

THOMAS DEACON EDUCATION TRUST GENERIC RISK ASSESSMENT



TITLE:	COVID-19: Secure Management durir	ng Core and Non-(Core Hours of Academy Operation
VERSION:	5		
FACULTY/DEPARTMENT/AREA:	TDET Wide		
COMPLETED BY:	Harvinder Singh Rajput	POSITION HELD:	TDET Health and Safety Manager
DATE:	17 th May 2020		
AUTHORISATION BY:	Simon Smith and Scott Hudson	POSITION HELD:	TDET Director of Resources/Education
HEALTH AND SAFETY RA REFERENCE NUMBER:	TDET_GRA_????		
PLANNED REVIEW DATE:	Kindly note that document review will be continuous and	the evolving advice from H on to address any new haza	M Government, Public Health England, and Department for ards and/or risks.

		VERSION CONTROL – COMPLETE EACH TIME RISK ASSESSMENT IS REVIEWED		
DATE	VERSION	REASON FOR AMENDMENTS	COMPLETED BY	AUTHORISING MANAGER
04/06/2020	2	Section 1-Induscribute insertion inspiratory Ingraine. Section 1-Induscribute insertion insertion in process of the section 1-Induscribute in the section 1-Industribute in the section 1-Induscribute in the section 1-Induscribute in the section 1-Induscribute in the section 1-Industribute in the section 1-Induscribute in the section 1-Induscribute in the section 1-Industribute in the section 1	Harvinder Singh Rajput	Simon Smith and Scott Hudson
05/06/2020	2.1	Section 3.2—Precising people with ower of higher than of the east of higher than of	Harvinder Singh Rajput	Simon Smith and Scott Hudson
07/06/2020	2.2	Section 1.2 - Neutrol purpose the long straight of a fairner. When confidence in the confidence is a confidence in the confidence in the confidence is a confidence in the con	Harvinder Singh Rajput	Simon Smith and Scott Hudson
16/06/2020	2.3	Section 3.7- Analysis who wasted in the desirable Policy conduction (agree and extended to the control bear and extended to control	Harvinder Singh Rajput	Simon Smith and Scott Hudson
12/07/2020	3		Harvinder Singh Rajput	Simon Smith and Scott Hudson
19/08/2020	3.1	We have considered the control of th	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
01/09/2020	3.2	Section 1.1 - Special graphings (primery CDVC) 2.1 - Spec	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
30/10/2020	4	Section -1 Principles Counted to was off that countries, and form countries and countr	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
28/02/2021	5	Section 2 – Protecting people who are at higher risk of harm (Clinically Extremely Vulnerable, Clinically Vulnerable, Pupils who are shielding, BAME communities: Section updated to comply with HM Government guidance from 8th March 2021 onwards. Section 3 – Reporting confirmed positive COVID-19 situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Health Protection Team at NIHP, and people who need to self-isolate: Section update with link for 8th March 2021 guidance. Section 14 – Face Coverings in Education: Section retitled and updated to comply with HM Government guidance from 8th March 2021 onwards. Section 42 – Asymptomatic Testing for all Staff and Pupils: New section added to comply with HM Government guidance from 8th March 2021 onwards.	Harvinder Singh Rajput	Simon Smith, and Scott Hudson

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
No.	COVID-19 Coronaviruses are a group of viruses that cause respiratory tract infections that can range from mild to fatal. Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and the new COVID-19 that materialised in 2019 are all viruses that fall into the coronavirus group. The new coronavirus disease 2019 has been abbreviated by the World Health	Transmission and contracting disease. Continuous coughing or frequent episodes of coughing. Higher than normal body temperature. Severe fatigue. Mild to moderate respiratory illness for most people infected that have a good immune system. Older people and those with underlying medical			causing harm?	harm?		controlled?			
	Organisation (WHO) as COVID-19, 'CO' stands for 'corona', 'VI' for 'virus', and 'D' for disease The World Health Organisation (WHO) has identified that COVID-19 in not an airborne virus. Respiratory tract infections can be	conditions may develop serious, chronic and life-threatening respiratory illness.		estates and facility management, regulatory requirements, and those that cannot be performed remotely. • Employees that work remotely (i.e. from home) but are unable to do so due to home circumstances or the unavailability of safe enabling equipment. The wellbeing, mental and							
	transmitted through respiratory droplets, droplet nuclei (i.e. nano particle 10-9), or aerosol (i.e. spray) depending on their size. When the droplet particles are above a certain size they are referred to as 'respiratory droplets', and when they are below a certain size,			physical health, and personal security of those working from home will be monitored by their direct line manager and all provisions will be made available to help those working from home to stay connected with the rest of the workforce, especially if the majority of their colleagues are on-site. New ways of working will be adopted to achieve this and will include the use of ICT, i.e.							

