

School Operations Risk Assessment (COVID 19) – Westholme School Academic Year 2021-22

Latest update 2.1.22

The purpose of this risk assessment is to address the additional risk of the transmission of Covid-19 infection during school operating hours. It has been updated in line with guidance from the UK Government which changed most recently in January 2022.

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance>

<https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings>

THIS RISK ASSESSMENT WILL BE KEPT UNDER CONSTANT REVIEW AND MUST BE CONSIDERED AND IMPLEMENTED ALONGSIDE ALL OTHER COVID 19 RISK ASSESSMENTS.

Westholme School have considered national government and local authority advice, and put that within our risk assessment judgements. We are confident in our systems and safeguards to mitigate the risk of infection spread for staff and students whilst balancing the attendance, mental health and wellbeing of students and staff.

The “system of control” which will be at the heart of how Westholme operates is in two parts as follows:

Prevention:

- 1) Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, do not attend Westholme.
- 3) Clean hands thoroughly more often than usual.
- 4) Ensure good respiratory hygiene for everyone by promoting the ‘catch it, bin it, kill it’ approach.
- 5) Continue enhanced cleaning, including cleaning frequently touched surfaces.
- 6) Encourage social distancing wherever possible.
- 7) Keep occupied spaces well ventilated.
- 8) Where necessary, wear appropriate personal protective equipment (RRE-Risk Reducing Equipment) in specific circumstances as identified below.
- 9) Follow Public Health advice on testing, self-isolation and managing confirmed cases of COVID 19.

Response to any infection:

- 10) Promote and Engage with the NHS Test and Trace process following the Westholme Leadership Team document ‘Procedures to follow when notified by a positive COVID case’
- 11) Manage confirmed cases of coronavirus (COVID-19) amongst Westholme community.
- 12) Contain any outbreak by informing and following local health protection team advice.

PREVENTION

	Hazard/ Aspect	Who is affected	Risk Level (High, Medium, Low)	Controls in Place	Residual Risk Level (H / M / L)	Additional Controls	Residual Risk Level (H / M / L)
1.	<p>Minimising Contact with individuals who are unwell - ensure that those who have coronavirus (COVID-19) symptoms do not come into school</p> <p>Minimising contact with individuals who are required to self-isolate by ensuring they do not attend the school</p>	Students and Staff	H	<p>1.1) Child or adult with symptoms</p> <p>a) Ensure that students, staff and other adults do not come into the Westholme if they are unwell in any way, have coronavirus (COVID-19) symptoms, or have tested positive in the last 7 days. Staff and pupils may return to school on day 8 of isolation, having tested positive, following negative LFT on day 6 and 7 *.</p> <p>b) Any employee or student who displays coronavirus (COVID-19) symptoms, should arrange to have a test. If the test is returned negative they can return to Westholme.</p> <p>c) If staff/ students test positive whilst not experiencing symptoms but develop symptoms during the isolation period, they should restart the 10-day required isolation period from the day they develop symptoms (whether this was a Lateral Flow Device (LFD) or Polymerase Chain Reaction (PCR) test).</p> <p>d) Anyone who tests positive having taken a PCR test will still need to self-isolate regardless of their age or vaccination status. Individuals should also continue to self-isolate immediately if they display COVID-19 symptoms.</p> <p>Westholme has communicated to all members of the school community that they must stay at home if:</p> <ul style="list-style-type: none"> • they have one or more coronavirus (COVID-19) symptoms • they are required to quarantine having recently visited countries outside the Common Travel Area • they have had a positive test in the last 10 days (unless they have had 2 negative LFTs on day 6 and 7 in which case they can return to school on day 8) 	L	<p>Any person displaying symptoms must not return to school until they have completed the required isolation period and/or received a negative coronavirus test, in line with government guidelines. Children with temperatures cannot return until they have been 24 hours fever free, without the need of medication to assist, in line with DsPH DfE guidelines.</p> <p>In the majority of cases, schools and parents will be in agreement that a child with symptoms should not attend school, given the potential risk to others. In the event that a parent or guardian insists on a child attending school, schools will take the decision to refuse the child if in their reasonable judgement it is necessary to protect their pupils and staff from possible infection with coronavirus (COVID-19). Any such decision would be carefully considered in light of all the circumstances and the current public health.</p>	L

