

**Operational Documentation  
Re-Opening School March 2021**

**Parental Information Pack  
(core elements of staff risk assessments and protocols)**

<b>Document</b>	<b>Description</b>
<b>1</b>	Document 1 – School Policy on Re-opening
<b>2</b>	Document 3A – Overview Risk assessment on Re-opening
<b>3</b>	Document 3D – Medical Risk Assessment
<b>4</b>	Document 3DA – Lateral Flow Device Testing – on site & at home Risk Assessment
<b>5</b>	Document 3DA (Appendix) – Testing data privacy notice.

## **Phased Return to School Policy**

*This policy (Version 202103.04) is updated as of 8<sup>th</sup> March 2021 and has been approved by the Board of Governors.*

### **Introduction**

UK.Gov has pledged to keep schools open so as to provide “a full educational experience for children”. The core obligation to ensure “so far as is reasonably practicable the health, safety and welfare of staff, pupils and visitors” remains as does the obligation to risk assess and implement relevant control measures. From 8 March, all pupils should attend school.

Over the time this policy and associated risk assessments have evolved the threat posed by the virus has grown as it has mutated. Edge Grove is mindful that we are asked to be aware of the effects of the mutation when considering controls and, if need be, to look to modify existing controls to make certain that they are offering as safe a working environment as can be achieved in their current local circumstances.

This policy will remain in place as updated until all staff and pupils are able to safely return to school and are operating as normal in a fully open, safe and secure environment with no COVID-19 related restrictions. As we have all become aware over the preceding periods, this may still take many months to achieve and so a phased return for all pupils will require patience, resilience and considerable effort to ensure the school environment is safe, at all times, during transition.

Our aim is to operate the School as close to normally as is feasible and permitted by Government guidance at the time, whilst ensuring that all the necessary controls are in place to safeguard the safety and well-being of everyone in the School community. Our pupils will continue to experience as full a curriculum as possible at each stage of the School and we will put in place proportionate protective measures for pupils and staff to manage risks.

The School’s policies, protocols and risk assessments have been updated to reflect the current position as at 8<sup>th</sup> March 2021 with all pupils returning to School and include assessments of the risks associated with testing asymptomatic (producing or showing no symptoms) staff and pupils in Years 7 & 8.

### **COVID testing for staff and pupils from 8 March 2021**

- Secondary age pupils (Years 7 & 8) to test 3 times on site when they return to School (3 – 5 days apart).
- Thereafter, secondary age pupils test twice a week using home testing kits from 15 March.
- Staff to test twice a week with home testing kits from the time they return to School.

The School recognises that as we transition back towards a “normal School environment”:

1. Our core obligation is to ensure “so far as is reasonably practicable the health, safety and welfare of employees and the safety of non-employees”.
2. We hold the prime responsibility for ensuring the safety of, first and foremost our pupils but also and as importantly:
  - a. Staff and volunteers;
  - b. Parents and guardians;
  - c. Guests and visitors;
  - d. Contractors and delivery services.

Whilst the School recognises and embraces these obligations and responsibilities, achieving this objective requires the active collaboration of all members of the School community. Ultimately, all need to recognise that ensuring that Edge Grove is a safe environment in which to operate and learn is the responsibility of every member of that community.

This policy, as well as the revised School operation in all areas, is based upon and is supported by the following documents:

1. Government guidance for the re-opening of schools – published on 22<sup>nd</sup> February and as may subsequently be updated. <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>.
2. Government guidance in other areas as this may apply to the reopening and continued operation of schools including proposed testing regimes for both staff and pupils.
3. General Risk assessment for reopening of the School.
4. Specific Risk Assessments for Buildings, Departments, Year Groups/"Bubbles", Classes, Activities, Medical resources and practice and Testing to ensure individual circumstances are adequately covered by assessments.
5. Analysis and Planning Guidance.

### **Planning the return to School**

Good planning and management are fundamental to the success of the return. Effective planning and consultation with all stakeholders including insurers, governors, staff, parents, pupils and contractors is essential. The level of detail is considerable and will involve all staff in ensuring this policy is implemented and complies with the strict rules set out in the School's risk assessments and planning.

The School is required to carry out either a single combined risk assessment or a series of risk assessments directly addressing hazards associated with COVID-19 and operating safely. Edge Grove has undertaken a series of risk assessments in a pyramid of documentation based upon a single generic assessment for all School operations, which is then supported by specific documents detailing the assessment elements for each area of the School and activities. The Pre School is separately risk assessed. As the School has more than 50 employees, the COVID-19 risk assessments will be made available to all staff and to adult members of the School's community on the School's website.

### **Running the School - Assessing the Risk**

Assessing COVID-19 is particularly complex as the outcome of the varied elements of the risk assessment for one group within any school e.g. departments, year groups, classes and activities may impact on other groups e.g. teaching staff, support staff, visitors and contractors (as required) and pupils of other age groups. Therefore, it is key that each element of the risk assessments complement all the others to ensure risks are identified and properly mitigated across the School.

There is a legal requirement for schools to revisit and update their risk assessments, building on their current control measures, practices, UK.Gov "refreshed guidance" and the system of controls. Some risk assessments may require daily revision and should include but not be limited to:

- A. Updating Safeguarding policy and procedures and ensuring staff and pupils feel safe.
- B. Is government advice being regularly accessed, assessed, recorded and applied?
- C. Are changes regularly communicated to staff, their unions, pupils, parents and governors?
- D. Are changes and the testing training, process and details reviewed by governors?
- E. Are changes and the testing training, process and details shared with insurers?
- F. Is it understood that the Secretary of State has a statutory power to order schools remain open?
- G. Is there active engagement with the local Health Protection Team (HPT).
- H. Is the advice of HPT sought and implemented?
- I. Are there sufficient systems and staff in place to support training, self-testing, the Asymptomatic Testing Site (ATS) and contact tracers?
- J. Do staff, parents (and pupils) understand and follow NHS Test and Trace procedures?
- K. Are testing activities sufficient to provide reassurance including feedback and Q&A?
- L. Are those that are self-testing (at home and in school) trained and competent to do so?
- M. Are those working in the Asymptomatic Testing Site (ATS) trained and competent to do so?
- N. Is it understood which staff and pupils may be unable to self-swab?

- O. Are those unable to self-swab given additional support and reasonable adjustments?
- P. Are there measures in place to reduce anxiety over testing and coping with a positive result?
- Q. Is DfE advice to keep groups separate (in “bubbles”) being implemented?
- R. Is each group’s health analysed and risk assessed to consider switching to remote learning?
- S. Are there contingency plans for self-isolation of individuals, multiple pupils and / or staff?
- T. Is contact minimised and distance maximised between all those in school, wherever possible?
- U. IS there proper consideration of ways to improve ventilation?
- V. Are the definitions of “close contact” and the trigger for a pupil/staff to self-isolate understood?
- W. Are appropriate Social Distancing (SD) and other hygiene rules regularly communicated, understood, applied and checked?
- X. Has the cleaning regime been enhanced, regularly re-assessed and, if necessary revised?
- Y. Are high-risk areas being regularly monitored (including boarding areas) for hygiene?
- Z. Are contract providers suspended or unable to attend school?
- AA. Is access to school controlled effectively and are visitor (if allowed) details recorded?
- BB. Are there sufficient supplies of hygiene materials and are they well placed?
- CC. Are contingency plans in place for operational changes such as re-closing, loss of catering or teaching staff, local tier lockdown?
- DD. Are all the hazards identified properly mitigated and regularly re-assessed?

In addition to the above, the following will need to be considered for pupils, parents and staff:

- EE. Are face coverings being worn, stored and disposed of appropriately according to age and circumstances?
- FF. Dependent on risk assessments staff (and pupils) may be equipped with PPE for certain activities including Testing. PPE may include:
  - a. Face coverings.
  - b. Gloves.
  - c. Eye protection.
  - d. Aprons.
  - e. Shields (for lecterns, desk separators, staff desks, reception, servery).
  - f. Sanitisers (gel and tissues).
- GG. Enhanced cleaning arrangements to:
  - a. Toilets, door handles, knobs, locks, entry devices, taps, plugs, switches, handrails and regularly used hard surfaces.
  - b. Shared teaching equipment: keyboards, pens, remotes, copiers, printers
  - c. Musical instruments, balls, bats, bails, batons etc
  - d. Kettles, biscuits tins, milk containers, Aprons, towels (if used) cloths, mops etc
  - e. Note: remove where possible soft toys, spare furniture and items that are hard to clean.
  - f. Testing site / area including process for spillages and waste disposal.
  - g. Consider limiting the amount of time cleaners spend on specific tasks.
- HH. Consideration of how to reduce contact and maximise distancing between those in school, wherever possible, and minimise potential for contamination by:
  - a. Using outdoor space.
  - b. Altering classroom layout with desks facing the front.