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	are referred to as			remote access to work systems,				
	'droplet nuclei'.			Microsoft Teams and Zoom video				
	According to current			meeting etc.				
	evidence, COVID-19							
	virus is a 'sticky protein			Safe working from home advice				
	cell ' that is primarily			and guidance, including online				
	transmitted between			assessment, published by TDET's				
	people through			Health and Safety Section and				
	respiratory droplets			communicated to all staff.				
	and contact routes							
	including touch			TDET has Adult Mental Health First				
	points.			Aid provisions in place that are				
	Respiratory droplets			managed by TDET's Health and				
	are of a weight that			Safety Section. Provisions and				
	they will fall to the			how to reach out to an				
	ground at round 1-			appointed Adult Mental Health				
	metre, thus the initial			First Aider have been				
	2-metre social			communicated to all staff.				
	distance rule, and							
	can remain on			The Trust's Human Resources				
	surfaces for some time depending on the			Department will address and				
	type of material, e.g.			manage any well-being issues or				
	48 hours for fabric and			concerns.				
	up to 72 hours for							
	plastics and hard rigid			2. Protecting people who are at				
	surfaces such as			higher risk of harm. (Clinically	L (2)	S (4)	R (8)	Yes
	desks.			Extremely Vulnerable, Clinically			(-)	
				Vulnerable, Pupils who are	Unlikely	Significant	High	
	Therefore, some methods of			shielding, BAME communities, and	,	illness, more		
	preventing or			makes references to HM		than seven		
	reducing the risk of			Government's 'Local COVID Alert		day, and		
	COVID-19 transmission			Levels')		affecting more		
	and infection are			,		than one		
	summarised below,			In relation to working in schools,		person		
	however the list is not			whilst it is not possible to ensure a				
	exhaustive:			totally risk-free environment, the				
	1. People that are ill			Office of National Statistics'				
	must stay at home. 2. Maintain high			analysis on coronavirus (COVID-				
	levels of			19) related deaths linked to				
	'respiratory'			occupations suggests that staff in				
	hygiene, i.e. apply			educational settings tend not to				
	'Catch It', 'Bin It',			be at any greater risk from the				
	and 'Kill It' into			disease than many other				
	your daily life.			occupations. There is no				

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	3. Maintain high			evidence that children transmit				
	levels of 'personal'			the disease any more than adults.				
	hygiene (i.e. more			,				
	frequent washing			Given the improved position, the				
	of hands or use of			balance of risk is now				
	hand sanitiser gel).							
	4. Avoid touching			overwhelmingly in favour of				
	your face			people returning to their				
	unnecessarily.			Academy's.				
	5. Maintain a safe							
	social distance,			From 8th March 2021 onwards,				
	maximise distance			new HM Government advice will				
	between people			apply.				
	wherever possible			 GOV.UK – Action for schools 				
	or minimise			during the coronavirus outbreak				
	contact between			https://www.gov.uk/government				
	people responsibly			/publications/actions-for-				
	and sensibly, and where this is not							
	possible to			schools-during-the-coronavirus-				
	consider other			<u>outbreak</u>				
	mitigating control							
	measures.			All clinically vulnerable and				
	6. Consider the use			clinically extremely vulnerable				
	of face coverings.			individuals will be protected by				
	7. Reduce number of			abiding to the directives given by				
	contact points.			HM Government, Department for				
	So far as is			Education, Public Health England,				
	reasonably			and National Health Service.				
	practicable,			and ranonal nealing service.				
	group adults			A a a damy is will apply the full				
	and children into			Academy's will apply the full				
	groups that are			measures in this guidance and by				
	' consistent ' and			doing so, the risks to all staff will be				
	avoid contact			mitigated significantly, including				
	between			those who are 'clinically				
	groups.			extremely vulnerable' and				
	 Maintaining 			'clinically vulnerable'. The Trust				
	distinct			expect this will allow the vast				
	consistent			majority of staff, if not all, to return				
	groups that do			to the workplace, although we				
	not mix, not only			advise those in the 'at greater risk'				
	prevents and							
	reduces the risk			categories to take particular extra				
	of COVID-19			care while community				
	transmission or			transmission rates continue to				
	infection, but			fluctuate.				
	also makes it							
	quicker and			Clinically Extremely Vulnerable				

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	easier to identify			(Child, Young Adult, and Adult):				
	and confirm .			Advice for those who are				
	those who may			'extremely clinically vulnerable'				
	have been in			can be found in the link below.				
	'close contact'							
	and need to			Guidance on shielding and				
	self-isolate in the			protecting people who are				
	event of a			clinically extremely vulnerable				
	confirmed			from COVID-19				
	positive situation.			https://www.gov.uk/government				
	Wherever			/publications/guidance-on-				
	possible the			shielding-and-protecting-				
	group numbers			extremely-vulnerable-persons-				
	should be kept as small as is			from-covid-19/quidance-on-				
	practicably			shielding-and-protecting-				
	possible.			extremely-vulnerable-persons-				
	All teachers and			from-covid-19				
	other staff can			nom covid 17				
	operate across			Clinically Extremely Vulnerable				
	different classes			(CEV) people are advised not to				
	and year groups							
	in order to			attend the Academy's settings.				
	facilitate the			People who are in the Clinically				
	delivery of the			Extremely Vulnerable (CEV)				
	school			category will previously have				
	timetable.			received a letter from the NHS,				
	Where staff			their GP, or the Department of				
	need to move			Health and Social Care (DHSC)				
	between classes			advising them to shield and no				
	and year			new letter is required.				
	groups, they should try to							
	maintain a safe			Academies will talk with their				
	social distance			Clinically Extremely Vulnerable				
	wherever			(CEV) staff about how they will be				
	possible, ideally			supported, including working from				
	2 metres from			home and pay on their usual				
	other adults. HM			terms.				
	Government							
	recognise the 2-			Those living with someone who is				
	metre distancing			Clinically Extremely Vulnerable				
	rule is not likely			(CEV) can still attend work where				
	to be possible							
	with younger			homeworking is not possible and				
	children and have therefore			should ensure they maintain good				
	nave meretore advised			prevention practice in the				
	teachers in			workplace and home settings.				
	100011013111							

