unoccupied for longer periods to purge the air (e.g. lunch times and before and after school). Action taken to prevent occupants being exposed to draughts. For example, partially open high-level windows as oppose to low-level windows, close external doors and arrange the furniture if appropriate and possible. Use fans for good air circulation. Air conditioning systems that normally run with a recirculation mode set up to run on full outside air. Ventilation's system that removes and recirculates air to different rooms is turned off. Ventilation system remains on at all times, even when the building is unoccupied. The system set to operate at lower ventilation rates during evenings and weekends. Occupants encouraged to wear additional, suitable indoor clothing. (If they have to wear coats, scarves and other outdoor clothing the room would be considered too cold and the above steps must be considered). Ensure staff meetings and insets are in rooms with suitable and sufficient ventilation 	

Maintain appropriate cleaning regimes	 A robust risk assessment process should include the following: How is each room in the establishment being ventilated? How many people are going to be using the room – more people greater the risk What activities are being done in that room – lots of people talking, shouting, more risk C02 monitors are only a tool to identify poorly ventilated areas – they are not to be used as a mechanism to 'measure safe thresholds' and to be used with the HSE suitability chart. Risk assessment video link https://youtu.be/hkK_LZeUGXM It is advisable to use a thermometer to monitor temperatures where opening windows and doors is being used as a mechanism to aid ventilation. For more information on suitable workplace temperatures see HSE: Guidance on temperature in the workplace 	Room ventilation risk assessment to be completed by CL/MJ to ensure adequate ventilation opportunities are in place Actions from this assmt to be completed and monitored
You should put in place and maintain an appropriate cleaning schedule.	 Reduced clutter and removing difficult to clean items to make cleaning easier. Cleaning using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. Surfaces that are frequently touched and by many people in common areas to be cleaned twice a day. Avoid sharing work equipment by allocating it on a personal basis or put cleaning regimes in place to clean between each user. Identify where you can reduce people touching surfaces, for example by leaving doors open (except fire doors) or providing contactless payment. Keep surfaces clear to make it easier to clean and reduce the likelihood of contaminating objects. Provide more bins and empty them more often. Toilets and communal areas to be cleaned regularly, with a process of recording – displaying cleaning schedules. Sanitising spray and paper towels to be provided in classrooms for use by members of staff. If using cloths – disposable or appropriate washing and drying process. 	To be considered; availability of staff an issue with regard to toilet cleansing;

Ensure good hygiene for everyone	Thorough cleaning of rooms at the end of the day. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces. PHE has published guidance on the cleaning of non-healthcare settings	Devon Norse in support; systems robust.
Hand & Respiratory hygiene	 Whilst DfE guidance removes the need for schools to use 'bubbles' PHE advice is if you can keep mixing to a minimum, it does reduce transmission along with: COVID-19 posters/ signage displayed. Frequent and thorough hand cleaning is regular practice. Pupils and staff to clean their hands when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Sufficient handwashing facilities are available. Where there is no sink, hand sanitiser provided in classrooms. Skin friendly skin cleaning wipes used as an alternative to hand washing or sanitiser. Staff help is available for pupils who have trouble cleaning their hands independently (e.g. small children and pupils with complex needs). Use resources such as "e-bug" to teach effective hand hygiene etc. Adults and pupils are encouraged not to touch their mouth, eyes and nose. Adults and pupils encouraged to use a tissue to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it'). Tissues to be provided. Bins for tissues provided and are emptied throughout the day. Respiratory hygiene The 'catch it, bin it, kill it' approach continues to be very important. The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene. N.B. please note that face covering guidance has changed due to Devon becoming an 'Enhanced Response Area', the following points describe the situation outside of ERA status. Although from Step 4, face coverings will no longer be advised for pupils, staff and visitors, persons choosing to wear face coverings as a precaution will not be deterred when outside the classroom. Where staff are in crowded spaces, face masks may be recommended (but not required). There are good hygiene measures that can be used in: 	

	https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/spotty-book-2021.pdf	
	https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/schools-and-nurseries-guidance/	
	DCC Health and Safety Arrangements: - Infection Control HS26	
Conditions for use of fluid	If a child, young person or other learner becomes unwell with symptoms of	
resistant face mask and other	coronavirus while in their setting and needs direct personal care until they can	
equipment when dealing with a	return home a face mask should be worn by the supervising adult if a distance	
symptomatic child are clear and understood by staff.	of 2 meters cannot be maintained.	
_	If contact with the child or young person is necessary, then gloves, an apron	
	and a 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	
	Ensuring that fluid resistant face masks are available for all schools and that a	
	supply is maintained.	
	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-	
0, (, , , , , , , , , , , , , , , , , ,	equipment-ppe	
Staff use of PPE	Pupils whose care routinely already involves the use of PPE due to their	
	intimate care needs will continue to receive their care in the same way. Follow	
	guidance	
	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	
Staff related issues		
Accessing testing arrangements	Guidance on the new asymptomatic testing programmes taking place in	
for all staff	schools are on a shared document platform hosted by DfE, including FAQ,	
io. an otan	webinars and step-by-step 'how to guides.	
	For secondary schools - Resources - Google Drive.	
	For primary schools - Primary Schools Document Sharing Platform - Google	
	<u>Drive</u> .	
Symptoms	Deliver strong messaging about signs and symptoms of Covid-19, isolation	
	advice and testing to support prompt isolation of suspected cases	

