



Westcountry Schools Trust

Covid-19 School Risk Assessment

School name: **Plympton St Maurice Primary School**

Date of completion: **January 2022**

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 27 November the temporary introduction of new measures as a result of the Omicron variant and on 8 December that Plan B, set out in the autumn and winter plan 2021, was being enacted. As a result, these measures are reflected in this guidance for schools. This advice remains subject to change as the situation develops.

COVID-19 continues to be a virus that we learn to live with and the imperative to reduce the disruption to children and young people's education remains.

Our priority is for you to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.

We have worked closely with the Department of Health and Social Care (DHSC) and the United Kingdom Health Security Agency (UKHSA) to revise this guidance.

Control measure	Actions	RAG Rating
<p>1. Ensure good hygiene for everyone</p>	<p>Hand hygiene Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser.</p> <p>Respiratory hygiene The ‘catch it, bin it, kill it’ approach continues to be very important.</p> <p>The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene.</p> <p>Use of personal protective equipment (PPE) Most staff in schools will not require PPE beyond what they would normally need for their work. The guidance on the use of PPE in education, childcare and children’s social care settings provides more information on the use of PPE for COVID-19.</p>	
<p>2. Maintain appropriate cleaning regimes, using standard products such as detergents</p>	<p>You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.</p> <p>UKHSA has published guidance on the cleaning of non-healthcare settings.</p>	
<p>3. Keep occupied spaces well ventilated</p>	<p>When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.</p> <p>You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example, school plays.</p> <p>Mechanical ventilation is a system that uses a fan to draw fresh air or extract air from a room. These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. 12</p>	

	<p>If possible, systems should be adjusted to full fresh air or, if this is not possible, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</p> <p>Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.</p> <p>Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so).</p> <p>You should balance the need for increased ventilation while maintaining a comfortable temperature.</p> <p>The Health and Safety Executive guidance on air conditioning and ventilation during the COVID-19 pandemic and CIBSE COVID-19 advice provides more information.</p> <p>CO2 monitors are being provided to state-funded education settings, so staff can quickly identify where ventilation needs to be improved.</p>	
<p>4. Face coverings</p>	<p>Face coverings help protect the wearer and others against the spread of infection because they cover the nose and mouth, which are the main confirmed sources of transmission of COVID-19.</p> <p>Where pupils in year 7 (which would be children who were aged 11 on 31 August 2021) and above are educated, we recommend that face coverings should be worn by pupils, staff and adult visitors when moving around the premises, outside of classrooms, such as in corridors and communal areas. This is a temporary measure.</p> <p>From January 4th, we also recommend that in those schools where pupils in year 7 and above are educated, face coverings should be worn in classrooms. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. This will also be a temporary measure.</p> <p>Pupils in these schools must also wear a face covering when travelling on public transport and should wear it on dedicated transport to and from school.</p>	

We would not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although settings should be sensitive to the needs of individual teachers.

In primary schools, we recommend that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. Health advice continues to be that children in primary schools should not be asked to wear face coverings.

See Circumstances where people are not able to wear face coverings for exceptions to this.

Face coverings do not need to be worn when outdoors.

Schools, as employers, have a duty to comply with the Equality Act 2010 which includes making reasonable adjustments for disabled staff. They also have a duty to make reasonable adjustments for disabled pupils, to support them to access education successfully. No pupil should be denied education on the grounds that they are not wearing a face covering. 8

Transparent face coverings

Transparent face coverings can be worn to assist communication with someone who relies on:

- lip reading
- clear sound
- facial expression.

Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited.

The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth.

Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles.

Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission. They may protect the wearer against droplet spread in specific circumstances but are unlikely to be effective in preventing the escape of smaller respiratory particles when used without an additional face covering. They should only be used after carrying out a risk assessment for the specific situation and should always be cleaned appropriately.

Circumstances where people are not able to wear face coverings

There are some circumstances where people may not be able to wear a face covering. Please be mindful and respectful of such circumstances. Some people are less able to wear face coverings, and the reasons for this may not be visible to others.

In relation to education settings, this includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- people for whom putting on, wearing or removing a face covering will cause severe distress
- people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid the risk of harm or injury to yourself or others
- you are also permitted to remove a face covering in order to take medication.

Access to face coverings

Due to the use of face coverings in wider society, staff and pupils are already likely to have access to face coverings. You should have a small contingency supply available for people who:

- are struggling to access a face covering
- are unable to use their face covering as it has become damp, soiled or unsafe
- have forgotten their face covering

Staff and pupils may consider bringing a spare face covering to wear if their face covering becomes damp during the day.