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	primary schools that they can still work across groups if that is needed to enable a full educational offer. • Measures to consider: • Within the classroom, i.e. maintaining a safe distance, reducing face- to-face time, have pupils seated side- by-side with forward facing desks, adults to maintain 2- metres wherever possible, adults to stay at the front of the class etc. • Avoid large gatherings such as assemblies or collective worship with more than one group. • Plan how common areas such as reception, breakout/rest areas, and refectory are set up and			The shielding guidance is reviewed regularly, and Clinically Extremely Vulnerable (CEV) individuals will be advised in advance of any extension or end date to their shielding. Current DHSC guidance, informed by PHE, currently advises that CEV individuals should continue to shield even after they have been vaccinated. This may change as we get further data on the effects of vaccination. Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, Academies should immediately offer them access to remote education and should monitor engagement with this activity. Where children are not able to attend school as parents are following clinical and/or public health advice, absence will not be penalised. Clinically vulnerable (Child, Young Adult, and Adult): Individuals who are considered to be 'clinically vulnerable' are advised to return and must adhere to the Trust's systems of control, prevention, and protection measures for preventing/reducing the spread and infection of COVID-19.	_			
	used by staff, pupils and visitors. • Avoid creating busy areas by			Further advice for those who are 'clinically vulnerable', including 'pregnant women' can be found				

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	making			in the link below.				
	reasonable			 Staying alert and safe (social 				
	adjustments to			distancing)				
	timetabling,			https://www.gov.uk/government				
	i.e. stagger the			/publications/staying-alert-and-				
	times when			safe-social-distancing#clinically-				
	groups arrive			vulnerable-people				
	and leave the premises as			Pregnant women are considered				
	well as when							
	they migrate			to be in the 'clinically				
	around the			vulnerable' category.				
	premises and			o Royal College of Obstetricians				
	when they			and Gynaecologists				
	have their			https://www.rcog.org.uk/en/				
	breaks.			<u>guidelines-research-</u>				
	Always keep			services/guidelines/coronavir				
	occupied			us-pregnancy/covid-19-virus-				
	spaces well			infection-and-				
	ventilated by			pregnancy/#coronavirus				
	either using			o A 'New and Expectant Mothers				
	natural			Risk Assessment' must be				
	ventilation			completed, that is as soon as is				
	methods, such			practicably possible, to				
	as opening			consider any risks to female				
	windows and			·				
	doors, or by			employees or pupils of				
	using mechanical			childbearing age from their				
	forced			environmental working				
	ventilation			conditions, or use of physical,				
	systems, such			chemical or biological agents.				
	as Air Handling							
	Units (AHU).			PLEASE NOTE:				
	■ Transport			People who live with those that				
	(Academy			are 'clinically extremely				
	and public			vulnerable' or 'clinically				
	transport), i.e.			vulnerable' can attend the				
	ensure that			workplace and are advised to do				
	systems of			so.				
	control,			50.				
	prevention			BAME communities:				
	and protection							
	are in place			Emerging UK and international				
	and followed			data suggest that people from				
	for			the 'Black', 'Asian', and 'Minority				
	preventing/red			Ethnic' (BAME) communities in the				
	ucing the			general population are being				
	spread and			disproportionately affected by				

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	infection of			COVID-19. The Trust recognises				
	COVID-19.			that these shocking figures have				
	 Off-site 			understandably led to				
	educational			widespread fear, anxiety and				
	enrichment visits, i.e.			grief amongst our BAME staff and				
	thorough risk			their communities. The reason for				
	assessment			the disparities is complex and				
	that captures			there is ongoing research to				
	systems of			understand and translate these				
	control,			findings for individuals in the				
	prevention			future. However, while it may not				
	and protection			be clear as to why the BAME				
	measures for			communities in the general				
	preventing/red			population are being				
	ucing the							
	spread and			disproportionately affected by				
	infection of			COVID-19, we are still committed				
	COVID-19.			to ensuring the Health, Safety and				
	8. Ensure enhanced thorough cleaning			Mental Wellbeing of all our BAME				
	regimes are in			staff and their communities.				
	place and							
	maintained.			Staff from the BAME communities				
	For individual			are advised to return to work and				
	and very			must adhere to all systems of				
	frequently used			control, prevention and				
	equipment, such			protection measures for				
	as pencils and			preventing/reducing the spread				
	pens, it is			and infection of COVID-19.				
	recommended							
	that staff and			Academy leaders will be				
	pupils have their own items that			professional, responsible, sensible,				
	are not shared.			and flexible in how they deploy				
	Classroom based			the mentioned groups of people				
	resources, such			so that their safety and health are				
	as books and			not compromised.				
	games, can be			nor compromised.				
	used and shared			The Trust's Human Resources				
	within the group;			Department will work in				
	these should be			collaboration with the Trust's				
	cleaned			Health and Safety Section in				
	regularly, along							
	with all frequently			advising, guiding, and working				
	touched			with people that fall into either of				
	surfaces. • Resources that			these three groups, including their				
	are shared			direct line manager.				
	GIO SITOROG			 If required, the Health and Safety 			<u> </u>	