			<ul style="list-style-type: none"> they have been told to self-isolate by NHS Test and Trace or their public health protection team. <p>NB if an LFD test is taken first, and a PCR test is then taken within 2 days of the positive lateral flow test, and is negative, it overrides the LFD test and the pupil can return to school.</p> <p>For a Student or adult who develops symptoms during the school day, please see separate risk assessment for 'dealing with a suspected case of Covid-19 in school'.</p> <p>*Isolation period rules <i>From January 2022 – the 10 day self-isolation period for people who record a positive PCR test result for COVID-19 has been reduced to 7 days in most circumstance. Individuals may now take LFD tests on day 6 and day 7 of their self-isolation period. Those who receive two negative test results are no longer required to complete 10 full days of self-isolation. The first test must be taken no earlier than day 6 of the self-isolation period and tests must be taken 24 hours apart. This also applies to children under 5, with LFD testing at parental or guardian discretion. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result and return to your education setting from day 8. Anyone who is unable to take LFD tests will need to complete the full 10 day period of self-isolation.</i></p>		<p>Staff, pupils and families will be reminded that they must not attend school, even if they are feeling better, until they receive their test results.</p> <p>The isolation period includes the day the student/ staff member became unwell and the next 10 full days.</p>	
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2.	Transmission of virus due to insufficient hand hygiene	Staff and students	H	<ul style="list-style-type: none"> a) Staff must ensure (as far is reasonably practical) that students clean their hands regularly (can be a combination of washing and/or sanitising) with frequency and rigour. b) Students (and staff) are encouraged to wash hands for 20 seconds following United Kingdom Health Security Agency (UKHSA) guidance. See NHS hand washing guidance. c) Hand sanitisers are provided in corridors and classrooms (with 70% alcohol content). d) Ensure use of hand sanitiser is supervised where necessary to avoid risk of ingestion. e) Ensure bins emptied regularly. 	M	<ul style="list-style-type: none"> a) Posters to be displayed prominently around Westholme to promote hand washing throughout the setting in order to build regular hand washing into the culture of the Westholme. b) Staff to help small children and those with complex needs to wash their hands thoroughly; with small children skin friendly cleaning wipes can be used as an alternative 	M/L
3.	Transmission of virus due to insufficient respiratory hygiene	Staff and students	H	<p>3.1) Face coverings</p> <ul style="list-style-type: none"> a) Staff and students should wear a face mask when travelling on School transport and students will sit with older children at the back and the youngest children at the front to minimise contact between year groups. b) Face coverings should be worn in communal areas in all settings by staff, visitors and students in Year 7 and above, unless they are exempt and in wrap around after school and before school settings. c) From 4th January, face coverings will be worn in classrooms and teaching spaces where students in year 7 and above are educated (this measure will be reviewed by the government on the 26 January). <p>3.2) Ensuring good respiratory hygiene</p> <ul style="list-style-type: none"> a) Westholme promotes the catch it, kill it, bin it approach in pedal bins –posters are displayed prominently in classrooms and around Westholme in order to embed this into the culture of the School. b) Where possible windows and doors (not fire doors) need to be left open to ensure that the rooms are well ventilated. In winter, partially opened windows and doors can provide adequate ventilation during a lesson before increasing ventilation after room is unoccupied, (for example, between classes, during break and lunch, when a room is unused). 	M	Reintroduction of face coverings for staff and senior students in communal areas and classrooms may be introduced as a reaction to possible future high infection rates (see Appendix A)	L

