

FULL OPENING INFECTIOUS DISEASES COVID-19
Parkfield Community School reviewed 9th February 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.

HAZARD	RISK GROUP	RISK	CONTROL MEASURES (Describe the workplace precautions and risk control systems in place)	Residual Risk Rating HIGH MED LOW	Are Controls Adequate?	
					Yes	No*
Arriving to school	Pupils Staff Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> • 1 way, 2 metre system is marked off with tape and cones with additional signs to aid parents. • Staggered start/end times for school day. (inc flexible register) Families to be given groups which will determine their start/finish times. Group A at 8:30am (finish at 3:00pm) and Group B at 8:45 (finish at 3:15pm) • Parents/carers with children in years 4,5 and 6 to be encouraged to drop children off at front gates to minimise the number of parents on site. • Only 1 parent/carer per family to be allowed on site. • Parents must wear face coverings • Guidance will be provided re distancing and hygiene requirements before or upon arrival of ANY visitors into school. • Parkfield will obtain contact details from visitors to enable NHS track & trace to contact close contacts speedily. • No parents to be admitted into school building. Access will be to exterior office receptions areas only in strictly enforced numbers. Parents wishing to speak to office staff, must make an appointment. 		Y	

			<ul style="list-style-type: none"> • 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 who are outside enforcing the rules MUST wear a face covering and gloves. • 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 disposable facemask will be asked to remove it and place it in a lidded bin before entering the building. Staff will direct children to use the hand sanitiser located by the entry doors and then proceed to their classrooms. • One-way system inside the building to be adhered to by all staff and children between 8:30am and 3:25pm. Outside of these hours, staff may travel around the school freely but must adhere to social distancing rules and must not enter any classrooms that are not part of their year group bubbles. The only exception to this rule is SLT.(see separate note below) • Staff must wear face coverings in communal areas and in corridors. • If we cannot manage specific year groups safely, due to human resources, these year groups will be moved to online learning only 			
Staff receiving child from Parent	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Staff receiving children may wear a face covering and gloves. Please note, that the incorrect handling of face masks can lead to an increased risk of contamination. • Staff will direct children to either use the hand sanitiser and proceed to their classroom (another member of staff 		Y	

			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	<ul style="list-style-type: none"> • The classrooms in years 1-6 will have desks facing forwards. • EYFS classrooms will continue to use their free flow system and staff will encourage children to wash their hands more regularly than usual. Snack times will be allocated to each class. • IF SLT have to enter the classroom (that is not part of the their bubble) they will only do so whilst maintaining social distancing from both children and staff within the class and MUST use face coverings and/or gloves if necessary. • In years Nursery-6, 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. • Tissues available on each table for pupils to use when coughing or sneezing and they must be bagged and 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. • Equipment that is usually touched by multiple children will be cleaned after use • Children are to use the same allocated desk each day • Items that are soft furnishings e.g. soft toys, cushions etc will be removed from classrooms. • Classrooms should be well ventilated, and windows should be open plus doors if necessary. Windows do not need to be wide open but MUST be opened wide throughout the day i.e playtimes/lunchtimes etc to enable a good stream of fresh air. Pupils are also allowed to wear extra clothing/coats etc if needed in classroom • When teaching PE inside using the halls, the windows and doors must be open during the whole lesson. 		Y	

			<ul style="list-style-type: none"> • 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 not be reused for 48 hours. • PE bags will not be needed to be brought into school. Children will wear PE kit to school. • 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 clubs will operate as a separate bubble, with consistent members of staff. If there is a positive case within this bubble, the whole bubble will have to self-isolate for 10 days. • 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/supervisor. 			
Classroom Lessons	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Where children may require extra assistance, a 2 metre rule must try to be enforced. If this is not possible, staff should avoid close face to face contact and minimise time spent within 1 metre of anyone and will consider their body positions (e.g being above and behind the child) • Those staff who are providing extra interventions or through teaching groups, including 1-1 teaching, should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults, and adhere to the protective measures in Appendix 3 along with a register which must be completed to show which children have been in contact with and sent to DHT daily. • Those staff who need to assist due to behaviour or other pastoral support, such as SLT and the SEAL team, should try 		Y	