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	between groups, such as sports, art and science equipment should be cleaned frequently and meticulously and always between groups, or rotated to allow them to be left unused and out of reach for a period of 48 hours for fabric materials and 72 hours for plastics and other materials with similar properties between use by different groups. 9. Ensure that robust local processes are in place that enable a safe			Section have a detailed 'COVID-19 Individual Risk Assessment' that can be used to record and implement additional specific mitigating measures to alleviate any worries and anxieties that a person in any of the groups mentioned in this section may have with regards to returning back to work. If required, the Human Resources Department have a 'COVID-19 Individual Work Assessment' that can also be completed for a person in any of the groups mentioned in this section. 3. Reporting confirmed positive situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Health Protection Team at NIHP	L (2) Unlikely	S (4) Significant illness, more	R (8) High	Yes
	working and learning environment, and that these processes are followed. • Local processes must capture systems of control, prevention and protection measures for preventing/reducing the spread and infection of COVID-19. 10. Where necessary, wear appropriate personal protective equipment (PPE).			and Local Authority (CCC/PCC), and when people need to self- isolate HM Government and NHS guidance: GOV.UK – Action for schools during the coronavirus outbreak (8th March onwards https://www.gov.uk/governme nt/publications/actions-for- schools-during-the-coronavirus- outbreak NHS: Test and Trace: how it works https://www.gov.uk/governme nt/publications/actions-for- schools-during-the-coronavirus- outbreak/guidance-for-full- opening-schools NHS: When to self-isolate and		than seven day, and affecting more than one person		

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	11. Actively engage with the NHS Test and Trace process. 12. Actively engage with the Local Health Profection Team at the National Institute for Health Profection (NIHP), i.e. East of England Control Centre Team.			what to do https://www.nhs.uk/conditions/ coronavirus-covid-19/self- isolation-and-treatment/when- to-self-isolate-and-what-to-do/ Stay at home: guidance for households with possible or confirmed coronavirus (COVID- 19) infection https://www.gov.uk/governme nt/publications/covid-19-stay- at-home-guidance/stay-at- home-guidance-for- households-with-possible- coronavirus-covid-19-infection PLEASE NOTE: It does not necessarily mean that anyone showing symptoms of COVID-19 actually has the disease. However, HM Government and the National Institute for Health Protection (NIHP) are advising people who are showing symptoms of COVID-19 to stay at home, self-isolate, follow existing HM Government and National Institute for Health Protection (NIHP) guidance, and adhere to the National Health Service (NHS) 'Test and Trace' protocol, i.e. apply online for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. The test is best taken within the first 5-days of the symptoms being experienced. People who are showing COVID-19 symptoms and have been tested and confirmed positive for COVID-19, are infectious to other people 2-days before the onset of their symptoms and up				

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				to 10-days afterwards.				
				 People who have not shown any 				
				COVID-19 symptoms, however,				
				tested and confirmed positive				
				for COVID-19, are infectious to				
				other people 2-days prior to the				
				date of their test and up to 10-				
				days afterwards.				
				 Ongoing research is showing 				
				that when a person contracts				
				COVID-19, their bodies produce				
				sufficient antibodies in response				
				and to counteract the invasion				
				and threat of COVID-19.				
				Unfortunately, this can				
				potentially result in a person				
				continually being tested positive				
				for COVID-19, that's if it's a				
				COVID-19 test that looks for				
				antibodies.				
				Anyone who has been in 'close				
				contact' with a person having				
				tested and confirmed positive				
				for COVID-19, must self-isolate				
				for 14-days from their last date of contact with the infectious				
				person.				
				o Under the guidance for full				
				reopening of school, 'close				
				contact' is defined as:				
				 Direct close contact – face 				
				to face contact with an				
				infected individual for any				
				length of time, within 1 metre,				
				including being coughed on,				
				a face to face conversation,				
				or unprotected physical				
				contact (skin-to-skin).				
				Proximity contacts -				
				extended close contact				
				(within 1 to 2 metres for more				
				than 15 minutes) with an				
				infected individual.				
				Travelling in a small vehicle,				

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				like a car, with an infected				
				person.				
				 There will be a requirement to 				
				notify others that have been in				
				'recent' close contact with				
				someone who is 'showing'				
				symptoms of COVID-19 or who				
				has ' recently ' been tested and				
				confirmed positive for having COVID-19.				
				In such cases where others				
				need to be notified, General				
				Data Protection Regulations				
				(GDPR) should be complied				
				with wherever possible and				
				' permission ' should be				
				sought for 'sharing data'.				
				However, due to the				
				insignificant/low risk nature of				
				the data in question being				
				shared, Health and Safety				
				Regulations and the				
				necessity to comply with				
				them will ' trump ' General Data Protection Regulations				
				(GDPR).				
				Anyone sharing such				
				insignificant/low risk data				
				should act 'responsibly' and				
				' professionally ' when doing				
				SO.				
				 You only need to self-isolate if 				
				you:				
				o Are ' showing ' symptoms of				
				COVID-19 yourself.				
				 Have been tested and confirmed positive for COVID- 				
				19 yourself.				
				o Are in a ' household ' where a				
				' member ' of the household is				
				either showing symptoms of				
				COVID-19 or has been tested				
				and confirmed positive for				
				COVID-19.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				o Have ' recently ' (i.e. within 14-				
				days) been in close contact				
				with someone who has				
				' recently ' (i.e. within 14-days)				
				been tested and confirmed				
				positive to having COVID-19.				
				o Have been told to self-isolate				
				by NHS Test and Trace or the				
				NHS COVID-19 App.				
				■ The NHS COVID-19 App uses				
				'Bluetooth' short distance				
				wireless technology, and				
				sophisticated software and				
				complex algorithms in its 'risk				
				scoring' notification features				
				to filter out 'false alarms'				
				based on distance and time.				
				There are two 'risk level'				
				messages that feature on the				
				app.				
				• First 'risk level' notification				
				makes you aware that the				
				'exposure is still being				
				verified', i.e. further				
				examination of the data is				
				required before confirming				
				whether or not people should				
				be told to self-isolate.				
				• Second 'risk level' notification				
				explicitly informs you that the				
				exposure has been				
				confirmed, and gives you a				
				clear directive to stay at				
				home, start ' self-isolating ',				
				and for how long etc.				
				■ The Trust's Health and Safety				
				Section are led to believe				
				that the NHS COVID-19 App				
				has a countdown feature				
				which is triggered on				
				notification when you have				
				been explicitly informed by				
				the app to self-isolate. The				
				countdown feature of the				