				<ul style="list-style-type: none"> c) Appropriate consideration given to ventilation when holding events e.g. Parents' Meetings, school plays. d) Sufficient stocks of tissues/ sanitiser in place for students and staff to use. e) Ensure internal office spaces are well ventilated at all times. Keep doors open, where possible, to allow air flow. Do not use fan heaters when the office is occupied. 			
4.	Transmission of virus through insufficient cleaning of surfaces	Staff and students	H	<ul style="list-style-type: none"> a) Enhanced cleaning will occur within the setting using the Westholme's standard cleaning products. When there has been a confirmed case in school and a deep clean is required, staff will use the fogging machine in areas directed by SLT. b) The cleaning routine is evidenced. c) Bins used to dispose of cleaning materials such as sanitising wipes and paper towels are lidded and are emptied frequently to avoid overflow. d) Hand-sanitising stations have been fitted around Westholme including in classrooms and communal areas where appropriate. e) Students are taught the correct way to use hand sanitiser. Posters are displayed by sanitisers. f) Toilets are regularly cleaned. g) Pupils are encouraged to wash their hands thoroughly after using the toilet. 	M	<p>a) Key staff have completed the Me Learning course 'Infection Prevention Control for Frontline Workers'.</p> <p>b) Donning and doffing of PPE guidelines are attached to appropriate risk assessments to ensure all staff know the processes involved.</p>	M/L
5.	Transmission of virus through contact between individuals	Staff and students	H	<p>5.1 In Classrooms/ lessons</p> <ul style="list-style-type: none"> a) Ensure good ventilation at all times. b) Where students are old enough, they should be supported to maintain distance and not touch others where possible through reminders from staff and appropriate signage. c) Outdoor PE and play are encouraged. <p>It is acknowledged that social distancing is not possible with younger children, so good hand and respiratory hygiene and an enhanced cleaning schedule is important.</p> <p>5.2 Measures elsewhere</p>	M	<p>Parents to be reminded of the benefits of social distancing and will continue to socially distance from each other whenever possible.</p> <p>Messy play, sand and water play in Early Years individually risk assessed. Toys that EYFS children frequently touch or put in mouths to be left to soak in Milton solution. Toys should be washed with hot soapy water/ Milton solution more frequently than normal throughout the COVID -19 pandemic.</p>	M/L

				<ul style="list-style-type: none"> a) Staff meetings will be held in large rooms that allow for social distancing (e.g. theatre at WL). b) In staffroom - access to cleaning products provided to allow staff to wipe surfaces etc. before and after use. <p>5.3 Arriving and leaving Westholme</p> <ul style="list-style-type: none"> a) Infants to finish at 3:20pm – ten minutes before Juniors to allow a staggered finish time. b) Designated entry and exit points at Junior and Senior School. <p>5.4 Other considerations</p> <ul style="list-style-type: none"> a) Where face to face meetings with a parent take place, it will be ensured the room is well ventilated and large enough to allow for social distancing. b) Maintain and share established Covid-19 procedures for contractors, visitors, catering staff and deliveries, as well as cleaning staff on site who may be working throughout Westholme and across different groups. c) Outdoor competition between schools to take place within the system of controls and following National Governing Body guidance. d) Swimming sessions will continue following the Swim England guidance. e) Westholme will engage with local immunisation providers COVID/ Flu (IntraHealth) to provide immunisation programmes on site, ensuring these will be delivered in keeping with the Westholme’s control measures. f) Water fountains have been adapted so they can only be used to fill water bottles. Instructions on sanitising hands before using the dispensers are located by the water fountains, along with clear instructions not to put the spout in the bottle whilst refilling a bottle with water. g) Staff to maintain good hygiene & social distancing when using defined staffroom areas during break time. 		Play equipment from home not allowed.	
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Response to infection