			<p>and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults, and adhere to the protective measures in Appendix 3. If assistance due to behaviour is necessary, or pastoral support needs to be given, then a register must be completed to show which children have been in contact with and sent to the DHT daily.</p> <ul style="list-style-type: none"> • Any staff member who needs to assist with behaviour or using Team Teach methods, MUST wear a mask and/or visor, and gloves. • Classes will become the consistent bubble. However, year group bubbles will support some teaching activities, play and lunchtimes in certain year groups. These bubbles must be kept apart from other bubbles where possible. • 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 an emergency or to use the toilet. 		
Children requiring use of the toilet	Children Staff	Infection Control	<ul style="list-style-type: none"> • 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. • All toilets within the school building will be regularly cleaned during the day • Cleaning log will be completed for each toilet hourly • Year 4 and 6 to use toilets by the ICT suite • Years 2, 3 and 5 to use toilets by SEAL room and main office • One-way system inside the building to be adhered to by all staff and children (see note above) 		Y
Break times	Children Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Children informed again of the importance of social distancing whilst outside. • Look at providing activities which can abide by the rules. 		Y

			<ul style="list-style-type: none"> • Outdoor play equipment must not be used unless it is thoroughly cleaned between uses. • Supervising staff will be on a rota for their year groups at breaktimes along with the pastoral team. All staff must adhere to 2m social distancing where possible. • 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. • All breaktimes to be staggered to avoid contact with other groups/bubbles or held in separate zones. • One-way system inside the building to be adhered to by all staff and children • Water bottles- children will have personal water bottles in class 		
Break Times – Staff Room	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Staffroom can be used as a leisure area but will have a maximum of 6 staff at one time seated in here and must be 2m apart. A maximum number of 2 people may use the separate kitchen area. • 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. • Mobile phones must not be used or visible where children can see them. • Staff should not be in close contact with any other staff from outside their year group bubble within the building. • Photocopiers will be provided with cleaning materials, please wipe down after each use. • Staff must make their own drinks/food and wash and dry their own cups and other crockery and utensils thoroughly using warm soapy water. 		Y
Lunch/Break Times	Staff Children	Spread of Infection due	<ul style="list-style-type: none"> • Whilst children are on breaks, clean tables and door handles with a disinfectant or disinfectant spray. 		Y

Classrooms		to close contact	<ul style="list-style-type: none"> Wear gloves whilst carrying out this task and wash hands after cleaning. 			
Lunch breaks	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> 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. An MDS will be attached to each bubble for supervision during lunchtimes Staff may have their lunch outside but must do so in the allocated space. No more than 6 members of staff may meet in one area and must keep 2m apart. One-way system inside the building to be adhered to by all staff and children 		Y	
Assemblies	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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_donning_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. Ensure records of injury and treatment are recorded and who administered first aid treatment. Always wash hands after contact 		Y	
First Aid – Life threatening	Staff Children	Spread of Infection due to close contact	<ul style="list-style-type: none"> 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. 		Y	

			<ul style="list-style-type: none"> • 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 			
First Aid & Medication	Staff Pupils Others	First Aid Procedures	<ul style="list-style-type: none"> • First Aiders must always wear gloves when administering first aid procedures. • A disposable face covering and visor must be 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	<ul style="list-style-type: none"> • 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, a face covering and/or visor must be worn • Wash hands after contact • all staff who will have different groups of pupils throughout the week keep a register of who they have been in close contact with and must send this to the DHT by the end of the school day. They must adhere to the protective measures in Appendix 3. 		Y	
Children with behavioural issues	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • 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, or children need to be calmed without the need for team teach, such as time out in the SEAL room, face coverings and gloves must be worn. 		Y	

Children leaving at the end of the school day.	Staff Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> • 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 • Children released when parent/carer is visible to maintain constant flow • Nursery parents and children to enter and return through the same gate respecting 2m social distancing. • SLT will be on the playground to aid collection of children. • To allow time for thorough cleaning, All Staff (aside from site, staff cleaners and HT/DHT) must leave the site by 5pm on Mondays, Tuesdays, and Thursdays and by 2:30pm on Fridays. 		Y	
Parent wishing to talk to staff	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • 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. The must be notified if a face to face parent meeting is needed. Parents will be discouraged in congregating around the school site. 		Y	
Staff communication	Staff	Spread of Infection due to close contact	<ul style="list-style-type: none"> • Site staff to be contacted through the 'Every Site' online helpdesk facility or via internal telephone • 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. If assistance is needed, please see advice above. • IT staff to be contacted through the IT helpdesk facility which is accessed via the desktop icon. Staff must not visit the IT 		Y	

			office. If the technician needs to visit classrooms, due to not being able to solve the problem remotely, he will wear PPE.			
Awareness of policies / procedures / Guidance	Staff Pupils Others	Inadequate information	<ul style="list-style-type: none"> All staff must ensure they are aware of the current guidelines in regard to protective measures as outline in the Government Guidance https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools All staff are able to access the following information on-line for up to date information on COVID-19 Public Health England Gov.co.uk NHS DfE Department for Health and Social Care The relevant staff receive any necessary training that helps minimise the spread of infection, e.g. infection control training. (washing of hands, cleaning up bodily fluids). This risk assessment is to be read in conjunction with BCC COVID19 staff guidance (<i>We are in the process of producing our own staff guidance</i>)https://www.birmingham.gov.uk/staffguidance Cleaning Risk Assessment COVID19 Cleaning in a non healthcare 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 and contact the school as soon as possible if they believe they may have been exposed to coronavirus. 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 		Y	