- c. Staggering timetables for drop-off, assemblies, breaks, lunch, playtime, pick-up times.
- d. Consistent groups (bubbles) of pupils that do not mix unless absolutely necessary.
- e. SD in spaces such as halls and dining areas and groups are staggered through spaces.
- f. Recording groups and bubbles compositions in case pupils need to self-isolate.
- g. Separate testing areas.
- h. Improve ventilation
- i. Place markers on the floor to indicate appropriate SD.
- j. Physical screens and splash barriers.
- k. Implement “drop zones” for passing materials between people.

II. Medical.

- a. Are ill staff and pupils or those tested positive in the last 10 days staying at home?
- b. Pre-existing medical conditions are fully declared?
- c. Have all vulnerable pupils, parents and staff been identified and recorded?
- d. Are extremely clinically vulnerable and clinically vulnerable able to return to school?
- e. Are those that have tested positive for COVID-19 recorded? (for elimination purposes)
- f. Who has come into contact with anyone tested positive to COVID-19?
- g. Who has travelled where (and when): other than home and school?
- h. Have those who have been abroad self-isolated / quarantined for 10 days: if required?

JJ. Have all adhered to the external socialising rules set by the school for shopping, parties, day trips, games, play, activities and travel (other than home to school and return)?

KK. Are plans for school events including plays, parent and teacher meetings re-assessed?

**Test and Trace (T&T) process**

- LL. Have explanatory T&T letters / emails be sent to parents / pupils, staff and governors?
- MM. Has the school a “COVID-19 Testing Privacy statement” and is it fully communicated to staff, parents, pupils and governors?
- NN. Has T&T data been recorded securely, and consideration been given to deletion after 14 days?
- OO. Do those that have had “close contact” with someone tested positive for COVID-19 know they must self-isolate.
- PP. Have all those tested completed an age-appropriate consent statement (under / over 16)?
- QQ. Are test instruction posters, booklets, FAQ and briefings readily available and apparent?
- RR. Is the test supervised by trained staff?
- SS. Do those self-testing have the testing kits, instructions and advice to ensure the proper testing procedures, result records and information to take the appropriate actions depending on result.
- TT. Are those pupils and staff unable to self-swab given additional help and support?
- UU. Is the testing area controlled to limit access to testers, those being tested and supervisors?
- VV. Is the process maintaining social distancing where possible, good hand and respiratory hygiene and keeping occupied spaces well ventilated?
- WW. Is the social distancing advice between testing staff and those being tested including distances between desks, chairs etc being observed or supervised?
- XX. Are the key layout requirements including staff (see grid below) met?
- YY. Are those staff assisting with taking the swab wearing appropriated PPE?
- ZZ. Has the process of swabbing followed the guidance and training?

- AAA. Is the tested sample handled safely throughout the process and disposed of correctly?
- BBB. Is the process for informing parents / pupils / staff understood and implemented?
- CCC. Is the process of barcoding, recording and communicating test results accurate and supervised?
- DDD. Is there adequate supervision / checking to ensure equipment handled correctly and not shared?
- EEE. Is the process of lost LFD, failed scans or damaged barcodes understood?
- FFF. Whilst the extraction solution with lab test kit does not have a hazard label (there are no manufacture anticipated hazards) are they appropriately handled, stored and disposed?
- GGG. Does the training reflect hazards identified with testing and are these communicated to testing and cleaning staff?
- HHH. If a test is positive are those waiting for a Polymerase Chain Reaction (PCR) test self-isolating?

### **Working / Schooling at Home**

- III. Are those working / schooling at home:
- a. Provided with sufficient information and training to work safely?
  - b. Advised on suitable furniture and equipment?
  - c. Able to take regular breaks, stretching exercises, avoiding eye fatigue etc?
  - d. Completed a Display Screen Equipment (DSE) assessment?
  - e. Kept in regular contact with the school and there is sufficient regard to their well-being?
  - f. Advised on stress and mental health?
  - g. Have an emergency point of contact and know how to gain help if needed?

### **Lateral Flow Device (LFD) Testing**

- JJJ. Are LFD Kits:
- a. Supplied and distributed to school in time?
  - b. Stored between 2 – 30°C?
  - c. Management and tracked?
  - d. Distributed safely?
- KKK. Are:
- a. Positive results reported?
  - b. All results properly reported and recorded by the individual and the school?
  - c. Incidents reported to help school identify emerging issues and these are reported to DfE / DHSC?
  - d. The incident protocols and feedback loop understood and implemented?

### **System of Controls**

The School has adopted the System of Controls as developed by DfE and PHE. They are grouped into 'prevention' and 'response to any infection' and build on the hierarchy of protective measures. When implemented with a "revised risk assessment", these measures create an inherently safer environment for pupil and staff where the risk of transmission of infection is substantially reduced".

Under this system of controls, Edge Grove will seek to:

- ensure that all staff understand the system of controls and how they are applied in the setting - time should be taken for staff to review the actions in the system of controls and ask questions;
- ensure that parents and carers are aware of the system of controls, how this impacts them and their responsibilities.
- follow the system of controls to reduce risks and create an inherently safer environment.

### **Prevention:**

1. Minimise contact with individuals who are required to self-isolate by ensuring they do not attend the school.
2. Ensure face coverings are used in recommended circumstances.
3. Ensure everyone is advised to clean their hands thoroughly and more often than usual.
4. Ensure good respiratory hygiene for everyone by promoting the 'catch it, bin it, kill it' approach.

5. Maintain enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.
6. Consider how to minimise contact across the site and maintain social distancing wherever possible.
7. Keep occupied spaces well ventilated.

**In specific circumstances:**

8. Ensure individuals wear appropriate personal protective equipment (PPE) where necessary.
9. Promote and engage in asymptomatic testing, where available.

**Response to any infection: The School must always:**

10. Promote and engage with the NHS Test and Trace process.
11. Manage confirmed cases of coronavirus (COVID-19) amongst the school community.
12. Contain any outbreak by following local health protection team advice.

**COVID-19 points of contact:**

The COVID-19 point of contact and COVID-19 Coordinator for the School is Jacquie Horrocks, HR & Compliance Manager, and her main responsibilities are:

1. Reading and assessing daily government, DfE, NIHP/PHE and ISBA bulletins.
2. Reviewing how information is passed and key messages and issues highlighted.
3. Liaising with SLT and the IMT as needed to ensure messaging is clear, regularly updated and authorised for communication.
4. Maintaining a complete record of all COVID-19 documents, publications and communications.
5. Co-ordinating with all staff including support staff and contractors the new and / or revised measures and their implementation.
6. Daily lesson learned debriefs including changes to risk assessments, safety plan, SD and hygiene rules, extra training that may be required and if rules were adhered to and the control measures sufficient.

The IMT, or sections thereof, will meet as the COVID-19 Planning and Advisory Team (CPAT) will meet at least weekly to review matters or as changes are required. The full IMT consists of:

1. SLT
2. School Nurse(s);
3. Estates Manager;
4. Network Manager;
5. Head of Digital Learning;
6. Head of Boarding/Director of Sports;
7. Admissions Manager;
8. Head's PA;
9. HR & Compliance Manager.

Note that the School is responsible, via the Health & Safety Officer and the COVID-19 coordinator / Officer, for:

1. Updating Safeguarding, Behaviour Management, Code of Conduct and medical policies and procedures so staff and pupils feel safe.
2. Regularly accessing Government advice and ensuring changes are incorporated into assessments and plans as appropriate.
3. Consulting regularly with staff on plans for re-opening and changes to operation.
4. Ensuring that changes are regularly reviewed by governors and communicated to staff, pupils and parents.
5. Consulting with insurers prior to the School re-opening and / or plans are amended.

6. Ensuring that the School's medical staff have early liaison and active engagement with the local Health Protection Team (HPT)
7. Ensuring that the School's protocols for rapid testing of staff and eligible pupils follows a safe and secure process and that staff are appropriately trained and supervised.
8. Revising the policy for those wearing (or not) PPE.
9. Updating emergency procedures, fire drills and assembly points.
10. Re-assessing that access to School is controlled effectively and details of visitors etc (as permitted) are recorded.
11. Ensuring that plans for all School events are coordinated and are appropriate for the pandemic situation at the time.
12. Preparing contingency plans in place for the transition to full opening (or re-closing), recognising the potential impact of missing staff and/or third party contract providers due to Covid-19 concerns and procedures in lockdown.

### **Return to School:**

Currently government requirements remain that, whilst recognising that the safety of children and staff is of the utmost priority, schools should remain open to all pupils.