6.	Test and Trace Manage confirmed cases of coronavirus (COVID-19) amongst the Westholme community	All staff and students	H	<p>Westholme understands the procedures to be followed in the NW Resource Pack for Schools. Westholme monitors the HT bulletin/Services for Schools website for the most up to date version.</p> <ol style="list-style-type: none"> a) Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do; b) Pupils, staff and other adults should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (e.g., they are required to quarantine); NB Westholme can take the decision to refuse the pupil if, in their reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. c) Westholme has communicated to staff and parents/carers so that they understand they must be ready to book a test (PCR) if they or a student is displaying the main 3 symptoms of COVID (or some of the more widely attributed symptoms of COVID). d) If Westholme becomes aware that someone who has attended the setting has tested positive, Westholme must follow the Westholme Leadership Team procedures to follow when notifying of a positive COVID case. e) Pupils and staff members who record a positive LFD or PCR test should let School know immediately reception@westholmeschool.com to inform us of their absence. f) All are required to report the test result via the NHS Online reporting system for both negative, void and positive test results. NHS Test & Trace will contact those who test positive – or their parent or legal guardian – to identify close contacts (see Appendix B for details). g) NHS Test & Trace will contact those who test positive – or their parent or legal guardian – to identify close contacts. They will ask a series of specific questions to help the individual understand what is meant by a close contact, making it easier for them to be identified. Please note that being in a setting with an individual who has tested positive for COVID-19 will not necessarily mean a 	M/L	<p>All staff and parents have been informed the following to clarify information: Please do not send your child into school if THEY have COVID-19 symptoms or are awaiting test results (even if you have organised the test as a precautionary measure only). If this is your situation:-</p> <ul style="list-style-type: none"> - Please contact school through the school reception to inform them of the absence/s (just as you would for any absence) but please explain if your child/ren have symptoms, what they are and the onset date. - Your child/ren may only return to school if they receive a negative result and only then if they have NOT had a temperature for the previous 24 hours. Please contact reception to inform us of the negative result and confirm they have been temperature free. - Any positive results must be shared with school immediately <p>We appreciate that the guidelines can be confusing so parents are directed to send any queries/questions via email to nurse@westholmeschool.com or by ringing the school switchboard.</p>	M/L
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person is identified as a close contact. We expect there to be a very small number of close contacts on average for each case.

From 16 August 2021:

- h) If students under 18y 6m or a fully vaccinated adult at the point when you have close contact with a positive case, will be exempt from any legal requirement to self-isolate when identified as a close contact. Individuals will instead be advised to take a PCR test as soon as possible. **Individuals may wish to minimise social contact whilst waiting for the results of a PCR test but will not be legally required to self-isolate.** This will also apply to anyone aged under 18 and 6 months who is identified as a contact.
- i) Close contacts will be identified directly by NHS Test and Trace and education and childcare settings will no longer be routinely involved in contact tracing. Pupils who record a positive LFD or PCR test should let School know immediately on secretary@westholmeschool.com and all are required to report the test result via the NHS Online reporting system.
- j) Children who are aged under 5 years old who are identified as close contacts would only be advised to take a PCR test if the positive case is within their own household.
- k) Students, staff and other adults should follow public health advice on when to self-isolate and what to do. They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine).
<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>
- l) Staff do not need to inform school if they are a close contact but are exempt from self-isolation;
- m) Where staff do inform school that they are a close contact, they may have been advised to consider implementing the following controls until 10 days after their most recent contact with the positive case (particularly if they are a close contact of a household member), as outlined in NHS Test and Trace workplace guidance (this applies to staff close contacts only):