Safe wearing and removal of face coverings

Your contingency plans should already cover a process for when face coverings are worn within your school and how they should be removed. You should communicate this process clearly to pupils, staff and visitors and allow for adjustments to be made for pupils who may be distressed if required to remove a face covering against their wishes, particularly those with SEND.

When wearing a face covering, staff, visitors and pupils should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on
- avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus
- change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose
- avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination

When removing a face covering, staff, visitors and pupils should:

- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing
- only handle the straps, ties or clips
- not give it to someone else to use
- if single-use, dispose of it carefully in a household waste bin and do not recycle
- once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them.
- if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric
- wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed

Zip-lock plastic bags provided for when pupils need to remove face covering at lunch time.

Separate guidance is also available on preventing and controlling infection, including the use of personal protective equipment (PPE), in education, childcare and children's social care settings.

5. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19

Pupils, staff and other adults at the school will 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).

If anyone in our school develops [COVID-19 symptoms](#), however mild, we will send them home and they should follow public health advice.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary. Further information on this can be found in the [use of PPE in education, childcare and children's social care settings](#) guidance. Any rooms they use should be cleaned after they have left.

The household (including any siblings) should follow the PHE [stay at home guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#).

Confirmatory PCR tests to be temporarily suspended for positive lateral flow test results (for those without symptoms)

From 11 January, people with no symptoms of the virus who receive positive lateral flow device (LFD) test results will be required to self-isolate immediately and won't be required to take a confirmatory PCR test. This is a temporary measure while COVID-19 rates remain high across the UK. Whilst levels of COVID-19 are high, the vast majority of people with positive LFD results can be confident that they have COVID-19.

Lateral flow tests are intended to be taken by people who do not have COVID-19 symptoms. **Anyone who develops 1 of the 3 main COVID-19 symptoms should stay at home and self-isolate and take a PCR test.** They must self-isolate if they get a positive test result, even if they have had a recent negative lateral flow test – **these rules have not changed.**

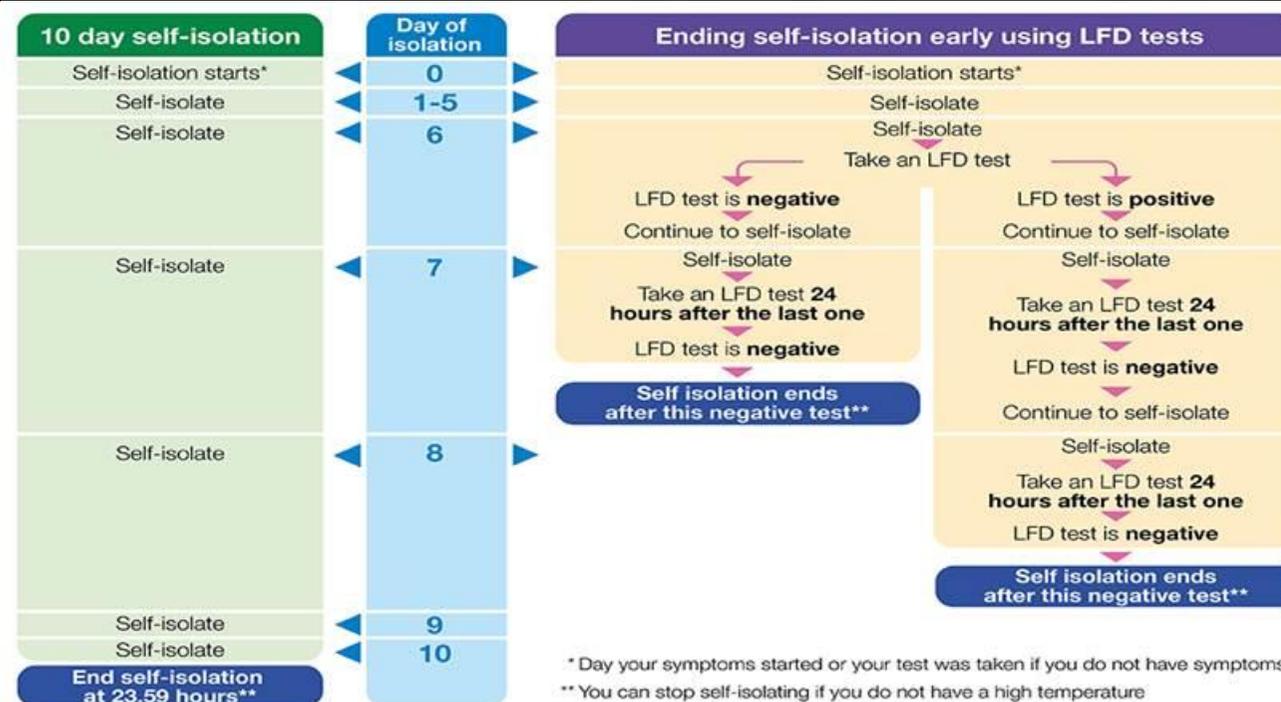
The new approach reflects similar changes made this time last year in January 2021, when there was also a high prevalence of infection meaning it was highly likely that a positive LFD COVID-19 result was a true

positive. This meant confirmatory PCRs were temporarily paused and reintroduced in March 2021 following a reduction in prevalence.

