



Specific background to risk assessing Covid-19 for First Aiders

We recognise that whilst children are on site they may require first aid treatment or medical assessment (i.e. are the ill and need to go home). This therefore means staff that are first aid trained require additional guidance and risk assessment in order for this to be completed safely and reduce the risk of infection and transmission.

Resource availability

At the current time the school has purchased all the DFE recommended PPE for first aid treatment as staff performing first aid cannot socially distance. We also have very good supplies of, i.e. hand sanitizer, disinfectant etc.

We need to be mindful that in an emergency situation a non-first aider may well have to intervene without PPE or the risk to an individual could be heightened, if a member of staff makes this decision and they are capable they are fulfilling their duty of care. In all cases though first aid staff in PPE will take over as soon as possible.

Risks	High/Med /Low Risk	Actions taken (<i>bold and italics is from the DFE</i>)	High/Medium/Low Risk
1. Children / Adults attending school who are infected with Covid-19	HIGH	<p>As the scientific guidance released by SAGE is inconclusive whether children pose a greater risk than adults of infecting others we do not know the specifics but the following should reduce risk.</p> <ul style="list-style-type: none"> <i>minimising contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend childcare settings, schools or colleges.</i> We will remind parents of the rules and clearly encourage them to keep their child at home. The same will be for staff. <i>Cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered.</i> The school will ensure there are plenty of supplies of soap and washing facilities frequently topped up and encourage this constantly. Each 	Medium due to unknown R rate.

<p>2. Spread of infection</p>	<p>HIGH</p>	<p>classroom will have hand sanitizer available in addition to fixed wall units in locations around the school.</p> <ul style="list-style-type: none"> • ensuring good respiratory hygiene by promoting the ‘catch it, bin it, kill it’ approach. Students and staff will be regularly reminded of this and this is displayed on posters around the school. • cleaning frequently touched surfaces often using standard products, such as detergents and bleach. The school has liaised with its cleaning company and any increased numbers in school will mean regular sweeps of the school during the day will take place disinfecting handles, rails etc. to support the work of the site team. All classrooms will have clothes and disinfectant to be able to wash down tables between group use should a return of larger numbers occur. <p><i>The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:</i></p> <ul style="list-style-type: none"> • <i>if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.</i> The School has purchased all of the above in order to deal with this. 	<p>HIGH due to unavailability but MEDIUM for most staff and students due to social distancing. This would impact on First Aiders.</p>
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<p>3. Spread of Infection with greater numbers of students in school. Preparation for the future. FURTHER DETAILS will be added when the school has assessed which groups it has prioritised and how this will be timetable.</p> <p>4. Someone becomes unwell at an educational or childcare setting?</p>	<p>Medium</p> <p>HIGH at the current time</p>	<ul style="list-style-type: none"> • While in general groups/bubbles should be kept apart, brief, transitory contact, such as passing in a corridor, is low risk. • When the lesson is finished students should leave the school site obeying social distancing rules at all times. • All classrooms will have hand sanitiser and tissues available. • Any spillage of body fluid, e.g. vomit, will be cleaned up by someone wearing appropriate PPE. <p>Other measures</p> <ul style="list-style-type: none"> • Screen in place at main reception. • Screen in place at the canteen servery. • Screen in place around pay points in the canteen. • Finger scanning in the canteen to be replaced by a barcode which each child will have. • Hand sanitiser stations in place at key locations, i.e. in the canteen, library, PE • Facemasks in all communal areas by all staff and students (unless exempt) <p><i>If anyone becomes unwell with a new, continuous cough or a high temperature, they must be sent home and advised to follow the COVID-19: guidance for households with possible coronavirus infection guidance.</i></p> <p>Students will report to student services. Their temperature will be taken and condition assessed and be sent home as soon as possible. Medical staff will wear the appropriate PPE in making this assessment.</p> <p><i>If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with</i></p>	<p>LOW – based on the premise transmission in the community is extremely low.</p> <p>Medium</p>
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appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

Student will be placed in the medical room. After their departure the room will be sanitised immediately.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

A toilet is adjacent to the medical room. It will be sanitised after use.

PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained.

Medical staff will wear the appropriate PPE.

In an emergency, call 999 if they are seriously ill or injured or their life is at risk.

If a member of staff has helped someone who was unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

When a child or staff member develops symptoms compatible with coronavirus, they should be sent home

<p>5. Confirmation of a case.</p>	<p>HIGH at the current time</p>	<p><i>and advised to self-isolate in line with current government guidelines. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus, and are encouraged to get tested in this scenario where the NHS Track and Trace will then take over. The School will then follow all advice from PHE.</i></p> <p><i>Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.</i></p> <p><i>Where the child or staff member tests positive, the rest of their class or group setting should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.</i></p> <p><i>As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary</i></p>	<p>Medium</p>
<p>6. Disposal of PPE and other medical equipment</p>	<p>High</p>	<p>Irrespective of whether Covid-19 symptoms were present. All medical equipment that cannot be sanitised will be discarded immediately into a sealed plastic bag and</p>	<p>Medium</p>

		disposed of. The same with PPE should it have to have been worn.	
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Name of staff writing the Risk Assessment – Lawrence Smith

Role – Headteacher

Date – 7th June 2020

Chair of Governors – Mr Peter Ward

Confirmation by signature that this has been approved by the Governing body.