				<ul style="list-style-type: none"> • Limit close contact with people outside their household, especially in enclosed spaces; • wear a face covering in enclosed spaces and where they are unable to maintain social distancing; • limit contact with anyone who is clinically extremely vulnerable; • take part in regular lateral flow testing. <p>n) Westholme must contact the Education Response team to notify them of new cases of COVID amongst the staff or student body.</p> <p>o) Westholme will monitor all positive cases within 10-days in order to establish when threshold for seeking additional Public Health (see Outbreak Management plan Appendix A) advice has been met, by contacting the Education Response Team in the first instance;</p> <p>p) Where a member of staff tests positive, Westholme will contact the Self-Isolation Service Hub;</p> <p>q) If cases amongst staff mean the setting meets the threshold (see Outbreak Management plan Appendix A), the Self-Isolation Service Hub will ask for the 8-digit NHS Test and Trace Account ID (sometimes referred to as a CTAS number) of the person who tested positive, alongside the names of co-workers identified as close contacts.</p> <p>r) In the Prep School if a confirmed positive case occurs in a specific class (as these children spend all day together) a letter will be sent home advising parents there has been a positive letter home advising them to have a PCR test. Children can still attend school while awaiting the result unless they develop symptoms of Covid 19;</p> <p>s) Westholme must contact UKHSA if there is e.g. an outbreak within school.</p> <p>t) DsPH team may also contact Westholme directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended Westholme – as identified by NHS Test and Trace.</p> <p><i>NB - school should not request evidence of negative test results or other medical evidence before admitting students or welcoming them back after a period of self-isolation.</i></p>			
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7.	Asymptomatic testing	Staff and Senior students	H	<p>At the start of the academic year 2021-22, Westholme required Senior students and staff to carry out LFT twice on their return to school, as well as continue with the routine of twice weekly testing. On their return in January 2022 all secondary pupils will undergo in-house testing.</p> <p>Having completed this testing, Westholme has promoted and engaged in voluntary asymptomatic testing, at home, for all staff and secondary pupils following setting following the Mass asymptomatic testing: schools and colleges guidance for handling any positive tests as a result of that programme. Staff and students to test twice weekly using lateral flow device (LFD) tests.</p> <p>Testing is voluntary - any pupils/ staff not undergoing testing can attend school.</p> <p>Those with a negative LFD test result can continue to attend school unless they have individually been advised otherwise by NHS Test and Trace or Public Health professionals.</p> <p>All vaccinated staff/ students should continue to participate in asymptomatic testing and if they should develop symptoms arrange to have a PCR test.</p> <p>Staff who are fully vaccinated, or children and young people aged between 5 and 18 years and 6 months, identified as a close contact of someone with COVID-19 are required to take an LFD test every day for seven days and continue to attend their setting as normal, unless they have a positive test result or develop symptoms at any time.</p> <p>AS per government guidance, children under 5 are not required to take part in daily testing of close contacts. If a child under 5 is a contact of a confirmed case, they are not required to self-isolate. If they live in the same household as someone with COVID-19 they should limit their contact with anyone who is at higher risk of severe illness if infected with COVID-19, and arrange to take a PCR test as soon as possible. They can continue to attend an education or childcare setting while waiting for the PCR result. If the test is positive, they should follow the stay at home: guidance for households with possible or confirmed COVID-19 infection.</p>	M	<p>Staff or pupils with a positive LFD test result must self-isolate in line with the stay-at-home guidance. They will also need to arrange a lab-based polymerase chain reaction (PCR) test to confirm the result. If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school and contacts end their self-isolation. Those with a negative LFD test result can also continue to attend school and use protective measures.</p>	M
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				Visitors to school, who will be working closely with children will be asked to take a lateral flow device (LFD) test before entering the school;			
8.	Contain any outbreak by following local health protection team advice	All staff and students	H	<p>If e.g. an outbreak occurs (in line with government and DsPH advice on numbers of cases considered to be an outbreak) – Westholme’s Contingency Outbreak Plan will be put into action (see outbreak Management outline below – Appendix A)</p> <p>This plan is based on the contingency framework for managing local outbreaks of COVID-19, provided by the Department for Education (DfE).</p> <p>Should we have an outbreak and we would implement measures in this plan in response to recommendations provided by our local authority (LA), the director of public health (DsPH), United Kingdom Health Security Agency (UKHSA) our local health protection teams or by following government guidance.</p> <p>These measures will be implemented to help prevent the spread of infection within Westholme School settings, to manage a COVID-19 outbreak, to react to high COVID-19 infection rates in the community or when all measures in place are still failing to reduce risk and infection. Should an outbreak in School be identified, Westholme will take further advice from UKHSA. Actions may be:</p> <ul style="list-style-type: none"> • A more intense deep clean. • Introduction and / or partial closure of Year group bubbles. • Isolation of identified children or staff members. <p>Reaction to high infection rates in BwD</p> <p>Westholme School will ensure that they are up to date with infection records and the latest guidance in the local area. If contacted by DsPH or</p>	M	<p>Local authorities, directors of public health (DsPH) and UKHSA health protection teams (HPTs) can recommend implementing measures as part of their outbreak management responsibilities. Where there is a need to address more widespread issues across an area, ministers will take decisions on an area-by-area basis.</p> <p>In most cases a ‘cluster’ will be no more than 3 or 4 settings linked in the same outbreak.</p>	M