It is important to note that the School's insurers have stated that Government guidance should continue to be followed unless the School's individual circumstances dictate otherwise.

The return towards "fully open" envisages 6 stages, if the conditions are safe, through the following:

- |    |              |  |
|----|--------------|--|
| 1. | Fully Closed | No one on site except residents, security and maintenance staff.           |
| 2. | Open R       | Teaching is all achieved remotely.   |
| 3. | Open K       | Key staff and vulnerable children in school. All other teaching remote.    |
| 4. | Open T       | In transition: some teaching in school and some remotely. No Boarders.     |
| 5. | Open         | Business as usual: with caveats – no visitors or trips. Including Boarders |
| 6. | Fully Open   | Business as usual: no travel or trip restrictions.                         |

***As at 8 March 2021, the School returns to stage 5: "Open"***

### **Update to Behaviour Management Policy**

The following additional elements are included as an appendix in an updated Behaviour Management Policy and are now a requirement for all pupils:

1. SD rules (which may vary for various activities) such as play, games, drama, music.
2. SD rules (which may again vary) for classroom, playgrounds, boarding house etc.
3. Hygiene rules:
  - a. "Catch it, bin it, kill it".
  - b. Wash hands for 20 seconds
    - i. Before arriving at School and immediately after arriving at home.
    - ii. At every break.
    - iii. After all visits to the toilet and before / after meals.
4. Rules for breaks, lunch and hydration.
5. External socialising rules for shopping; parties; games and play.
6. Tracing. All pupils, parents and staff log their travel details other than between home and School.
7. Minimise all contact and mixing outside your bubble during breaks.

### **Planning for incidents/ emergencies**

The School recognises that existing plans need to be revised to respond effectively to health and safety incidents and other emergencies that might occur during the COVID-19 era. Where relevant, the Health & Safety Officer and COVID-19 Coordinator / Officer should ensure that variations to existing emergency procedures are agreed for:

1. Fire.
2. Accidents and injuries.
3. Infection during School hours, their isolation and return to home procedures.
4. Other emergency evacuation.

5. Security.
6. Severe weather that limits pupil's learning, exercising or playing outside.

### **Inclusion for people with a disability**

The School will ensure that reasonable adjustments are made where possible to ensure that people with a disability (mobility, visual and hearing impairment, medical conditions and hidden disabilities) are protected in terms of temperature testing, hygiene solutions and emergencies.

### **During School**

Once the documentation and plan have been agreed (including governors and insurers) emphasis will focus on the implementation, effective management and monitoring of staff, pupils and the environment. This will include:

1. Ensuring communication channels and messaging are working and regularly reviewed and updated.
2. Systems to communicate with parents and staff that have not returned to School for fear of infection.
3. Robust feedback and reply system to ensure best practice and two-way communications for pupils, parents, staff and governors
4. Transit spaces (corridors), social zones (car parks, common rooms, playgrounds) supervised for SD rules.
5. Maintaining information on bubbles / social class / activity groupings and where pupils / staff have travelled from (other than home and School) thus ensuring that adequate contact tracing is available as and when needed.
6. Ensuring different bubbles are supervised throughout and timetabling, length of the School day and exposure to other age groups is monitored and safe.
7. Enforcing rules / procedures for hygiene standards for staff and pupils. Regular breaks for washing hands etc.
8. School transport arrangements including SD, hygiene, PPE and cleaning.
9. Drop-off and pick-up procedures – vehicle flow, in and out routes, parking, parents remaining in vehicles.

All staff and pupils and, where necessary and approved in advance, parents, visitors and contractors will be given a COVID-19 written brief before arriving at school and a verbal induction as they enter School for the first time that covers:

1. Safeguarding, code of conduct, Health and Safety policy and their COVID-19 updates.
2. SD and hygiene rules.
3. Key contacts and locations (including isolation and health check areas).
4. Communications protocols and reporting procedures.
5. Pinch points, site hazards and agreed control measures.
6. Site specific instructions: speed limits, drop-off and pick-up, parking areas etc.
7. Emergency arrangements (including contingency plans).
8. Any specific clothing, nametags, PPE for certain groups such as visitors and contractors.

**Martin Sims**  
**Bursar & Health & Safety Officer**  
March 2021

**Description of Activities: Re-Opening of School to all pupils – Updated for re-opening to all Pupils in March 2021. GENERAL OVERVIEW. Doc 3A – Updated information (post January 21 - Lockdown 3) highlighted in Yellow**

<b>Location:</b> Generically, whole School buildings and outside areas	<b>Assessed by:</b> Jacquie Horrocks / Martin Sims	<b>Date completed:</b> 04/03/2021	<b>Date of Review:</b> Daily throughout Pandemic
<b>Residual Risk</b>	<b>ACTIONS TO TAKE</b>		
<b>Low Risk</b>	No further action required and activity may take place		
<b>Moderate Risk</b>	Further Review: Is this necessary for normal school functioning? Is there any more you can do to reduce the risk?		
<b>High Risk</b>	SLT to take further action to reduce risk and implement appropriate incident plan and control measures or activity does not take place.		