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				app counts down until you reach the end of your self-isolation period, and when you reach the end of your self-isolation period, you will receive another notification with a link to the latest advice on next steps. • Arrive in the UK from a country with a high coronavirus risk. People who are showing symptoms of COVID-19, however mild, must stay at home, self-isolate for 10-days from the onset of symptoms, follow existing HM Government and National Institute for Health Protection (NIHP) guidance, and adhere to the National Health Service (NHS) 'Test and Trace' protocol, i.e. apply online or ring 119 for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. The test is best taken within the first 5-days of the symptoms being experienced. A person having a confirmed COVID-19 positive test result, must continue to self-isolate for 10-days from the onset of their symptoms and must only return to school if they do not have symptoms other than cough or loss of sense of smell/taste. This is because a cough or anosmia can last for several weeks once the infection has gone. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household				

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				the full 14 days. People who do not show symptoms of COVID-19 but have been tested and confirmed positive for COVID-19, are classified as 'asymptomatic', and must stay at home, self-isolate for 10-days from the day the test was taken, and follow existing HM Government and National Institute for Health Protection (NIHP) guidance. Household members of a 'symptomatic' person, i.e. person showing symptoms of COVID-19, must self-isolate for 14-days from when the symptomatic person started showing symptoms and follow existing HM Government and National Institute for Health Protection (NIHP) guidance. If anyone else in the household starts displaying symptoms, and is tested and confirmed COVID-19 positive, must continue to stay at home and self-isolate for 10-days starting from the onset of their symptoms, regardless of what day they are on in their original 14-day isolation period. If anyone in the household does not show symptoms of COVID-19 but has been tested and confirmed positive for COVID-19, must continue to stay at home and self-isolate for 10-days from the day their test was taken, regardless of what day they are on in their original 14-day				

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				'asymptomatic' person, i.e. person showing no symptoms of COVID-19, must self-isolate for 14-days from the day the asymptomatic persons test was taken and follow existing HM Government and National Institute for Health Protection (NIHP) guidance. • If anyone else in the household who also does not show symptoms of COVID-19 but has been tested and confirmed positive for COVID-19, must continue to stay at home and self-isolate for 10-days from the day their test was taken, regardless of what day they are on in their original 14-day isolation period. • If anyone in the household starts displaying symptoms, and is tested and confirmed COVID-19 positive, must continue to stay at home and self-isolate for 10-days starting from the onset of their symptoms, regardless of what day they are on in their original 14-day isolation period. If you continue to feel unwell after your self-isolation period and have not already sought medical advice, you should use the NHS 111 online COVID-19 service. If you do not have internet access, call NHS 111 or dial 999 for medical emergencies. You and others do not need to continue self-isolating if you tested negative for COVID-19. However, you could still have another virus, such as a cold or flu, in which				

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				case it is still best to avoid contact with other people until you get better. Anyone 'showing' symptoms of COVID-19 will be prohibited to come onto the Academy's premises and will be instructed to stay at home and self-isolate, follow existing HM Government and National Institute for Health Protection (NIHP) guidance, and adhere to NHS 'Test and Trace' protocol, i.e. apply online for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. Anyone who has 'recently' (i.e. within 14-days) been tested positive for having COVID-19, or is living in a 'household' with someone who has 'recently' (i.e. within 14-days) either showed symptoms of COVID-19 or been tested positive for having COVID-19, or even been in 'close contact' with someone who has 'recently' (i.e. within 14-days) been tested positive for having COVID-19, or even been in 'close contact' with someone who has 'recently' (i.e. within 14-days) been tested positive for having COVID-19, will also be strictly prohibited to come onto the Academy's premises and will be instructed to stay at home and self-isolate, follow existing HM Government and National Institute for Health Protection (NIHP) guidance, and adhere to NHS 'Test and Trace' protocol, i.e. apply online for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms.				