Self-isolation period for individuals who test positive for COVID-19

Since Wednesday 22 December, 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 circumstances, unless you cannot test for any reason.

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 or childcare setting from day 7. Staff should continue on taking LFD tests on day 8, 9 and 10



6. Asymptomatic testing

Testing remains important in reducing the risk of transmission of infection within schools.

Staff and secondary school pupils should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3-4 days apart. Testing remains voluntary but is strongly encouraged.

Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.

Further information on Daily Rapid Testing can be found in the Tracing close contacts and isolation section.

	<p>There is no need for primary age pupils (those in year 6 and below) to regularly test, unless they have been identified as a contact for someone who has tested positive for Covid-19 and therefore advised to take lateral flow tests every day for 7 days</p>	
<p>7. Confirmatory PCR tests</p>	<p>Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection. They will also need to get a free PCR test to check if they have COVID-19.</p> <p>Whilst awaiting the PCR result, the individual should continue to self-isolate.</p> <p>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, as long as the individual doesn't have COVID-19 symptoms.</p> <p>Additional information on PCR test kits for schools and further education providers is available.</p>	
<p>8. Tracing close contacts and isolation</p>	<p>Close contacts in schools are now identified by NHS Test and Trace and education settings will no longer be expected to undertake contact tracing</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>From 14 December 2021, adults who are fully vaccinated and all children and young people aged between 5 and 18 years and 6 months identified as a contact of someone with COVID-19 are strongly advised to take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result. Daily testing of close contacts applies to all contacts who are:</p> <ul style="list-style-type: none"> • fully vaccinated adults – people who have had 2 doses of an approved vaccine • all children and young people aged 5 to 18 years and 6 months, regardless of their vaccination status • people who are not able to get vaccinated for medical reasons • people taking part, or have taken part, in an approved clinical trial for a COVID-19 vaccine 	

	<p>Children under 5 years are exempt from self-isolation and do not need to take part in daily testing of close contacts.</p> <p>Pupils with SEND identified as close contacts should be supported by their school and their families to agree the most appropriate route for testing including, where appropriate, additional support to assist swabbing. For further information please see SEND guidance.</p> <p>Further information is available in NHS Test and Trace: what to do if you are contacted and in the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</p> <p>18-year-olds will be treated in the same way as children until 6 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.</p> <p>Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see Stepping measures up and down section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.</p>	
<p>9. Other considerations</p>	<p>You should ensure that key contractors are aware of the school's control measures and ways of working</p>	
<p>10. Welcoming children back to school</p>	<p>In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others.</p> <p>If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.</p>	

<p>11. Vulnerable Children</p>	<p>Where pupils who are self-isolating are within our definition of vulnerable (based on DfE Guidance), it is very important that you put systems in place to keep in contact with them, particularly if they have a social worker. Some children may be vulnerable who are not officially in statutory systems and schools should seek to support any children who they believe may have challenging circumstances at home.</p> <p>When a vulnerable pupil is asked to self-isolate, you should:</p> <ul style="list-style-type: none"> • notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head • agree with the social worker the best way to maintain contact and offer support <p>You should have procedures in place to:</p> <ul style="list-style-type: none"> • check if a vulnerable pupil is able to access remote education support • support them to access it (as far as possible) • regularly check if they are accessing remote education • keep in contact with them to check their wellbeing and refer onto other services if additional support is needed 	
<p>12. Attendance</p>	<p>School attendance is mandatory for all pupils of compulsory school age and it is a priority to ensure that as many children as possible regularly attend school.</p> <p>Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they will be recorded as code X (not attending in circumstances related to coronavirus). Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness). From January 2022 WeST Schools will, where available on the school's management information system, use the attendance sub-codes for covid-related absence.</p> <p>For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply. Further guidance about the use of codes is provided in the school attendance guidance.</p>	