				<p>the LA regarding a high level of infection in the local community the following actions may be recommended:</p> <ul style="list-style-type: none"> • Reintroduction of face coverings for staff and students in communal areas and classrooms. • Trips and outings in the area are limited or stopped completely for all children. • Events and cross bubble activities are postponed. • Visitors are not permitted onto the School site unless essential to a child's development or wellbeing or to manage an essential need (ie. site maintenance). • Clinically extremely vulnerable (CEV) people are advised, to think particularly carefully about the additional precautions they can continue to take and if required, an individual risk assessment conducted. <p>Following high levels of risk and infection</p> <p>Attendance restrictions will only be used as a last resort and we would move to high-quality remote education without delay.</p>			
9.	Risks to vulnerable groups within the school population	Staff and Pupils	H	<p>Staff or pupils who have received a letter from the NHS advising them they are clinically extremely vulnerable are to follow the advice set out in the letter.</p> <p>Employees and pupils who are clinically extremely vulnerable are required to share the letter they have received with the school, so appropriate action can be taken.</p> <p>Pupils who are clinically extremely vulnerable (CEV)</p> <ol style="list-style-type: none"> Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population unless they are under paediatric or other NHS care and have been advised by their GP or clinician not to attend an education setting; Risk assessments to be put in place for all CEV pupils able to access provision individually. <p>Staff who are clinically extremely vulnerable</p>	L		L

				<ul style="list-style-type: none"> a. Should follow current government advice available here; b. A robust risk assessment must be carried out using the Covid 19 People Risk Assessment c. All pregnant employees and must undertake a workplace risk assessment with HR and occupational health team <p>People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p>			
10.	Travel and Quarantine	Staff and Students	M	All children and staff travelling into England must adhere to government travel advice in travel to England from another country during coronavirus (COVID-19) .	L		L
Risk involving Westholme operation							
11.	Transmission of virus on Westholme coaches	Staff and students	H	<p>Dedicated Westholme transport (see separate Covid-19 coach procedure)</p> <ul style="list-style-type: none"> a) Prep children to sit at the front of the Westholme coaches, distanced from the Senior students. Senior students to sit with students from their own Year groups with Prep students nearer the front/older students nearer the back. b) Students to distance where possible. c) Let fresh air into vehicles when occupied by opening windows and ceiling vents balancing increased ventilation and a comfortable temperature. d) Members of the Senior Pastoral team trained in procedures and there to supervise the safe boarding of coaches at the end of the school day. 	M	<p>Expectations sent to parents and students before the start of the Autumn Term.</p> <p>Breaks of a row of empty seats is left between each bubble where possible and children sit on their own in a pair of seats if space allows</p>	M
12.	Estates considerations	All staff and students	H	<ul style="list-style-type: none"> a) Numerous hand sanitising stations and sinks are available around each school site. 	M/L		M/L

				<p>b) Posters up in each washroom reminding staff and students to wash their hands thoroughly for 20 seconds following UKHSA guidance.</p> <p>c) Ensure all statutory safety checks are carried out.</p> <p>d) Ensure all classroom windows that can be opened are able to be opened safely.</p> <p>e) Where the school has an air conditioning system, follow advice in the Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak.</p>			
13.	Educational Visits	Staff and students	H	<p>Westholme has followed the Schools Operational Guidance for advice on trips, and indemnity.</p> <p>17.1) Educational Day Visits</p> <p>a) Educational day visits must be conducted in line with relevant coronavirus (COVID-19) secure guidelines and regulations in place at that time.</p> <p>b) Visits should be conducted using Covid secure measures which mirror the ones in place in this risk assessment.</p> <p>c) Before the visit takes place, the Visit Leader should request copies of Covid secure measures in operation at the venue to be visited, and these should be shared with the rest of the visit team and the pupils on the visit and parents/carers as appropriate.</p> <p>d) All visits must have a contingency for dealing with a student or member of staff who starts to display symptoms of Covid-19 on a visit.</p> <p>17.2) Residential Visits</p> <p>a) Residential educational visits must be conducted in line with relevant coronavirus (COVID-19) secure guidance and regulations in place at that time.</p> <p>b) Westholme will undertake full and thorough risk assessments in relation to all educational visits to ensure they can be undertaken safely. Referring to</p> <ul style="list-style-type: none"> • Specialist advice available from the Outdoor Education Advisory Panel (OEAP) • General guidance about educational visit. 	M	Risk assessments for each trip to be included on paperwork to show Covid-19 risk has been minimised	L