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				If any members of staff, visitor, or				
				contractor becomes unwell and				
				starts showing symptoms of				
				COVID-19 should abide by the				
				following 'statutory' and				
				'mandatory' directives:				
				 Immediately notify their direct 				
				Line Manager or responsible				
				member of staff, if they are a				
				visitor or contractor, by the				
				safest method so as to avoid				
				any risk of COVID-19				
				transmission.				
				 If physically present on the 				
				Academy's premises, will self-				
				isolate in a safe place, and as				
				soon as it is practicably possible,				
				will leave the Academy's				
				premises safely and in a control				
				manner so as to reduce the risk				
				of COVID-19 transmission, go				
				home, self-isolate at home and				
				follow existing HM Government				
				and National Institute for Health				
				Protection (NIHP) guidance.				
				o There is no requirement for				
				anyone else from the				
				workplace to go home and				
				start self-isolating at this				
				moment in time, that is unless				
				they start showing symptoms themselves.				
				All other 'household' members				
				of the 'symptomatic' person				
				must stay at home, not leave				
1				the house, self-isolate for 14-				
				days, and follow existing HM				
				Government and National				
				Institute for Health Protection				
				(NIHP) guidance.				
				 Adhere to NHS 'Test and Trace' 				
1				protocol, i.e. online or call 119				
1				for a COVID-19 test within the				
1				first 3-days of experiencing any				

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				COVID-19 symptoms. Note, the test is best taken within the first 5-days of symptoms. • Must keep their direct Line Manager or the responsible member of staff, if they are a visitor or contractor, updated with their health condition on a daily basis. • Only if tested positive for COVID-19, the direct Line Manager responsible for the person tested and confirmed positive for COVID-19, upon notification will immediately notify the relevant obligatory regulatory bodies, i.e. Principal/Head Teacher and a responsible SLT member. • The responsible SLT member will immediately, without delay, notify the Trust's Health and Safety Manager of the 'situation' and furnish him with the following information: • Name and date-of-birth of the individual confirmed positive for COVID-19. • Date when the individual was last present in the setting (i.e. last day of attendance). • Date of test and when results were known. • Nature of the role/job/activity undertaken by the person. • Nature of the environment in where they carry out their role/job/activity, i.e. classroom, office, grounds man.	(1-5)	(1-5)		(Yes/No)
				 Analyse the individual person's timetable, migration 				

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				to and from the premises as				
				well as in and around the				
				premises, and any interaction				
				with other people such as				
				staff, pupils, and visitors.				
				Details of 'systems of				
				controls' used for				
				' prevention ' and				
				' protection ', i.e. mitigating				
				control measures.				
				Through appropriate and				
				reliable surveillance and				
				intelligence, identify , confirm ,				
				and validate the names of				
				individual people and their				
				date-of-birth that were in				
				recent 'close contact' with				
				the person confirmed positive for COVID-19. Consideration				
				must be given to the				
				following:				
				- Self-declarations <u>must</u> be				
				received from each				
				individual named to				
				confirm and validate their				
				'close contact'.				
				- Are any bubbles,				
				wraparound provision or				
				extra-curricular activities				
				compromised?				
				 The responsible SLT member 				
				will also record and log the				
				situation as it unfolds, including				
				all conversations.				
				 The Trust's Health and Safety 				
				Manager will immediately,				
				without delay, contact and				
				notify the 'dedicated advice				
				service' introduced by the				
				National Institute for Health				
				Protection – NIHP (i.e. Public				
				Health England - PHE) and				
				delivered by the NHS Business				
				Services Authority (NHSBSA).				

What is the hazard? What is the potential harm posed by the hazard? What is the hazard? What is the hazard? It is potential causing harm? It is potent	
service' can be reached by colling the Diff Connovirus Helpline on 0800 046 8687 and selecting option 1 for advice on the action to take in response to a positive confirmed case. The Trust will be put through to a team of "NHS Business Services Authority (NHSBSA)" advisers who will inform the Trust of what action is needed based on the latest public health advice. • MOIE: Option 3 is for 'general' adviser on what action is needed based on the latest public health advice. • MOIE: Option 3 is for 'general' advise on what actions to take if someone is showing symptoms of COVID-19. This option will put the Trust forward to the 'off Help Desk' advisers. • NHS Business Services Authority (NHSBSA) advisers from the 'deedic ated advice service' will: • Carry out a rapid fisk assessment' short from the 'deedic ated advice service' will: • Carry out a rapid fisk assessment' hand the first shealth and Safety Manager to assessment' who has been in 'close contact' with the infectious person during the period that they were infectious and ensure that they are instructed to self-isolate. • Following triage, i.e. degree of urgency to little green of urgency to little plan of action, and where further expert advice may be	Is the hazard adequately controlled? (Yes/No)
calling the DIE Coronavirus Helpline on 0800 048 887 and selecting option 1 for advice on the action to take in response to a positive contimued case. The Tirust will be put through to a team of 'NIS Susiness Services Authority (NISBSA)' advisers who will inform the Tirust of what action is needed based on the latest public health advice. o NOTE: Option 3 is for 'general' advice on what actions to take if someone is showing symptoms of COVID-19. This option will put the Trust forward to the DIE Help Desk advisers. • NIS Business Services Authority (NHSBSA) advisers from the 'dedicated advice service' will: o Carry out a 'rapid fisk assessment' with the Trust's Health and Safety Manager to asserting the service in the consecution and confirm who has been in 'close contact' with the Indeclated a confirm who has been in 'close sonated' with the Indeclated of service in the original and a confirm who has been in 'close contact' with the Indeclatous person during the period that they were infectious and ensure that they are instructed to self-stadle. • Following triage. i.e. degree of urgency to illness to decide plan of action, and where further expert advice may be	
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o Following triage, i.e. degree of urgency to illness to decide plan of action, and where further expert advice may be	
urgency to illness to decide plan of action, and where further expert advice may be	
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further expert advice may be	
L LEGUIRE THE NHY KUSINESS	
Services Authority (NHSBSA)	
adviser will complete a short	
survey form and	
forward/escalate the situation	
to the National Institute for	
Health Protection – NIHP (i.e.	

