



Westcountry Schools Trust

Covid-19 School Risk Assessment

School name: **Buckfastleigh Primary School**

Date of completion: **January 2022a**

The government continues to manage the risk of serious illness from the spread of the virus. The Prime Minister announced on 19 January that the temporary introduction of Plan B is to end. As a result, the Plan B measures in this guidance for schools are being removed. 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.</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 From 20 January, face coverings are no longer advised for pupils, staff and visitors in classrooms. From 27 January, face coverings are no longer advised for pupils, staff and visitors in communal areas.</p> <p>From 27 January, staff and pupils should follow wider advice on face coverings outside of school, including on transport to and from school.</p> <p>In circumstances where face coverings are recommended</p> <p>A director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils, staff and visitors, unless exempt). You should make sure your contingency plans cover this possibility. (See the stepping measures up and down section).</p> <p>In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very</p>	

	<p>limited. 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.</p> <p>The main benefit from a transparent face covering is that they can aid communication, for example enabling lip-reading or allowing for the full visibility of facial expressions, but this 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.</p> <p>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.</p> <p>The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to those who do, are exempt from any recommendation to wear face coverings in education and childcare settings.</p> <p>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.</p> <p>No pupil should be denied education on the grounds that they are, or are not, wearing a face covering.</p>	
<p>5. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19</p>	<p>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).</p> <p>If anyone in our school develops COVID-19 symptoms, however mild, we will send them home and they should follow public health advice.</p> <p>For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.</p>	

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.

Changes to the self-isolation period for those who test positive for COVID-19

From Monday 17 January, people who are self-isolating with COVID-19 will have the option to reduce their isolation period after 5 full days if they test negative with a lateral flow device (LFD) test on both day 5 and day 6

	<p>and they do not have a temperature. For example, if they test negative on the morning of day 5 and the morning of day 6, they can return to their education or childcare setting immediately on day 6.</p> <p>The first test must be taken no earlier than day 5 of the self-isolation period, and the second must be taken the following day. All test results should be reported to NHS Test and Trace.</p> <p>If the result of either of their tests is positive, they should continue to self-isolate until they get negative results from two LFD tests on consecutive days or until they have completed 10 full days of self-isolation, whichever is earliest.</p>	
<p>6. Asymptomatic testing</p>	<p>Testing remains important in reducing the risk of transmission of infection within schools.</p> <p>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.</p> <p>Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.</p> <p>Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.</p> <p>Further information on Daily Rapid Testing can be found in the Tracing close contacts and isolation section.</p> <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>	

7. Confirmatory PCR tests	<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>	
8. Tracing close contacts and isolation	<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 who are identified as close contacts are exempt from selfisolation and do not need to take part in daily testing of close contacts. They are advised to take a PCR test if the positive case is in their household.</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>Mandatory Certification</p> <p>From 27 January, mandatory certification is no longer in place and so venues and events are not required by law to use the NHS COVID Pass as a condition of entry, but some may do so voluntarily. Further information on this is available: Using your NHS COVID Pass for travel abroad and at venues and settings in England - GOV.UK (www.gov.uk)</p> <p>You should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams, teaching, extra-curricular activities or any other day-to-day activities that are part of education or training.</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, 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).</p> <p>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>Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK.</p> <p>Additional guidance has been issued on boarding school students quarantine and testing arrangements.</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>School leaders are best placed to determine the workforce required to meet the needs of their pupils. The government is no longer advising people to work from home if they can.</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. Employers should discuss concerns with staff.</p>	

19. School meals	<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>	
20. Educational visits	<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>	
21. Wraparound provision and extra-curricular activity	<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>	
22. Stepping measures up and down	<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>	

Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.

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](#).

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.