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed
<b>ALL HAZARDS</b> <ul style="list-style-type: none"> <li>Potential spread of Covid-19. <b>Severe illness / death</b></li> </ul>	<b>Staff, pupils, parents, visitors &amp; contractors</b>	The School has adopted the DfE/PHE system of controls. These are grouped into ‘prevention’ and ‘response to any infection’ and build on the hierarchy of protective measures. When implemented with a “revised risk assessment, these measures create an inherently safer environment for pupil and staff where the risk of transmission of infection is substantially reduced”.	Y
Safeguarding policy and procedures not updated and / or staff and pupils not feeling safe.		Safeguarding policy and associated procedures/protocols are updated annually in September or as needed. Update for Sept 20 will include updated references to KCSiE 2020 once that document is formally released. School procedures are enhanced during the Covid pandemic with consideration of known vulnerable children and the provision of additional services for them including boarding on a no-charge basis as needed.  Staff and pupil welfare is a major focus of the pastoral provision of the School and initiatives are in place to address any members of the community experiencing concerns or feeling unsafe. Pupils will receive in-depth and age appropriate guidance and information as to the nature and impact of Covid; staff are made aware of the Employee Assistance Programme, which has this year been enhanced with a new dedicated offering from Aviva.	N
Government advice not being regularly accessed, assessed, recorded and applied.		Accessing and dissemination of all updated or new guidance is tasked to the HR & Compliance Manager acting as the Covid-19 Coordinator and she is supported in this responsibility by the Bursar / Health & Safety Officer. The Head and these members of staff opt in to receive Government and DfE updates. The Bursar receives regular updates through the ISBA.	N
Not appreciating that Secretary of State has a statutory power to order schools to remain open.		School is aware of Secretary of State’s powers and is following Government guidance so as to minimise the need to close the school. Decision to close to all (except key workers) pupils would be risk assessed and likely to be as a result of staff unavailability – new testing regime should reduce need for staff self-isolation.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed
<p>Staff and parents do not know or understand the “system of controls” published by DfE/PHE and how they are adopted by the School.</p> <p>Staff, parents (and pupils) do not understand and follow NHS Test and Trace procedures</p>		<p>Communication is key to ensuring all members of the School community understand the protocols adopted by the School and how they, as individuals/families can affect the controls of “prevention” and “response to any infection”. This is reinforced at every opportunity by the School. From January 2021, all parents and staff will be fully engaged with over the rapid testing protocols the School puts in place; core communication sent out in advance of the start of term and all encouraged to participate.</p>	N
<p>Changes, including new testing procedures, not regularly communicated to staff, pupils, parents and governors</p>		<p>Communication of all changes internally is the mandated responsibility of the Covid-19 Coordinator and the Bursar who is also Clerk to the Governors and responsible for communication with the Governors. Communication with parents is authorised by the Head and administered by the front office staff or other staff as needed or required. Protocols for communication are set in the School’s formal policy document – updated for January 2021.</p>	N
<p>Changes to assessments, procedures and other important matters not reviewed by Governors</p>		<p>All significant variations to any academic or procedural aspect of the School is always tabled to the Governors for approval prior to enactment; this may be for a specific meeting or simply circulated by email for comment. Assessments carried out at EG are not public examinations but are used for internal tracking.</p>	N
<p>Insurers and / or brokers not consulted with school’s re-opening and / or amended plans including those for the testing of pupils and staff.</p>		<p>Hettle Andrews, insurance brokers, are kept fully apprised of all aspects of the return to school and they in turn liaise with insurers on the School’s behalf. This is facilitated by the Bursar and HR &amp; Compliance Manager.</p>	N
<p>Contract provision suspended or not re-set or updated due to new needs or simply unable to attend school in time for return to school.</p>		<p>Minimal services actually suspended although some had been reduced. All are now re-commissioned back at full operating and pre-Covid levels. Ongoing liaison with contractors regarding changes to protocols – such a staff testing – is ensured by Bursar and /or Covid-19 Coordinator.</p>	N
<p>Access to school not controlled effectively and visitors’ (as permitted) details not recorded.</p>		<p>Policy adopted of restricted access to parents with appointments, which will be limited in number; prospective parents who will only be able to tour the exterior of the school facilities and then only at times when pupils are not in the vicinity or only access areas where pupils are not present. Front gates on the driveway are closed and are only available to exit the School this restricting visiting traffic. All booked visitors and contractors will be required to complete a Visitor’s Health Questionnaire within 24 hours of their planned arrival.</p>	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed
Is there active engagement with NHS Test and Trace and are the procedures understood by all staff.		Updated information on School testing regime communicated in details to all staff in December and renewed for the start of the January term 2021. All staff (including contractors) aware of Government guidance and School protocols.	N
Inadequate liaison with local authority and health protection team over pandemic generally and testing regime in particular		Medical staff maintain existing relationships with local authorities including the local HPT this includes seeking advice and implementing recommendations on best practice including rapid testing regime and consequential actions from January 2021.	N
<p>Record of names of pupils / staff in their groups / bubbles, locations visited, seating not updated on a regular basis. Testing data not recorded adequately or securely.</p> <p>Insufficient information to identify close contacts of symptomatic individuals and support contact tracing.</p> <p>The definitions of “close contact” and the trigger for a pupil/staff to self-isolate not understood.</p> <p>DfE advice to keep separate bubbles not being fully implemented where appropriate.</p> <p>Each group’s (“Bubble”) health not properly analysed and risk assessed to consider switching to remote learning.</p>		<p>Bubble groupings well publicised and communicated to staff, parents and pupils. School protocols require maintenance of bubble groupings at all time. Staff required to monitor and ensure adherence.</p> <p>Adherence to bubble protocols consistently monitored by staff and issued dealt with at IMT level. Health concerns of individuals within bubbles is monitored by school medical staff. Protocols to switch from on site to remote learning are in place and have been enacted successfully during the autumn term 2020.</p> <p>Contract tracing procedures in place and all classroom seating plans maintained. Trial exercise in contact tracing carried out by IMT and subsequently endorsed by real time actions for staff and pupils needing to self-isolate following positive tests in the pupils and staff bodies during autumn term 2020. Year group bubbles maintained and all members and staff teaching in those rooms may be deemed as “close contacts”. Testing data will be securely stored on IT network and individual records deleted every 14 days.</p>	N
Social Distancing (SD), hygiene and ventilation rules not sufficiently robust, understood, communicated or applied.		Staff will receive updated induction prior to the start of the Autumn term. This will be essential for those staff who have not been at School since March and also for staff who were on site in the Summer Term as there will be many changes to the processes that had been in place in the summers. Updates and reminders will be circulated weekly or as needed by the Covid-19 Coordinator. Provision on site for hand washing and personal hygiene is copious and wide ranging across all areas. Reminders on all rules including ventilation issued November 2020 to reinforce message and conflict of interest with external temperatures.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed
SD rules and safety precautions for activities (play, games, drama, music) not understood or adhered to?		All areas of the School will be briefed on Social Distancing requirements for both children and staff. Play, games, PE, Drama and Music along with other departments and activities are all separately risk assessed and protocols for their provision drawn up and adherence to these closely monitored by SLT and Heads of Department. Safety precautions included within all briefings from September.	N
Insufficient consideration of how to reduce contact and maximise distancing between those in school where ever possible and minimise potential for contamination		Staff and Pupils are reminded of the requirements to reduce all possible opportunities for mixed bubbles. It is acknowledged that, despite best attempts, the younger pupils will not realistically be able to socially distance from each other. Teaching staff in these areas are briefed on the maintenance of as much social distancing as possible but with enhanced reliance on hand washing and hygiene measures. All staff are required to socially distance from each other at all times.	N
Staff and pupils not being reminded and checked to ensure they are complying with hygiene and SD rules.		SLT, Covid-19 Coordinator and all Heads of Department (academic and support) are tasked with observation of social distancing and hygiene compliance and intervention when compliance is not present.	N
Insufficient supplies of hygiene materials are not readily available, suitably stored or located.		These are ordered centrally in bulk from locally based suppliers with whom the School has long-standing relationships which have already proved to be beneficial in obtaining supplies at the commencement of the pandemic when supplies nationwide were difficult to obtain. Stocks are held centrally and issued as needed with records kept to indicate any possible abuse of issue. Hand sanitising pump bottles and stations are filled from bulk supplies by the Estates team as part of a daily routine.	N
Unsuitable enhanced cleaning regime, not regularly re-assessed or revised for high-risk areas such as toilets, door handles, keypads, switches, hand rails and frequently used hard surfaces.		Both day time and evening cleaning as well as Boarding cleaning is heavily focussed on the cleaning of touch points as key elements of enhanced cleaning regimes. Staff are encouraged not to turn off lights or close doors that need frequent opening. Applies in all buildings on main site and at School House. All staff are given basic COSHH training to be able to find, safely utilise and store spray cleaners as needed if other cleaners are not available at the time. Catering team operates in their own areas in an identical manner.	N
No precautions to keep shared teaching equipment (e.g. musical instruments, pens, pointers, keyboards, remotes) hygienic.		Staff made aware of risk assessment requirements for use of shared equipment in all areas and the potential consequences of not enforcing these protocols; this is reinforced by Heads of Department.	N
High-risk areas (including boarding areas) not being regularly monitored for hygiene.		All areas of the School are assessed daily for hygiene and cleanliness. Deficiencies are logged and reported to the appropriate cleaning operation for remedy and to reduce risk of recurrence.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed
Insufficient contingency plans for changes to school operation such as re-closing, loss of catering or teachers?		The School has plans in place and these are regularly reviewed for full closure, local lockdown, staff absence, and lack of catering. These are based upon the plans drawn up and the experience gained from the Continued Academic and Pastoral Provision in the summer term and the subsequent engagement in partial remote learning during the autumn term.	N
Insufficient contingency plans in case of medical need for self-isolation of individuals, multiple pupils, staff or local outbreaks?		The plans drawn up include the continuation of educational and pastoral services to all pupils in these circumstances. As a day school with very limited boarding, the consideration of international boarders does not arise and this reduces the requirement for self-isolation facilities; all pupils and staff will self-isolate at home. For those staff who have their home in the Main House, provision will be made for them to receive meals/drinks and medical care as needed.	N
No consideration of place markers on the floor to indicate appropriate SD, physical screens, splash barriers or “drop zones” for passing materials between people.		School sites have been reviewed for protection in all aspects of Covid; these include floor markings, protective screens and splash barriers as needed.	N
Risk assessments and protective measures for holiday clubs, after-school clubs and other out-of-school clubs not regularly updated.		Risk assessments and protocols required in all areas are updated. School continues to offer after school care only to assist working parents.	N
Insufficient preparation to communicate with parents, carers, staff and pupils in case of infection and groups needing to self-isolate.		Draft communications all in place and known to IMT. Numerous examples of needing to communicate with staff and parents during the Autumn term 2020 act as templates for future whole school or staff or bubble communication.	N
<p>Those working in the Asymptomatic Testing Site (ATS) not trained and competent to do so?</p> <p>Testing Training modules and assessment not completed and recorded for specific roles.</p> <p>Training and testing activities insufficient to provide reassurance including feedback and Q&amp;A?</p>		<p>Size and scale of the School and limited number of secondary age pupils, reduces initial pressures on school’s testing protocols from the return to School on 08/03/2021. Planning in place to expand testing scale as required to include primary age pupils once DfE/NHS approve. Testing supervisory staff training completed online from NHS.</p> <p>School protocols for testing are developed within NHS guidance for LFD testing in school and issue of home test kits. Staff trained to provide reassurance to all elements of School community – staff, pupils and parents.</p> <p>Staff work with pupils and staff where they may have difficulty in self-testing; guidance on self-testing issued to staff, parents and pupils and potential pupils identified and staff alerted. The School will retrain a testing facility for those with home testing difficulties.</p>	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed
<p>Are those that are self-testing (at home and in school) trained and competent to do so?</p> <p>Is it understood which pupils are unlikely to be able to self-swab?</p> <p>Are those unable to self-swab given additional support and reasonable adjustments?</p> <p>Insufficient systems and staff to support training, testing and contact tracers.</p>			
<p>All risk assessments not regularly reviewed and updated based on feedback and lessons identified from all those in School including pupils, teaching and support staff, visitors and contractors</p>		<p>All risk assessments are regularly reviewed. All staff are encouraged to comment on workability and “best practice”. Comments from visitors and parents are taken on board and are circulated to IMT as received and as appropriate.</p>	<p>N</p>
<p>All hazards identified properly mitigated and regularly re-assessed?</p>		<p>The School, is going to great lengths to identify all potential hazards and then to effectively mitigate them. All assessments, protocols, policies and procedures related to Covid-19 ae reviewed very regularly.</p>	<p>N</p>