<p>13. Travel and quarantine</p>	<p>All children and staff travelling to England must adhere to government travel advice in travel to England from another country during coronavirus (COVID-19).</p> <p>Parents travelling abroad should bear in mind the impact on their child’s education which may result from any requirement to quarantine or isolate upon return.</p>	
<p>14. Remote education</p>	<p>Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools subject to the remote education temporary continuity direction are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.</p> <p>You should maintain your capacity to deliver high-quality remote education across this academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.</p> <p>The remote education provided should be equivalent in length to the core teaching pupils would receive in school.</p> <p>You should work collaboratively with families and put in place reasonable adjustments so that pupils with special educational needs and disabilities (SEND) can successfully access remote education. Full expectations for remote education, support and resources can be found on the get help with remote education service.</p>	
<p>15. Education Recovery</p>	<p>We have announced a number of programmes and activities to support pupils to make up education missed as a result of the pandemic. Further information is available on education recovery support. Specifically for schools, the document includes further information on:</p> <ul style="list-style-type: none"> • recovery premium • tutoring (including the National Tutoring Programme and 16 to 19 tuition fund) • teacher training opportunities • curriculum resources • curriculum planning • specialist settings • wider continuous professional development resources, including to support teacher wellbeing and subject-specific teaching 	

<p>16. Pupil Wellbeing and Support</p>	<p>Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood. You can access useful links and sources of support on promoting and supporting mental health and wellbeing in schools</p>	
<p>17. Mixing and ‘bubbles’</p>	<p>We no longer recommend that it is necessary to keep children in consistent groups (‘bubbles’). This means that ‘bubbles’ will not need to be used in schools. As well as enabling flexibility in curriculum delivery, this means that assemblies can resume and you no longer need to make alternative arrangements to avoid mixing at lunch.</p> <p>You should make sure your contingency plans (sometimes called outbreak management plans) cover the possibility that it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups.</p> <p>Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.</p>	
<p>18. School workforce</p>	<p>From 13 December office workers who can work from home should do so. Anyone who cannot work from home, such as those involved in the face-to-face provision of education, should continue to go to their place of work.</p> <p>School leaders are best placed to determine the workforce required to meet the needs of their pupils. School leaders will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education.</p> <p>Schools continue to remain opened to all pupils. WeST expects that all staff attend their workplace under the measures outlined in local risk assessments and, where applicable, individual risk assessments, unless there is an exceptional reason as set out in our published guidance.</p> <p>Any exceptional decision on the appropriateness of home working is primarily for Heads/Directors/SLT to make using their own professional judgement within the context of risk assessments and in consultation with the staff member(s). The starts from the premise that staff are required to attend work to continue the effective and accessible delivery of education or education support services, unless it can be demonstrated their role can be performed effectively and to the required expectations from home.</p>	

	<p>Any homeworking should take place in accordance with the Trust's Homeworking Policy, which is accessible via the WeST Staff Portal (username staff@westst.org.uk , password - west).</p> <p>Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread.</p> <p>In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have.</p> <p>Employers will need to follow this specific guidance for pregnant employees. COVID-19 vaccination: a guide for women of childbearing age, pregnant or breastfeeding contains further advice on vaccination. Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers. You should also consider the needs of pregnant pupils.</p> <p>Employers should be able to explain the measures they have in place to keep staff safe at work. The Health and Safety Executive (HSE) has published guidance on protecting vulnerable workers, including advice for employers and employees on how to talk about reducing risks in the workplace. For home working, employers should consider whether home working is appropriate for workers facing mental or physical health difficulties, or those with a particularly challenging home working environment. Employers should discuss concerns with staff.</p>	
<p>19. School meals</p>	<p>You should continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.</p> <p>More information on providing school meals during the COVID-19 pandemic is available.</p>	

<p>20. Educational visits</p>	<p>We recommend that you consider whether to go ahead with planned international educational visits at this time, recognising the risk of disruption to education resulting from the need to isolate and test on arrival back into the UK. You should refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling.</p> <p>You are advised to ensure that any new bookings have adequate financial protection in place.</p> <p>We will work with our visit providers, commercial insurance companies, and the risk protection arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any school holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits</p> <p>We will undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP).</p>	
<p>21. Wraparound provision and extra-curricular activity</p>	<p>More information on planning extra-curricular provision can be found in the guidance for providers who run community activities, holiday clubs, after-school clubs, tuition and other out-of-school provision for children</p>	
<p>22. Stepping measures up and down</p>	<p>You should have contingency plans (sometimes called outbreak management plans) outlining what you would do if children, pupils, students or staff test positive for COVID19, or how you would operate if you were advised to take extra measures to help break chains of transmission. Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.</p> <p>Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.</p>	

	<p>For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the contingency framework.</p>	
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The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and UKHSA health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.