			<p>contact the school as soon as possible if they believe their child has been exposed to coronavirus.</p> <ul style="list-style-type: none"> • 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	Ill Health	<ul style="list-style-type: none"> • All staff must adhere to the system of controls: protective measures in Appendix 3. • Posters are displayed throughout the school reminding pupils, staff and visitors to clean their hands regularly including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Pupils, staff and visitors are encouraged to wash their hands with soap or non- alcohol-based sanitiser 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 in school. • Pupils and staff are forbidden from sharing cutlery, cups or food. • 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 		Y	

			<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Children/adults with others in their home who have symptoms should not be in school. • Any staff/pupils who exhibit symptoms must go for a test at the earliest possible time. They will not be allowed to return to school until this has been done. If the test proves negative, they can return to school if they are well enough to do so. • Siblings of pupils who display symptoms must also leave the school site, go for a test and self-isolate for 10 days, starting the day after last contact. If all members in that household test negative, then the pupils can return to school if they are well enough to do so. • https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-an-antigen-test-to-check-if-you-have-coronavirus/ • https://www.gov.uk/apply-coronavirus-test-essential-workers?utm_source=8%20July%202020%20C19&utm_medium=Daily%20Email%20C19&utm_campaign=DfE%20C19 • If a child or adult within a group tests positive for COVID, they must isolate for 10 days from the day the child was last in. The year group, plus any other staff who have come into close contact with that year group, must self-isolate for 10 days, starting the day after last contact and will not be allowed into school. Children in self-isolating bubbles must not come onto the school site. 		Y

			<ul style="list-style-type: none">• Those staff who are opting into LFD testing are to report their results via www.gov.uk/report-covid19-result, or by phoning 119, every time a test is taken, even if the result was negative or void.• Any staff member who tests positive from an LFD test, must isolate straight away for 10 days as must those people, including the bubble, who have been in close contact with the person who has tested positive, as defined in the https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak.• 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.• 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. They will then wait to be collected and to for a test. The area for this school will the maths academy• 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.		
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			<ul style="list-style-type: none"> • 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: the disabled toilet by the main office. • 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 school office. • 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. 		
Spread of infection	Staff Pupils Others	Lack of infection control	<ul style="list-style-type: none"> • Spillages of bodily fluids, e.g. respiratory and nasal discharges, are cleaned up immediately in line with guidance, using PPE at all times. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_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 bubble are not to return to school before the minimum 		Y

			<p>recommended exclusion period (or the 'self-isolation' period see appendix 4) has passed, in line with national guidance. This is currently 10 days.</p> <ul style="list-style-type: none"> • 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 headteacher, in liaison with the pupil's parents where necessary. • All essential staff training/ meetings, where social distancing cannot be facilitated, to be held virtually. • Any clinically extremely vulnerable staff MUST work from home or stay at home 			
Poor management of infectious diseases	Staff Pupils Others	Lack of infection control	<ul style="list-style-type: none"> • All staff must adhere to the system of controls: protective measures in Appendix 3. • All staff are responsible for ensuring they adhere to this risk assessment and the system of controls: protective measures in Appendix 3 • 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. • 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. 		Y	

			<ul style="list-style-type: none"> • The school is informed by pupils' parents when pupils return to school after having coronavirus – the school informs the relevant staff. • Staff inform the headteacher/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. 		
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Please note:

Parkfield Community 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>

- Two members 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 rota'd throughout the week where possible.
- The designated cleaners 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 toilets will have a cleaning log that all cleaners must sign hourly during the school day and after each clean at the end of the day to inform staff and children that they have been cleaned.
- 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

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 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				

	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		

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			

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.

Appendix 3 The system of controls: protective measures

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

System of controls

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

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend school
- 2) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach
- 5) minimise contact between individuals and maintain social distancing wherever possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)

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

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

Number 6 applies in specific circumstances.