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Public Health England – PHE) Local Health Protection Team (LHPT), i.e. East of England LHPT. The NHS Business Services Authority (NHSBSA) adviser or, if escalated, the National Institute for Health Protection – NIHP (i.e. Public Health England – PHE) Local Health Protection Team (East of England LHPT) will work with the Trust's Health and Safety Manager and the Academy in the 'situation' to guide them through the actions they need to take. The NHS Business Services Authority (NHSBSA) adviser or, if escalated, the National Institute for Health Protection – NIHP (i.e. Public Health England – PHE) Local Health Protection Team (East of England LHPT) will provide advice and give a 'definitive' directive on who must be sent home and self-isolate at home etc. To support them in doing so, it is recommended that Academy's keep a record and log of the following: Names of pupils and staff in each group/bubble, this can include timetables for staff/pupil, class registers, definitive seating plans etc. Was the person confirmed positive for COVID-19 in close contact with others in				
				the group/bubble? - Was the person confirmed positive for COVID-19 in				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				close contact with other				
				people in different				
				groups/bubbles?				
				- This should be a				
				proportionate recording				
				process.				
				 Academy's do not need to 				
				ask pupils to record				
				everyone they have spent				
				time with each day or ask				
				staff to keep definitive				
				records in a way that is				
				overly burdensome.				
				 The Trust and Academy will be 				
				advised and 'definitively'				
				directed on all 'situations' by				
				either the NHS Business Services				
				Authority (NHSBSA) adviser or, if				
				escalated, the National Institute				
				for Health Protection – NIHP (i.e.				
				Public Health England –				
				PHE) Local Health Protection				
				Team (East of England LHPT).				
				The Trust's Health and Safety				
				Manager will mediate between				
				the Academy and either the NHS Business Services Authority				
				(NHSBSA) adviser or, if				
				escalated, the National Institute				
				for Health Protection – NIHP (i.e.				
				Public Health England –				
				PHE) Local Health Protection				
				Team (East of England LHPT).				
				Only if the situation is attributed				
				to occupational exposure, the				
1				Trust's Health and Safety				
				Manager will notify the Health				
				and Safety Executive (HSE) by				
1				completing and submitting their				
1				online F2508 RIDDOR form.				
1				 The Trust's Health and Safety 				
1				Manager will also notify the				
1				Local Authority (CCC/PCC) of				
				the confirmed positive COVID-19				

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				situation. Summary of reporting confirmed positive COVID-19 situations: In any confirmed positive COVID-19 'situation', i.e. symptomatic or asymptomatic, the person concerned must immediately, without delay, notify their direct Line Manager who must then immediately, without delay, notify a responsible SLT member who must then immediately, without delay, notify the following obligatory regulatory bodies. • Principal/Head Teacher. • Principal/Head Teacher will be responsible for notifying Trust Executive Body. • Trust Health and Safety Section for notifying the following external authorities. • NHS Business Services Authority (NHSBSA) or, if escalated, the National Institute for Health Protection – NIHP (i.e. Public Health England – PHE) Local Health Protection Team (East of England LHPT). • HSE (RIDDOR), only if attributed to occupational exposure. • Local Authority (CCC/PCC). • Head of Human Resources. • Absence/sickness management. If the person showing symptoms of COVID-19 is a pupil, then the following protocols will be upheld: • Depending on the scenario, the pupil or the pupil's parent(s)/legal guardian(s)/carer(s) should abide by the following	(1-5)	(1-5)		(Yes/No)		

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				'statutory' and 'mandatory'				
				directives:				
				The pupil's parent(s)/legal				
				guardian(s)/carer(s) should				
				immediately notify the				
				Academy by the safest				
				method so as to avoid any risk				
				of COVID-19 transmission if the				
				pupil is showing symptoms of				
				COVID-19 at home and refrain				
				from sending their child into				
				the Academy's environment.				
				 If the pupil is physically present 				
				in a group/bubble on the				
				Academy's premises, the pupil				
				should immediately notify a				
				responsible member of staff by				
				the safest method so as to				
				avoid any risk of COVID-19				
				transmission.				
				 A responsible member of 				
				staff should immediately				
				carry out a dynamic				
				assessment to verify the symptoms, and when				
				confirmed, contact the				
				pupil's parent(s)/legal				
				guardian(s)/carer(s) and				
				instruct them to collect their				
				child from the Academy and				
				take them home in a safe				
				and controlled manner so as				
				to avoid the risk of COVID-19				
				transmission, self-isolate their				
				child at home, and follow				
				existing HM Government and				
				National Institute for Health				
				Protection (NIHP) guidance.				
				 There is no requirement for 				
				anyone else within the				
				group to go home and start				
				self-isolating themselves at				
				this moment in time, that is				
				unless they themselves start				