**FURTHER ACTIONS REQUIRED:**

HAZARD DESCRIPTION	PROPOSED CONTROL MEASURE	WHEN?	BY WHOM?	DATE DONE
Failure by children, staff or parents to follow SD or other Government Guidance	Constant reminders to all parties. Updated guidance highlighted.	Daily / As needed	Head / Bursar / HR & Compliance Manager / SLT / Heads of Department	On-going

<b>Overall Residual Risk assessed as:</b>	<del>High</del>	<b>Moderate</b>	<del>Low</del>	<b>Low: Activity may proceed as assessed provided no further actions are required</b>			
				<b>Moderate: Activity may proceed with sign off following review by H&amp;S Officer and TiC/Assessor</b>			
				<b>High: Activity may not proceed without SLT intervention</b>			
<b>Signed by Assessor:</b>	<i>(Required for all assessments)</i>			<b>Date:</b>	<b>04/03/2021</b>	<b>Name:</b>	<b>Jacque Horrocks</b>
<b>Signed by H &amp;S Officer:</b>	<i>(Required for all Moderate Residual Risk)</i>			<b>Date:</b>	<b>04/03/2021</b>	<b>Name:</b>	<b>Martin Sims</b>
<b>Signed by Head:</b>	<i>(Required for High Residual Risk)</i>			<b>Date:</b>	<b>04/03/2021</b>	<b>Name:</b>	<b>Lisa McDonald</b>

Description of Activities: Phased Re-Opening of School to all pupils – Updated for re-opening to all Pupils in March 2021. MEDICAL. Doc 3D – Updated information (post January 21 - Lockdown 3) highlighted in Yellow

Location: Medical Provision – Generic – Whole School	Assessed by: Gill O’Sullivan	Date completed: 04/03/2021	Date of Review: Daily throughout Pandemic
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Residual Risk	ACTIONS TO TAKE
Low Risk	No further action required and activity may take place
Moderate Risk	Further Review: Is this necessary for normal school functioning? Is there any more you can do to reduce the risk?
High Risk	SLT to take further action to reduce risk and implement appropriate incident plan and control measures or activity does not take place.

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
<b>ALL HAZARDS</b> <ul style="list-style-type: none"> <li>Potential spread of Covid-19. <b>Severe illness / death</b></li> </ul>	Staff, Pupils	The School has adopted the DfE/PHE system of controls. These are grouped into ‘prevention’ and ‘response to any infection’ and build on the hierarchy of protective measures. When implemented with a “revised risk assessment, these measures create an inherently safer environment for pupil and staff where the risk of transmission of infection is substantially reduced”.	
Are those staff and pupils who are ill or tested positive in the last 10 days staying at home? Is the procedure of isolating or sending staff and pupils home for 10 days and arranging a COVID-19 test understood if anyone becomes unwell in school? Given the above do members of their household or group understand they should self-isolate for 10 days?		Health centre staff to coordinate circulation of staff/pupils who must not come to school and keep records of all incidents – aware of appropriate privacy requirements. Current NHS guidelines are reinforced to all staff and parents. Health Centre staff to be made aware of all cases requiring isolation and liaise with front office regarding pupil absences and with staff absences due to illness.	N
Is there an isolation room and bathroom available and adequately signed for those waiting collection and do those in attendance have access to PPE?		An isolation room for pupils has been created in what was the junior boys’ changing room which has been re-arranged and the lobby storage area restricted to accommodate this function. Toilet and shower facilities immediately available in the stable block lobby (re-assigned form Ladies facility). Entrance is only to the isolation room and minimises potential cross contamination from patients. Parents and staff aware of location and parents to be reminded if asked to come to collect. Appropriate warning signage in place as needed to ensure no encroachment.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
<p>Staff who have helped someone with symptoms and pupils who have been in “close contact” know they do not need to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test)?</p>		<p>NHS guidelines are available to all staff and parents and all are reminded of the protocols to follow. Staff inset to reinforce guidelines to staff.</p>	<p>N</p>
<p>School unaware of those that have been identified as Clinically Extremely Vulnerable (CEV) via a letter to the individual from NHS or their GP.</p> <p>Clinically Extremely Vulnerable (CEV) staff and pupils have not been advised whether to work from home or go to school during period of national restrictions.</p> <p>Measures in school are not sufficiently robust for clinically vulnerable staff and pupils.</p>		<p>Parents of Pupils and staff are all briefed on the School’s approach to those classified as being CEV. Pupils all risk assessed as to appropriateness of being at School or not; School has robust remote learning models in place for those pupils unable to attend school due to Covid restrictions or fears. Staff who may be CEV (none formally recorded but extended to pregnant staff) are risk assessed. Where possible, staff to work from home or on amended duties to ensure SD form others. As last resort, affected staff may be suspended on full pay for the duration of the process (third trimester for pregnant staff).</p>	<p>N</p>
<p>Staff not aware of meaning of “close contact”:</p> <ul style="list-style-type: none"> <li>• Direct close contacts: face-to-face contact with an infected individual for any length of time, within 1 m, including being coughed on, talking face to face, or unprotected physical contact (skin-to-skin).</li> <li>• Proximity contacts: extended close contact (within 1 to 2 m for more than 15 minutes) with infected individual.</li> <li>• Sitting in a small vehicle (car) with an infected person.</li> </ul>		<p>Social distancing requirements and protocols when coming into contact with an infected person at EG are clearly and formally communicated to all staff and reinforced with appropriate signage and re-arrangement of facilities including classrooms and communal areas to minimise contact wherever possible. Staff reminded of enhanced transmissibility of mutated variant in January Inset and that “old habits” are now considered insufficient SD.</p>	<p>N</p>