Response to any infection:

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

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

Appendix 4

Key timelines for Contact Tracing & for Isolation:

Contact Tracing Timelines:

Tested Positive :	Contact Tracing timelines
<p>Symptomatic The main symptoms of Covid-19 are:</p> <ul style="list-style-type: none"> ➤ a new continuous cough and/or ➤ fever (temperature of 37.8 degrees or higher) ➤ loss of or change in, normal sense of taste of smell (anosmia) <p>Children may also display gastrointestinal symptoms.</p>	<p>Track back 2 calendar days from the date of onset of symptoms.</p> <p>If a person is a direct or proximity contact, they must self-isolate for 10 days as outlined in the table below</p> <p>Example: if a person was showing symptoms on 15/09/2020 you should establish all contacts the positive case had from and including 13/09/2020.</p>
<p>Asymptomatic (Confirmed case did not show any Covid-19 symptoms)</p>	<p>Track back 2 calendar days from the date of the test.</p> <p>If a person is a direct or proximity contact, they must self-isolate for 10 days as outlined in the table below</p> <p>Example: if a person had a test on 20/09/2020 you should establish all contacts the positive case had from and including 18/09/2020.</p>

Self-Isolation Timelines:

Person	Symptomatic Case	Asymptomatic Case
Confirmed Positive Case	<p>10 days from the date of onset of symptoms</p> <p>Start counting from the next day following symptoms.</p>	<p>10 days from the test date</p> <p>Start counting from the next day following the test date, not from the result date.</p>

	<p>Person can return to the setting on the 11th day if they feel better and have not had a fever in the previous 48 hours</p> <p>Siblings of the confirmed case should be self-isolating as a household contact as outlined below.</p> <p>If a positive case was showing symptoms and had a test you will start counting from the date of showing symptoms as below.</p> <p>Example:</p> <ul style="list-style-type: none"> ➤ If a person showed symptoms on Thursday 10/09/2020, ➤ had a test on Friday 11/09/2020 ➤ then the tenth day would be Sunday 20/09/2020, ➤ and they can return to the setting on the eleventh day which is Monday 21/09/2020. 	<p>Person can return to the setting on the 11th day if they feel better and have not had a fever in the previous 48 hours.</p> <p>Siblings of the confirmed case should be self-isolating as a household contact as outlined below.</p> <p>Example:</p> <ul style="list-style-type: none"> ➤ if a person did not show any Covid-19 symptoms and ➤ had a test on Friday 11/09/2020 ➤ then the tenth day would be Monday 21/09/2020 ➤ and they can return to the setting on the eleventh day which is 22/09/2020.
<p>Contact / Bubble</p>	<p>10 days from the date of last contact</p> <p>(start counting from the next day)</p> <p>From Day 11, the person can return to the setting if they have not had Covid-19 symptoms.</p> <p>If the contact tested negative during the 10-day period, the contact cannot return to the setting until the 10-day isolation is complete.</p> <p>Siblings of the bubble do not need to self-isolate unless the contact shows Covid-19 symptoms.</p> <p>Example:</p> <ul style="list-style-type: none"> ➤ if the case's last day at the setting was 02/09/2020 ➤ then the contact must self-isolate until the tenth day which is 12/09/2020 	<p>10 days from the date of last contact</p> <p>(start counting from the next day)</p> <p>From Day 11, the person can return to the setting if they have not had Covid-19 symptoms.</p> <p>If the contact tested negative during the 10-day period, the contact cannot return to the setting until the 10-day isolation is complete.</p> <p>Siblings of the bubble do not need to self-isolate unless the contact shows Covid-19 symptoms.</p> <p>Example:</p> <ul style="list-style-type: none"> ➤ if a case's last day at the setting was Friday 04/09/2020 ➤ then the contact must self-isolate until the tenth day which is 14/09/2020.

	<p>➤ and they can return to the setting on the eleventh day which is 13/09/2020.</p>	<p>➤ The contact can return to the setting on 15/09/2020.</p>
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Definition of a contact for Covid-19 by Public Health England:

A contact is identified as a person who has had close contact (direct or proximity) at any time from 2 calendar days before onset of symptoms (or test date if asymptomatic) to 10 days after onset of symptoms (or test date if asymptomatic).

Close contacts mean:

- anyone who lives in the same household as someone with coronavirus (COVID19) symptoms or who has tested positive for coronavirus (COVID-19)
- anyone who has had any of the following types of contact with someone who has tested positive for coronavirus (COVID-19) with a PCR or LFD test:
 - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
 - been within one metre for one minute or longer without face-to-face contact
 - sexual contacts
 - been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
 - travelled in the same vehicle or a plane

A person who has been within 2 metres of someone who has tested positive for Covid-19 for more than 15 minutes

- A person who has travelled in a small vehicle with, or in a large vehicle near someone who has tested positive for Covid-19.
- People who spend significant time in the same household as a person who has tested positive for Covid-19.