Vaccination	Encourage vaccination uptake for staff	
Dealing with confirmed case/ cases and outbreak.	Case (possible vs confirmed case) Possible: anyone with either a high temperature, a new, continuous cough or a loss of, or change to, your sense of smell or taste (and awaiting a test) Confirmed: PCR or LFD test positive case of COVID-19 with or without symptoms.	
Close Contact requirements	Individuals identified as close contacts are not required to self-isolate if any of the following apply: • they are fully vaccinated (e.g. at least 2 weeks after second dose) • they are below the age of 18 years and 6 months • they have taken part in or are currently part of an approved COVID-19 vaccine trial • they are not able to get vaccinated for medical reasons Close contacts who are not required to isolate will be advised to: • take a PCR test (do not need to isolate whilst awaiting result but will need to isolate as a case if positive) • limit close contact with others outside their household • wear a face covering in enclosed spaces • limit contact with clinically extremely vulnerable • participate in twice weekly LFD testing if eligible	
Cases -staff	For all cases relating to staff, please also see the guidance for workplaces: For cases in staff, settings should call the Self-Isolation Service Hub on 020 3743 6715 as soon as they are aware. Employers will need to provide the 8- digit NHS Test and Trace account ID of the person who tested positive, alongside the names of co-workers identified as close contacts to ensure they are registered with NHS Test and Trace and receive the necessary public health advice.	

Cases- pupils	Children who are unwell should <u>not</u> attend the setting and should remain at home until their acute symptoms resolve (+24 hours for a fever).
	• IF these symptoms develop into cough, temperature, changes to taste and smell, should isolate and test.
	 IF test negative to COVID-19, still need to remain at home until at least 24 fever free and acute symptoms resolved. Parents and settings should not try and 'second guess' diagnosis – if
	have the key symptoms, isolate and test.
	Examples of acute symptoms with which children should not attend school/nursery include fever, muscle aches, hacking cough. Follow public health advice on managing confirmed cases of COVID-19 see Schools COVID-19 operational guidance - GOV.UK (www.gov.uk) • Ensure the case isolates for 10 days • Household of the case isolates for 10 days (unless fully vaccinated or aged under 18 years and 6 months) • If positive case came from an LFD test, case should take a confirmatory PCR test within 48hrs of the LFD • Following a pupil PCR positive NHS Test and Trace will speak to the case (or parent/carer) to identify close contacts and advice on isolation as required and to get a PCR test • Staff and pupils who do not need to isolate should continue to attend school as normal • Clean and disinfect rooms the case was in, using appropriate PPE • Case and any isolating contacts can return once isolation period is
	Escalation criteria: If you have any infection control concerns or questions call the DfE Coronavirus helpline on 0800 046 8687 for advice. If your setting meets the following thresholds for extra action (outlined in the Contingency Framework), the DfE helpline will escalate to the SW PHE Health Protection Team when a risk assessment is required. DCC Public Health Team can also assist.
Case Thresholds	 For most education and childcare settings: 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. There are any admissions to hospital for COVID-19.

	 You are having problems implementing the control measures OR you have applied the control measures and are still seeing a significant rise in cases. 	
	For special schools, residential settings, and settings that operate with	
	20 or fewer children, pupils, students and staff at any one time:	
	2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.	
Contingency framework and	Schools are required to update their contingency plan (or outbreak	
outbreak control measures	management plan) and describe how they will respond if children, pupils, or staff test positive for COVID-19, how they will operate if they are advised to reintroduce any measures to help break chains of transmission. Such measures should be considered in addition to the day-to-day control measures being implemented by schools, PHE SW Health Protection Team have defined 4 levels:	
	 Baseline measures which settings should have in place at all times: staff in primary schools should test themselves using LFDs twice a week using home test kits until the end of September when this is reviewed. Early years and wrap around childcare staff should continue to test twice weekly as they have done during the summer. Follow and promote public health guidance on testing, self-isolation and managing confirmed cases of COVID-19 Setting based contact tracing of staff cases and staff contacts to be reported to the Self-Isolation Hub (020 3743 6715) Continue good hygiene measures, maintain appropriate cleaning regimes, keep occupied spaces well ventilated Appropriate use of PPE Continue strong messaging about signs and symptoms of COVID-19, isolation advice and testing Encourage vaccination uptake for eligible staff and students Additional outbreak control measures – If the threshold for extra action (set out in the Contingency Framework) is met, additional outbreak measures may be considered that are appropriate and proportionate to your school. These can be implemented by the school without additional support/approval: Providing a 'warn and inform' letter to parents Strengthening communications to encourage testing (staff and secondary aged pupils only) 	
	Consider moving activities outside (including exercise, assemblies and classes)	