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Do all understand they must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell?		Hygiene protocols clearly communicated to all staff and pupils and parents. Messages reinforced in all hand wash areas. Adequate hand wash facilities for staff and pupils across the site.	N
Do staff know how the area around a person with symptoms must be cleaned after they have left to reduce the risk of infection?		Cleaning protocols in place for all eventualities. School has a day cleaning team in place for cleaning needs during the school day. Classroom staff not to clean. Cleaners are trained and briefed on required cleaning protocols.	N
Is it understood that routine temperature testing is not a reliable method for identifying COVID-19 (or recommended by NIHP/PHE).		It is clearly understood and routine temperature testing will not be conducted at EG unless NIHP/PHE guidance is amended.	N
Hygiene rules not effective. “Catch it, Bin it, Kill it” not re-publicised or applied.  Lack of information on how to react to coughing and sneezing using tissues (and their disposal) or crock of arm and immediately cleaning hands with soap and water or hand sanitiser.  Young children and those with complex needs not supported in understanding importance of hygiene rules.		Catch it, Bin it Kill it is promulgated across whole School community with reminders across all areas of the School. Actions to take are including in behaviour briefings for all pupils and staff reminded of protocols. Younger children led by staff in age appropriate ways. Parents encouraged to support same protocols at home.	N
No supervision of hand sanitiser use given risk of ingestion by young children.		Hand sanitising available in 2 ways: (1) fixed wall mounted at entrance/exit to building; dispensers produce limited quantity and children supervised as they move between areas. (2) Pump bottles in each classroom. Bottle only used under supervision and not to be left unattended within reach of children – same protocol as for cleaning materials.	N
Pupils not aware of behaviours which may increase the risk of droplet transmission (such as biting, licking or spitting).		Behaviour Management policy updated to incorporate section on Covid enhanced behaviour and pupils briefed on requirements at assemblies, tutor time and PSHEE.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Insufficient staff supervising and supporting normal medical staff particularly in their liaison with GPs etc.		All staff made aware of medical protocols – both internal to the School and broader national guidelines.	N
Insufficient medical staff to deal with temperature testing (if used), isolating and monitoring suspect COVID-19 cases, outside appointments and normal medical issues.		Health Centre is adequately staffed for continued school operation. In the event of increased workload due to Covid, it is likely that year group bubbles will be sent home and/or the school required to close to normal operations for a period. Close liaison with school doctor and NIHP/PHE by Health Centre staff for best practice advice.	N
Insufficient First Aid trained personnel (ratio) for pupils in school and on activities and sport.		Normal FA protocols apply during the pandemic. All child facing staff are required to undertake appropriate first aid training and staff in Pre Prep (including EYFS) undertake Paediatric First Aid. Training records monitored by HR.	N
Procedures for First Aid to those that do not have COVID-19 symptoms unclear and not briefed.		School policy on Health and First Aid remains in place – updated for Sept 20.	N
Requirements in EYFS on Paediatric First Aid certification not identified given recent modifications and 3 month extensions.		All staff engaged in childcare in the Pre Prep (including EYFS) are required to have PFA certification. Training course arranged for new staff and other staff as required arranged prior to start of term. Training in first aid for schools (6 & 12 hour courses) cancelled in January 2021 does not impact upon legal certification for PFA within EYFS.	N
No or insufficient training for those operating temperature testing or other precautions that require new equipment. Training not recorded for future reference.		No routine temperature testing undertaken and any temperatures to be taken will as under normal first aid protocols or conducted by Health Centre staff under Covid protocols. All staff briefed on medical protocols under Covid.	N
Medical policy, procedures and appropriate response to spectrum of medical issues not revised or shared?		Updated policy and specific Covid policies, risk assessments and protocols are circulated to all staff prior to start of term and inset session arranged with Health Centre briefing.	N
Medical room(s) not properly equipped.		Health Centre is well equipped as a day school operation with limited boarding. School doctor available for consultation by Health Centre staff as needed. Testing centre being established in senior boy's changing room and isolation facility now being relocated to the junior boys' changing rooms. Arrangement ensures no compromise from potential Covid cross contamination of classrooms & IT Office being adjacent to Health Centre.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Lack of School decision or policy for level of PPE required for staff or pupils.		School decision on wearing of PPE in differing circumstances is clearly communicated to parents and staff. At time of writing, limited to Years 7 & 8 pupils on minibus services; drivers is optional; staff wearing in communal areas is optional.	N
Insufficient training for the wearing of face coverings including fitting, storing, care and disposal arrangements.		Minimal wearing of masks. Where required for pupils, detailed protocols available for parents to reinforce correct methods of wearing and disposal with zip lock bags provided to dispose of masks at the end of a journey. Staff reminded of all mask protocols and that re-useable masks may not be worn for more than 1 school day at a time before washing and filters, if applicable, must be changed at least daily or after 4 hours of use.	N
Sickness management rules and the “don’t come to work if you are ill” not understood or observed.		Usual staffing protocols in place for reporting sickness and absence. Message not to come into School if unwell is reinforced at Inset and in routine communication – staff are not helping by coming in when not well regardless of Covid symptoms.	N
Different age groups with different risk profiles for each group of staff and pupils not risk assessed?		All areas of the School have been assessed for practical variations dependent upon the ages of both staff and pupils and also between boarding and the rest of the School.	N
Lack of knowledge on whom has been tested (positive or otherwise) for COVID-19 and if it is recorded (for elimination purposes). Evidence of negative result should not be requested.		<b>For Home-based Lateral Flow Testing or LFTs conducted at School the results of these are registered with NHS and parents/staff are required to register all results with the School</b> and these are logged against individual records. Essential for overall picture of testing within the school community. All data records are held securely and in accordance with GDPR.	N
Insufficient information on who has had contact with anyone tested positive or suspected of COVID-19 and if recorded.		Parents and Staff required to advise Health Centre of any such contact. Advice is logged against individual records.	N
Lack of recording of which staff and pupils have been sent home with COVID-19 symptoms (a cough, high temperature or shortness of breath).		Health Centre staff to maintain usual records for pupils and all staff are required to advise Health Centre of their condition.	N
Lack of regular dialogue with those that have suffered from COVID-19 and / or are isolated at home.		Staff and pupils who are sent home or are isolating at home are kept in regular communication. CAPP in place for all pupils with dedicated tutor time sessions. Staff able to work from home are required to do so when isolating.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Lack of information on anyone that may still be shielding another family member and why this may preclude their attendance at school.		All staff and parents surveyed for any such information and results recorded and reviewed by Health Centre staff. Staff concerns addressed individually with staff member prior to start of term. Parent/pupils concerns to be addressed by Health Centre staff and /or pastoral care staff as these become known following health questionnaires.	N
No separate area for temperature testing, holding and isolation of pupils/staff. Areas not easily identified or regularly cleaned? Temperature testing undertaken using unsafe methods, not reflecting SD rules, not recorded or kept appropriately.		Only Health Centre staff or other staff, includes Boarding Staff, as trained, to take temperatures. Non-contact thermometers provided in main locations including boarding. Only taken under SD protocols with appropriate PPE for the taker. No routine taking on entry to premises etc. due to inconsistency of readings from being outside. Boarding staff have an agreed protocol with Health Centre regarding routine temperature checking each morning as the conditions for checking are more consistent and stable – indoors with no change of environment.	N
No procedure considered if a mobile testing unit is dispatched to test others in school. (Testing will focus on the person’s class, followed by their year group, then the whole school if necessary.		IMT (including Health Centre Staff who will take the practical lead) to coordinate arrangements for a mobile testing unit ensuring clear and factual communication – essential to reduce alarm and concern amongst all areas of the community.	N
Insufficient or no procedure for summoning emergency services, lack of safe RV and cleared routes in and out.		Procedures for calling an ambulance or other emergency services are clearly laid out in School policies – Health & Safety, Fire Safety, Health & First Aid and no amendments required to account for Covid. Driveways and access remain secure and cleared at all times with reminders to staff and parents regarding parking.	N
No links with local health protection teams who provide advice (and may recommend large groups self-isolate or school closure)		Health Centre staff know the contact details of the local health protection team and are familiar with their protocols. Boarding staff communicate with Health Centre staff.	N
Visits of or to GPs / nurses / dentists and local surgeries changed and not known by staff and or pupils. Staff are not aware those with COVID-19 symptoms should not go to a GP surgery, pharmacy or hospital unless an emergency.		All staff reminded of national guidelines and protocols regarding Covid. Health Centre and Boarding staff who may act as in loco parentis are briefed on changes to routines at all medical facilities.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Insufficient registration, induction, supervision of contractors where essential work is required on site.		Contractors are all required to submit to the same protocols as all visitors including health declaration prior to or at time of entry.	N
Medical staff have insufficient or unsuitable PPE, cleaning materials and training for tasks.		Health Centre staff are provided with PPE and appropriate cleaning materials as required and stocks maintained. Staff trained in use and disposal of PPE and in COSHH for cleaning materials. Training also provided to Boarding staff for instances where PPE is required outside normal daytime hours.	N
Policy on wearing uniform and if washing also required to prevent infection for staff and pupils not re-considered.		Uniform protocol circulated to staff and parents. Government guidance is to wear ordinary uniform/clothes and to wash as normal. Note that no changing facilities available at School for pupils and staff changing facilities limited to ensure SD.	N

**FURTHER ACTIONS REQUIRED:**

HAZARD DESCRIPTION	PROPOSED CONTROL MEASURE	WHEN?	BY WHOM?	DATE DONE
Failure by children, staff or parents to follow SD or other Government Guidance	Constant reminders to all parties. Updated guidance highlighted.	Daily/As needed	Head / Bursar / HR & Compliance Manager / SLT / Heads of Department	On-going

<b>Overall Residual Risk assessed as:</b>				<b>Low: Activity may proceed as assessed provided no further actions are required</b> <b>Moderate: Activity may proceed with sign off following review by H&amp;S Officer and TiC/Assessor</b> <b>High: Activity may not proceed without SLT intervention</b>			
<b>Signed by Assessor:</b>	<i>(Required for all assessments)</i>			<b>Date:</b>	<b>04/03/2021</b>	<b>Name:</b>	<b>Gill O'Sullivan</b>
<b>Signed by H &amp; S Officer:</b>	<i>(Required for all Moderate Residual Risk)</i>			<b>Date:</b>	<b>04/03/2021</b>	<b>Name:</b>	<b>Martin Sims</b>
<b>Signed by Head:</b>	<i>(Required for High Residual Risk)</i>			<b>Date:</b>	<b>04/03/2021</b>	<b>Name:</b>	<b>Lisa McDonald</b>

Description of Activities: Re-Opening of School to all pupils – Updated for re-opening to all Pupils in March 2021. TEST & TRACE PROCESS & SITE. Doc: 3D(A) – Updated information (post January 21 - Lockdown 3) highlighted in Yellow

Location: Test and Trace Process and Site Operation – Whole School	Assessed by: Gill O’Sullivan & Martin Sims	Date completed: 04/03/2021	Date of Review: Daily throughout Pandemic
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Residual Risk	ACTIONS TO TAKE
Low Risk	No further action required and activity may take place
Moderate Risk	Further Review: Is this necessary for normal school functioning? Is there any more you can do to reduce the risk?
High Risk	SLT to take further action to reduce risk and implement appropriate incident plan and control measures or activity does not take place.