The following persons would NOT be deemed close contacts:

- A person who maintained appropriate distance (over 2 metres).
- A person who wore PPE appropriate for the situation.



Addendum for Lockdown January 6th 2021

HAZARD	RISK GROUP	RISK	CONTROL MEASURES (Describe the workplace precautions and risk control systems in place)	Residual Risk Rating HIGH MED LOW	Are Controls Adequate?	
					Yes	No*
Arriving to school	Pupils Staff Parents Others	Spread of Infection due to close contact	<ul style="list-style-type: none"> Children and parents will enter the school from 8:30am- 9am. Each bubble will have a separate entrance into school. Temperatures will be taken upon arrival on site for pupils, staff and visitors. Testing stations at each entry point to the school for Nursery, Reception, Year 1/ 2, Year 3, Year 4 and Year 5/ 6 children. If raised temperatures are detected, no admittance will be given. At least one senior leader will be non-class based at all times At least one DSL will be on site throughout the day SENDCO will be on site throughout the day At least one cleaner will be on site throughout the day At least one paediatric first aider will be on site throughout the day along with another first aider. 2 midday supervisors will be allocated for each bubble. They must adhere to social distancing rules at all times and must not mix with MDSs allocated to other bubbles. attendance will be limited to vulnerable and children and those of critical workers. See updated guidance: 		Y	

			https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provisionand vulnerable children who can access schools or educational settings		
Classroom set up			<ul style="list-style-type: none"> • Breakfast (toast and juice) will be given to each bubble in separate trays. These will be wrapped, placed in trays and left outside the classroom by the kitchen assistant who will be wearing gloves and a face covering. • All classes must contain no more than 15 pupils and 2 Teachers or Teaching Assistants where possible and staffing capacity allows. This group must not mix with any other groups or staff within the school site. If there are two adults in a room, they both MUST wear a face covering and adhere to social distancing guidelines • N.B Teachers and TAs who are remotely teaching are able to come into school to work from their classroom. There must only be one adult in each room. They will inform SLT that they are intending to come into school and will have their temperature checked on arrival, and they will inform the cleaners to clean their classrooms. They will not be allowed to mix with any children or adults in school. • Delivering Remote Education safely will be in-line with KCSIE. Reminder - Safeguarding and remote education during coronavirus (COVID-19) 		

Break times			<ul style="list-style-type: none"> All breaktimes to be staggered to avoid contact with other groups or held in separate zones. 2 pastoral members will supervise at playtimes and lunch times and must adhere to the social distancing guidelines. 			
Lunch breaks			<ul style="list-style-type: none"> Children will be served hot meals at lunchtime unless they bring sandwiches from home. Children will be served these dinners in the dinner hall following a bubble rota system. Year 3 and 4 will be separated in the dinner hall using dividers. All Hall doors will be open throughout dinnertime. Area to be cleaned thoroughly between bubbles 2 midday supervisors will be allocated for each bubble. They must adhere to social distancing rules at all times and must not mix with MDSs allocated to other bubbles. Adults can use the kitchen in the staff room but must not be in there for more than 15 minutes. The staff room should not be used for eating or socialising. Staff will need to eat in their class bubble or off-site and no more than 2 members of staff in the same room 			
Children leaving at the end of the school day.			<ul style="list-style-type: none"> School day will be from 8:30am - 3:15pm for all bubbles Monday to Thursday, and 12:15pm on Friday. During the national lockdown only, parents of Key worker children may request 3:15pm collection on Fridays if absolutely necessary. – each case will be decided upon merit. The decision of the Head of School will be final. Children will be allocated a bubble area to wait in before they are collected by parents/ cares at the end of the school day. Bubbles must NOT mix or cross the coned areas separating them. Any children who have not been collected 			

			<p>at the end of the day will wait in the school hall in separate bubble areas</p>			
			<p>During National Lockdown Spring 21 the expectation is that everybody should work from home where possible. CEV staff (those identified through a letter from the NHS or a specialist doctor as in the group deemed CEV) should follow the published guidance. CV staff can continue to attend school where it is not possible to work from home. While in school they should follow the sector-specific measures to minimise the risk of transmission - see updated Jan DfE Guidance</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950510/School_national_restrictions_guidance.pdf</p> <p>During National Lockdown Spring 21 - these staff can still attend and will continue to have individual risk assessments. People living with those who may have comparatively increased risk form COVID can attend the workplace.</p> <p>https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees</p>			