14.	Student, parents and staff not understanding and adhering to the 'new normal' of social distancing, risk assessments etc.	Staff and Students	H	<ul style="list-style-type: none"> a) Risk Assessment sent remotely and available on the school website prior to opening in September. b) Staff INSET carried out before students return. c) Information sent to parents before September opening. d) Induction/ education of students (age appropriate) to take place when students re-enter the setting, including continual behavioural expectations related to COVID. e) Communication to parents, students, teachers, to be sent/ given regularly, or when needed. f) Updated Risk Assessments available on the website 	M	<p>Staff given an opportunity to raise concerns and questions to ensure clarity of understanding.</p> <p>Student/ parents given opportunities to ask questions to clarify understanding.</p>	L
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NB ALL STAFF TO TAKE RESPONSIBILITY FOR ALL RISK MANAGEMENT MEASURES AND TO INFORM MANAGEMENT IMMEDIATELY OF ANY CONCERNS

Appendix A

Outbreak Management Plan

At Westholme 'extra action' to break the chain of COVID will be put in place when whichever of these thresholds is reached first:

- 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or
- 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period

(Guidance taken from the Government document on contingency planning:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011704/20210817_Contingency_Framework_FINAL.pdf)

At the point of reaching a threshold, education and childcare settings should review and reinforce the testing, hygiene and ventilation measures they already have in place. Westholme will consider:

- whether any activities could take place outdoors, including exercise, assemblies, or classes
- ways to improve ventilation indoors, where this would not significantly impact thermal comfort
- CO₂ monitoring to identify areas where increased ventilation is needed
- one-off enhanced cleaning focussing on touch points and any shared equipment.
- increase use and frequency of LFD testing by staff and secondary students;

This Outbreak Management Plan (OMP) below, however, outlines how the school will operate if additional measures are recommended for our setting or the local area. The Director of Public Health, United Kingdom Health Security Agency (UKHSA) Health Protection Teams or the Local Authority could recommend certain measures are re-introduced. This may happen to help manage outbreaks in schools, or if there is an “extremely high prevalence” of Covid-19 in the community and other measures have failed to reduce transmission, or as part of a package of measures “responding to a variant of concern”.

When the above threshold is met, the School will review the testing, hygiene and ventilation measures already in place. In addition, the School will seek Public Health advice from a Director of Public Health or Health Protection Team. The School’s single point of contact is Mrs Carla Hornby (Deputy Head), who is responsible for leading on contacting the Public Health and communicating with parents, carers, pupils and staff.

The School will continue to keep monitoring Government Guidance as it is reviewed and updated regularly. If control measures are to be introduced then parents, carers, pupils and staff will be informed of such measures promptly via email from the School.

N.B- THE FOLLOWING CONTROL MEASURES DO NOT NEED TO BE PUT INTO PLACE UNLESS RECOMMENDED BY THE DIRECTOR OF PUBLIC HEALTH, UKHSA HEALTH PROTECTION TEAMS OR THE LOCAL AUTHORITY.

Control Measure	Possible Actions to be taken
If there is significant concern that existing or recently introduced measures in an area have failed to mitigate community transmission, or that a more robust response is required to contain the outbreak of a VoC it may be necessary to limit the number of children and young people in education or childcare settings through attendance restrictions.	Attendance restrictions will only be considered as a last resort following the DfE’s ‘contingency framework’ and, in collaboration with public health and the local authority. In this case, school will: <ul style="list-style-type: none"> - Ensure remote learning platform is in place and accessible to all. - That provision is in place for vulnerable children and key worker children to attend (as per national lockdowns).
When a variant of COVID-19 is classed as a variant of concern (VoC), DHSC will increase targeted testing in that area to help suppress and control any possible new cases and better understand the new variants.	<ul style="list-style-type: none"> - Increased use of home testing for staff/ Senior students
Temporary re-introduction of year/class bubbles, for a temporary period to reduce mixing between groups.	<ul style="list-style-type: none"> - Strict class bubbles re-implemented - Staggered entrance/ exit times will remain in place