	 Further improvement of ventilation indoors, one-off enhanced cleaning (focus on touch points and shared equipment) Reviewing and reinforcing hygiene measures Enhanced or Exceptional outbreak control measures - can be recommended following an Incident Management Team (IMT) or Outbreak Control Team meeting (OCT) and risk assessment undertaken with the Local Authority (or Health Protection Team (HPT)*. Note: additional measures may also be advised by a Director of Public Health across an entire area if an Enhanced Response Package (ERA) is in place (your LA will communicate this to you) 	
	Contingency framework: education and childcare settings Actions for schools during the coronavirus outbreak	
Pupil /staff related issues		
Vulnerable groups who are clinically, extremely vulnerable.	All CEV children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their GP or clinician not to attend. Further information is available in the guidance on supporting pupils at school with medical conditions. Whilst attendance is mandatory, we recommend that leaders in education work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person FAQ	
Assessment of all staff, including high risk staff with vulnerable / shielding family member, underlying health conditions or other risk factors	A risk assessment should be undertaken with clinically extremely vulnerable and clinically vulnerable. A risk assessment should also be undertaken (or reviewed/updated if one was previously undertaken) with staff who may be anxious about returning to school and/or due to the increased numbers. The 'Risk assessment for all staff including vulnerable groups' can be used to aid and record this assessment - https://devoncc.sharepoint.com/:w:/s/PublicDocs/Education/ESoXeZkAQylLupPG5VVG6yQB2iEFDD4pgkko5qBbtOSEkw?e=040Qiy	

Pregnant staff	Coronavirus (COVID-19): advice for pregnant employees - GOV.UK (www.gov.uk) - should have a risk assessment in place: Coronavirus (COVID-19) infection and pregnancy (rcog.org.uk) can support risk assessment a more precautionary approach advised for those >28 weeks pregnant or for individuals with underlying health conditions that place them at greater risk.	One member of staff.
Transport		
Travel and quarantine	Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to <u>travel legislation</u> , details of which are set out in <u>government travel advice</u> . Additional guidance has been issued on the <u>quarantine arrangements for boarding school pupils travelling from redlist countries to attend a boarding school in England.</u>	
Transport to/from school	Following discussions with colleagues at Public Health Devon and the Department for Education, and with the aim of minimising disruption to education in the Autumn term, we are asking that students aged 11 and over continue to wear face coverings when travelling on school transport until further notice. We recognise that some medical conditions or additional needs may make this not possible - exemption passes are available - please contact the school directly who will be able to issue these. We would also ask that: • Students should wash/clean their hands before boarding home to school transport, and when arriving at school or home. • Students should respect the driver's personal space and hold back from entering the vehicle until the driver has indicated it is safe to do so, they should then board one by one in an orderly manner. It is still recommended that face coverings are worn by all passengers, unless exempt (www.gov.uk/ guidance/coronavirus-covid-19-safer-travel-guidance-forpassengers#face-coverings)	
Curriculum considerations		
Educational visits	You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.	

	General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).	
Resources		
	DfE daily email- DfE - COVID daily email subscription service (office.com) Posters and promotional material - https://coronavirusresources.phe.gov.uk/back-to-school/resources/ NHS resources and videos ① Handwashing for teachers ① Handwashing for children ② Coronavirus factsheet for kids ② PPE Donning and Doffing advice Other resources and videos ② COVID-19: the facts Scouts ② eBug https://e-bug.eu/ ③ PHE webcast - Breaking the chain of infection	
Oversight of the governing body		
Lack of governor oversight during the COVID-19 crisis leads to the school failing to meet statutory requirements	The governing body continues to meet regularly via online platforms. The governing body agendas are structured to ensure all statutory requirements are discussed and school leaders are held to account for their implementation. The Headteacher's report to governors includes content and updates on how the school is continuing to meet its statutory obligations in addition to covering the school's response to COVID-19. Regular dialogue with the Chair of Governors and those governors with designated responsibilities is in place. Minutes of governing body meetings are reviewed to ensure that they accurately record governors' oversight and holding leaders to account for areas of statutory responsibility.	

Section	List Actions / Additional Control Measures	Date action to be carried out	Person Responsible
	Outbreak management plan to be updated and added to the website	No later than 30/09/21 but expected to be mid-Sept.	C. Luxford with support from MJ.

The outcome of this assessment should be shared with the relevant staff and Governing Body. A copy of the completed assessment to be kept on file and copied to the Health & Safety Co-ordinator.