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
<b>ALL HAZARDS</b> <ul style="list-style-type: none"> <li>Potential spread of Covid-19. <b>Severe illness / death</b></li> </ul>	Staff, Pupils	The School has adopted the DfE/PHE system of controls. These are grouped into ‘prevention’ and ‘response to any infection’ and build on the hierarchy of protective measures. When implemented with a “revised risk assessment, these measures create an inherently safer environment for pupil and staff where the risk of transmission of infection is substantially reduced”.	Y
<b>PROCESS</b> Explanatory T&T letters / emails not sent to parents / pupils, staff and governors.  No school “COVID-19 Testing Privacy statement”. “COVID-19 Testing Privacy statement” not communicated to staff, parents, pupils and governors.		Template letters adapted and sent to all members of school community prior to the start of term and again prior to re-opening on 08/03 including details of privacy statement – see attached appendix document. Permission to test requested from all parents of Y7 & 8 pupils and all staff.	N
T&T data not recorded securely or consideration given to deletion after 14 days.		All T&T data securely held on IT network and deleted in accordance with protocols – normally within 14 days.	N
Those that have had “close contact” with someone tested positive for COVID-19 do not know they must self -isolate		Staff and parents (pupils) advised of implication of being a close contact of a positive test and updated protocols published. Note that Gov guidance changed from permitting daily testing as an alternative to self-isolation.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Age-appropriate consent statement for testing (under / over 16) not properly completed.		All pupils aged under 16 (some in year 8 may be over 13 – refer to Gillick Competency). Consent statement adopted from NHS template –completed online by parents using G Forms with mandatory responses on essential fields.	N
Test instruction posters, booklets, FAQ and briefings not readily available and apparent.		NHS documentation downloaded and distributed as appropriate to all members of School community.	N
Tests not supervised or conducted by trained staff.		Test all supervised and conducted by qualified RGNs – school nursing staff. Other qualified staff will take on routine first aid duties during testing regimes.	N
Testing area not sufficiently controlled to limit access to testers, those being tested and supervisors		Testing area (boys changing room) is only available to authorised staff. Pupils enter under supervision. Staff being tested under social distancing.	N
Test process not maintaining social distancing where appropriate, good hand and respiratory hygiene or keeping occupied spaces well ventilated.		Testing process will be established and implemented using NHS guidance and maintaining strict protocols for all safety aspects	N
Social distancing advice between testing staff and those being tested including distances between desks, chairs etc not being observed and supervised.		Supervisors appointed for all testing operations. These have attended the NHS webinar and completed NHS online training. Layout of testing room and maintenance of all social distancing protocols lies with medical supervisory and admin supervisory staff. Staff and pupils being tested reminded at all times of SD requirements.	N
Staff assisting with taking and processing swabs not wearing appropriated PPE.		Staff taking test and those assisting in the process will be required to wear appropriate PPS to the correct specification – supplies already on site and supply line well established and proven.	N
Process of swabbing not following training and / or updated guidance.		School nursing staff will follow all training issued by NHS and will review for all updates as needed.	N
Tested sample incorrectly handled safely during the process including disposal.		Safe handling aspect is covered by NHS training – guidance and requirements for all aspects of handling including waste disposal – colour bag items defined.	N
Process for informing parents / pupils / staff not understood and implemented.		Senior staff have attended relevant webinars and training on the testing process and on communication requirements. Process is understood and is already in action.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
<p>The process of barcoding, recording and communicating test results is not accurate and supervised</p> <p>Process of lost LFD, failed scans or damaged barcodes not understood or properly implemented.</p>		<p>All aspects of testing protocols to follow NHS guidelines in all areas including ensuring testing results accurately recorded; all tests accounted for and reconciled against headcounts at least daily. Staff trained in the processes required.</p>	<p>N</p>
<p>Inadequate supervision / checking to ensure equipment handled correctly and not shared.</p> <p>Extraction solution with lab test kit (there are no manufacture anticipated hazards) are inappropriately handled, stored and disposed.</p>		<p>Supervisors have been training to NHS standards and understand requirements; they have responsibility for training other staff and ensuring they are aware of the required standards and protocols.</p>	<p>N</p>
<p>The training does not reflect hazards identified with testing and these are not communicated to testing and cleaning staff?</p>		<p>Webinar and NHS Training completed by key staff appointed to supervisory positions responsible for all aspects of the T&amp;T process. Responsibility includes reconciling EG site practicalities with generic training and logistics provided. Also include training and information passing for all other T&amp;T staff.</p>	<p>N</p>
<p>Those tested positive not confirming the positive result with a Polymerase Chain Reaction (PCR) test and either failing to self-isolate pending the confirmation test or self-isolating unnecessarily after a confirmatory PCR test might have cleared them as having a false positive.</p>		<p>Critical element of communication to staff, parents and (as necessary) pupils. Messages regarding waiting for PCR test and self-isolation pending result is key part of communication of School protocols. School possesses v limited stocks of PCR tests for use at discretion of nursing staff.</p>	<p>N</p>
<p>Key layout requirements including staff not fully met.</p>		<p>School staff attended training sessions on the establishment of the testing site and all recommendations / requirements will be adopted at all times.</p>	<p>N</p>

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
<p><b>TEST SITE</b></p> <p>Insufficient staff available (depending on throughput: Team Leader, Test Assistant, Processor, Coordinator, Registration Assistant, Results Recorder, Cleaner)</p>		<p>From March 2021, LFD testing capability retained on site:</p> <ol style="list-style-type: none"> <li>1. To facilitate 3 x testing for pupils in Y7 &amp; 8 as mandated by Gov Guidance.</li> <li>2. To assist those parents/staff unable to conduct self-testing at home using kits provided.</li> </ol> <p>Adequate staffing is available with both trained medical professionals and admin support – all staff available and trained</p>	N
<p>Training time and content inadequate (3 hrs with introduction video, on-line training and assessment plus rehearsal.)</p>		<p>All training completed by start of testing as appropriate to the role.</p>	N
<p>Consent forms are not available and properly completed?</p>		<p>Consent forms are based on NHS templates and are completed online. Principle of opt out under review to increase permissions if required.</p>	Y
<p>Test site flooring is not non-porous.</p>		<p>Floor of the testing room is not porous – boys changing room in other times and has non-slip flooring.</p>	N
<p>Test site is not well lit with a good airflow</p>		<p>Room has good lighting and windows that open all round whilst maintaining privacy. Entrance and exit doors can be held open to enhance air flow.</p>	N
<p>Test site Registration, Swabbing, Recording and Processing Desks and waiting areas not on a one-way system.</p>		<p>Room is ideal for a one-way system – in from sports hall entrance and exit into sports hall car park. All prescribed activities can be established within the one-way system.</p>	N
<p>Test chair in the swabbing bay not a minimum of 2m apart.</p>		<p>Test site is being established as per NHS guidelines – room is large enough to facilitate this. Staff trained on requirements.</p>	N
<p>Each swabbing desk and associated processing desk not more than 1m away and Recording desk not located close by.</p>		<p>Test site is being established as per NHS guidelines – room is large enough to facilitate this. Staff trained on requirements.</p>	N
<p>No clear division and demarcation between swabbing and processing area.</p>		<p>Test site is being established as per NHS guidelines – room is large enough to facilitate this. Staff trained on requirements.</p>	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Test subjects able to enter the processing area		Test subjects will be unable to access the processing areas and will be guided away from these. Barriers/ropes in situ.	N
No quality assurance, guidance and supervision evident		Covid-19 coordinator will work closely with school medical staff to ensure quality control and guidance and supervision of the testing will be evident at all times.	N
Processing bays not properly cleaned and waste (including clinical waste) is not properly disposed.		Additional cleaning measures and dedicated time put in place for the testing site. Training for all cleaning staff in place including disposal of clinical waste.	N
Orderly entry, processing, appropriate SD and exit movement apparent.		Queuing system established for both pupils and staff; one-way system in and out of the room in place and pupils/staff briefed on requirements	N
No quiet space to talk with the pupil mindful of the need for social distancing / PPE / wellbeing		Health centre room will be used for one-to-one conversations as needed – cleaning needed between occupants from different bubbles. School pastoral care processes in place and available for pupils - -pastoral care staff are trained and have information available on all aspects of the testing regime..	N
<b>ASSESSMENT FOR SELF TESTING</b> LFD kits not supplied and distributed in time or safely		Initial supplies arrived form NHS. Ordering system appears to be competent. Stock levels managed by Health Centre staff.	N
Test kit not stored at room temperature (2°C – 30°C) or in a cool dry place.		Kits stored in accordance with requirements at all times. Staff aware of storage.	N
LFD Testing kits not properly managed and tracked Test kit not kept away from children until needed.		All kits managed by Health Centre staff and testing coordinator	N
Self-testing not conducted in accordance with guidelines and supervised where required.		Staff and parents (pupils as appropriate) all issued with detailed literature on using test kits.	N
Positive results not reported. All results not reported, collated and recorded by the individual and the school.		Staff and parents all advised of reporting requirements. Results will be reconciled to test kits issued and discrepancies followed up by appropriate staff.	N