	<ul style="list-style-type: none"> - Use of multiple entrances and exits will remain in place - Staggered/ limited use of communal areas- hall/ dining room will remain in place. - Daily testing to continue to participate in the co-curricular programme by bubbled year groups - Front facing and distanced desks reintroduced
Temporary re-introduction of face coverings.	<ul style="list-style-type: none"> - Face coverings must be worn by staff, senior students and visitors, in communal areas unless they are exempt.
Temporary re-introduction of shielding in the event of a major outbreak or variant of concern that poses a significant risk to individuals on the shielded patient list.	<ul style="list-style-type: none"> - Shielding can only be re-introduced by national government. - Individual risk assessments regularly reviewed and specifically in line with any updated government guidance regarding VoCs. - Remote learning platform in place for children who are advised to shield.
Temporary limit to certain school activities.	<ul style="list-style-type: none"> - Residential educational visits - Open days - Transition and taster days - Visitor/ parental attendance in settings - Performances in settings - These will all be risk assessed and control measures put in place as and when required.

Appendix B

Definition of a close contact:

A contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:

- anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
- anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
- 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
- been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)

A person may also be a close contact if they have travelled in the same vehicle or plane as a person who has tested positive for COVID-19.

If you have been identified as a contact, you have been assessed as being at risk of developing COVID-19, even if you don't currently have symptoms. You should follow all the guidance in this document.

An interaction through a Perspex (or equivalent) screen with someone who has tested positive for COVID-19 is not usually considered to be a contact, as long as there has been no other contact such as those in the list above.

If you are a contact of someone who has tested positive for COVID-19 you will be notified by the NHS Test and Trace service via text message, email or phone and should follow this guidance closely.

NB This is irrespective of whether the contact and/ or the positive individual was wearing PPE at the time

Appendix C

Advice for First Aiders in Westholme/Early Years Settings during Covid-19

We recognise that first aid remains a crucial skill even as the country deals with the COVID-19 pandemic. We have put together the below advice for first aiders so that you can continue to support others where required and keep yourself safe.

Government guidance on first aid response during Covid-19 can be found [here](#).

Keep yourself safe

During the Covid-19 pandemic, it is recommended that you wear gloves and a facemask for all first aid incidents. Eye protection and an apron may also be required, where there is a risk of coming into contact with bodily fluids. RRE can be found with/in first aid kits.

Please see Public Health guidance on how to safely put on ([don](#)) and take off ([doff](#)) RRE. All staff have received details on the safe use of RRE.

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Avoid touching your mouth, eyes and/or nose.

Ensure that you do not cough or sneeze over a casualty when you are treating them, if you need to cough, do this into your elbow.

- Do not lose sight of other cross contamination that could occur that is not related to COVID-19.
- Wear gloves at all times
- Cover cuts and grazes on your hands with waterproof dressing.
- Dispose of all waste safely – double bag and place in a bin.
- Do not touch a wound with your bare hand.
- Do not touch any part of a dressing that will come in contact with a wound.

Cardiopulmonary resuscitation (CPR) – Adults

Full statement from the Resuscitation Council can be found [here](#)

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment” at the time) and adopt appropriate precautions for infection control.

Do not go down close to the casualty to check breathing just look at the chest and abdomen. Ring 999, ensure you are wearing a mask and start compressions.

For adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation. **Perform chest compressions only**. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 10 days. Should you develop such symptoms you should follow the advice on isolation.

Cardiopulmonary resuscitation (CPR) – Paediatric Advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, **the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation, call 999 immediately.**

The importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths may increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Providers remain responsible for ensuring all children in their care are kept safe at all times.

Written By: REB 20.8.21

Reviewed By: RR, REB, VJD, JAT, CH, JSG, JO

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