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
<p>Incidents not reported to school or reported to DfE / DHSC (to help identify emerging issues).</p> <p>Incident protocols and feedback loop not understood and / or implemented.</p>		<p>Health centre and test coordinator aware of requirements and will notify as appropriate</p>	<p>N</p>
<p>Where appropriate test and report on children under 12 not tested by confident adult.</p> <p>Are those unable to self-swab given additional support and reasonable adjustments?</p> <p>Are there measures in place to reduce anxiety over testing and coping with a positive result?</p>		<p>Parents given detailed guidance and advised that pupils may be tested at School if home testing is an issue. Staff and parents given constant reassurance over the home testing process. Guidance on coping with a positive test result is given to all testees.</p>	<p>N</p>
<p>Clinical incident which has potential to harm not reported to <a href="https://coronavirusyellowcard.mhra.gov.uk">https://coronavirusyellowcard.mhra.gov.uk</a> and school.</p>		<p>All clinical or non-clinical incidents are reported as appropriate via the Health Centre.</p>	<p>N</p>
<p>Clinical incident which has led to harm and requires immediate medical care not reported to 111 or 999 and then to school.</p>			
<p>Non-clinical incidents occurring at home (something damaged, or missing or difficult to use in the kit, unable to log result etc) not reported to 119.</p>			
<p>Do not eat or drink for at least 30 minutes before doing the test to reduce the risk of spoiling the test.</p>		<p>Requirements included in the detailed information given to staff and parents. Health Centre staff and Test Coordinator(s) are thoroughly trained and available to parents and staff for advice.</p>	<p>N</p>
<p>Video on how to take the swab test: <a href="http://www.gov.uk/covid19-self-test-help">www.gov.uk/covid19-self-test-help</a> not referred to before testing.</p>		<p>Parents and staff are referred to NHS website for video and leaflets. Detailed instructions issued with all home kits. Emphasis on correct procedure and management of the test process.</p> <p>Procedures for exceptions – nasal obstructions, nose bleeds, blurred vision etc are all included within briefings given.</p>	

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Surface and hands not cleaned before test or after test (if more than one test).			
Test kit not checked for damage or expiry date.			
Testing process not followed correctly for self / child including rubbing fabric tip of swab 4 x over both tonsils (or where they would have been) and then 10 complete circles of one nostril.			
Processing of the swab not completed in-line with guidance including transferring the sample into the liquid and the liquid then on to the well on the test strip.			
Not waiting 30 minutes, recording the result correctly with NHS and then taking the appropriate action if positive.			
Soft, fabric tip of swab and fabric strip touches hands.			
Fabric tip of swab touches tongue, teeth, cheeks, gums, or any other surfaces.			
Problems with hands or vision. (May need someone to assist with the swabbing and testing process).			
No alternative measure if nose piercing (swab the other nostril or if both nostrils pierced remove one piercing before swabbing.)			
Nosebleed within the last 24 hours (swab other nostril or wait 24 hours).			

List Potential HAZARDS:	List PEOPLE AT RISK.	List EXISTING CONTROL Measures:	Further Actions Needed?
Unable to take a throat swab. (then swab both nostrils)			
Test kit not properly disposed of in waste bag provided and placed in general household waste.		Correct Disposal is emphasised at all times.	N
Test on children under 12 continued despite child feeling pain.		Some Year 7 pupils may be under 12 – instructions on what to do under these circumstances will be included to parents. Parents always encouraged to contact either NHS or School.	N
Test kit and each item in the test kit used more than once. (Do not re-use items. Each person’s result must be reported).		Emphasis on correct procedures to be followed at all times contained in instructions.	N

**FURTHER ACTIONS REQUIRED:**

HAZARD DESCRIPTION	PROPOSED CONTROL MEASURE	WHEN?	BY WHOM?	DATE DONE
Failure by children, staff or parents to follow SD or other Government Guidance	Constant reminders to all parties. Updated guidance highlighted.	Daily/As needed	Head / Bursar / HR & Compliance Manager / SLT / Heads of Department	On-going

Overall Residual Risk assessed as:	<del>High</del>	<b>Moderate</b>	<del>Low</del>	<b>Low: Activity may proceed as assessed provided no further actions are required</b> <b>Moderate: Activity may proceed with sign off following review by H&amp;S Officer and TIC/Assessor</b> <b>High: Activity may not proceed without SLT intervention</b>			
Signed by Assessor:	(Required for all assessments)		Date:	04/03/2021	Name:	Gill O’Sullivan	
Signed by H &S Officer:	(Required for all Moderate Residual Risk)		Date:	04/03/2021	Name:	Martin Sims	
Signed by Head:	(Required for High Residual Risk)		Date:	04/03/2021	Name:	Lisa McDonald	

## **EDGE GROVE SCHOOL – COVID-19 TESTING PRIVACY STATEMENT**

### **Ownership of the Personal Data**

To enable the Covid-19 testing to be completed at Edge Grove School, we need to process personal data for staff and pupils taking part, including sharing of personal data where we have a legal obligation. Edge Grove School is the Data Controller for the data required for processing the tests and undertaking any actions which are needed by the school / college to ensure we meet our public health and safeguarding legal obligations. All data is processed under Section 3 of the Non-Maintained Schools Regulations 1999 for non-maintained schools. Data Controllorship is then passed to the Department for Health and Social Care (DHSC) at the point that we transfer data to them.

### **Personal Data involved in the process**

We use the following information to help us manage and process the tests

- Name
- Date of birth (and year group)
- Unique barcode assigned to each individual test and which will become the primary reference number for the tests
- Test result
- Parent/guardians contact details

We will only use information which is collected directly from you specifically for the purpose of the tests, even if you have previously provided us with this information.

The information will only be stored securely on local spreadsheets in school until it is securely shared with DHSC.

### **Processing of Personal Data Relating to Positive test results**

The member of staff, pupil or parent (depending on contact details provided) will be informed of the result by the school and advised how to book a confirmatory test.

The school will use this information to enact their own COVID isolation processes without telling anyone who it is that has received the negative test.

The information will be transferred to DHSC, who will share with NHS, PHE and the Local Government who will use the information for wider test and trace activities as well as statistical and research purposes.

This information is processed and shared under obligations set out in Public Health legislation under Regulations 3(1) and (4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) which allows the sharing of data for COVID related purposes.

This information will be kept by the school for up to 14 days and by the NHS for 8 years.

### **Processing of Personal Data Relating to Negative test results**

The school will record a negative result and the information will be transferred to DHSC, NHS, PHE and the Local Government who will use the information for statistical and research purposes.

This information is processed and shared under obligations set out in Public Health legislation under Regulations 3(1) and (4) of the Health Service (Control of Patient Information) Regulations 2002 (COPI) which allows the sharing of data for COVID related purposes.

This information will be kept by the school/college for up to 14 days and by the NHS for 8 years.

### **Data Sharing Partners**

The personal data associated with test results will be shared with DHSC, NHS, PHE and local government to ensure they take the necessary actions they need to complete under their legal obligations.

### **Your Rights**

Under data protection law, you have rights including:

**Your right of access** - You have the right to ask us for copies of your personal information.

**Your right to rectification** - You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.

**Your right to erasure** - You have the right to ask us to erase your personal information in certain circumstances.

**Your right to restriction of processing** - You have the right to ask us to restrict the processing of your personal information in certain circumstances.

**Your right to object to processing** - You have the the right to object to the processing of your personal information in certain circumstances.

**Your right to data portability** - You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.

You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you. Please contact the Data Protection Manager at [dataprotection@edgegrove.com](mailto:dataprotection@edgegrove.com) / 01923 855724 if you wish to make a request.

### **How to complain**

If you have any concerns about our use of your personal information, you can make a complaint to the Data Protection Manager at [dataprotection@edgegrove.com](mailto:dataprotection@edgegrove.com) / 01923 855724. You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's address:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Helpline number: 0303 123 1111

**Martin Sims**  
**Bursar and Data Protection Manager**  
**January 2021**