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				showing symptoms of						
				COVID-19.						
				 If the pupil is awaiting 						
				collection, then the						
				following protocols will be						
				strictly applied:						
				The pupil will be moved,						
				if possible, to a room						
				where they can be						
				isolated behind a closed						
				door and depending on						
				the age of the pupil will						
				be supervised by an						
				appropriate member of						
				staff.						
				If it is not possible to						
				isolate the pupil in a						
				room behind a closed						
				door, the pupil will be						
				moved into an open						
				area that is 2-metres						
				away from other						
				people.						
				If the pupil needs to go						
				to the toilet while						
				waiting to be collected,						
				they will use a separate toilet that will be						
				cleaned and disinfected						
				using standard cleaning						
				products immediately						
				after use and before						
				being used by anyone						
				else.						
				There is no requirement to						
				relocate the group/bubble						
				into another room at this						
				moment in time as showing						
				symptoms doesn't necessarily						
				mean that you have COVID-						
				19. However, the immediate						
				working area/space where						
				the unwell pupil was working						
				must be ' thoroughly ' cleaned						

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				and all hard surfaces within 2-						
				metres disinfected						
				immediately after safely						
				removing the unwell pupil						
				from his/her working						
				area/space.						
				 With respects to General Data 						
				Protection Regulations						
				(GDPR), a responsible						
				member of staff will						
				immediately seek						
				' permission ', i.e. from the						
				parent(s)/legal						
				guardian(s)/carer(s) of the						
				pupil that is showing						
				symptoms of COVID-19						
				before any attempts are						
				made to inform other						
				parent(s)/legal						
				guardian(s)/carer(s) of						
				children that were/are in the						
				same group as the pupil who						
				is showing symptoms of COVID-19.						
				- Permission and the						
				conversation held should						
				be recorded and logged, in						
				brief, by the responsible						
				member of staff.						
				 When permission is sought, 						
				a responsible member of						
				staff will ' consider ' whether						
				or not it is appropriate to						
				contact and inform all						
				parent(s)/legal						
				guardian(s)/carer(s) of the						
				other children in the same						
				group of the situation, i.e. it						
				has been reported that a						
				child in the same group as						
				their child has shown signs						
				of COVID-19 symptoms, the						
				child has been removed						
				from the group with						

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				immediate effect, and that						
				they should be 'observant'						
				for any signs of COVID-19						
				symptoms in their child						
				because of the heightened						
				risk as the group may						
				potentially be						
				compromised. The						
				responsible member of staff						
				should also:						
				Remind all						
				parent(s)/legal						
				guardian(s)/carer(s) that						
				it does not necessarily						
				mean that anyone						
				showing symptoms of						
				COVID-19 actually has						
				the disease.						
				Record and log all calls						
				and conversations, in						
				brief, that have taken						
				place with all the						
				parent(s)/legal						
				guardian(s)/carer(s) of						
				the other children.						
				Consider whether or not						
				it is appropriate to keep						
				all parent(s)/legal						
				guardian(s)/carer(s) of the other children						
				updated as soon as						
				there is anything						
				significant to report, i.e.						
				outcomes of COVID-19						
				test results.						
				 Pupil showing symptoms <u>must</u> be 						
				given a directive to stay at						
				home, start self-isolating, and						
				follow existing HM Government,						
				National Institute for Health						
				Protection – NIHP (i.e. Public						
				Health England PHE), and NHS						
				Test and Trace guidance.						
				o Household members of the						

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
				pupil showing symptoms <u>must</u>							
				also be given a directive to							
				stay at home, start self-							
				isolating, and follow existing							
				HM Government, National							
				Institute for Health Protection –							
				NIHP (i.e. Public Health							
				England PHE), and NHS Test							
				and Trace guidance.							
				Parents/Guardians/Carers of the							
				pupil showing symptoms <u>must</u> adhere to the NHS ' Test and							
				Trace' protocol, i.e. apply online							
				or call 119 for a COVID-19 test							
				within the first 3-days of their							
				child experiencing any COVID-							
				19 symptoms. Note, the test is							
				best taken within the first 5-days							
				of symptoms.							
				 Parents/Guardians/Carers of the 							
				pupil showing symptoms must							
				keep the Academy updated on							
				a daily basis with the health							
				condition of their child.							
				Where parent(s)/legal							
				guardian(s)/carer(s) of the							
				pupil fail to contact and							
				update the Academy, the							
				Academy should make every							
				effort to contact them for an							
				update and remind them of the importance to adhere to							
				the strict protocols during this							
				unprecedented public health							
				threat.							
				Parents/Guardians/Carers of the							
				pupil showing symptoms must							
				immediately share results of their							
				child's COVID-19 test as soon as							
				they are known.							
				 If tested positive for COVID-19, a 							
				responsible member of staff							
				upon notification will							
				immediately, without delay,							

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				notify their direct Line Manager				
				who must then immediately,				
				without delay, notify a				
				responsible SLT member who				
				<u>must</u> then immediately, without				
				delay, notify the following				
				obligatory regulatory bodies.				
				o Principal/Head Teacher.				
				Principal/Head Teacher will				
				be responsible for notifying				
				Trust Executive Body.				
				 Trust Health and Safety Section 				
				for notifying the following				
				external authorities.				
				NHS Business Services				
				Authority (NHSBSA) or, if				
				escalated, the National				
				Institute for Health Protection				
				– NIHP (i.e. Public Health				
				England – PHE) Local Health				
				Protection Team (East of				
				England LHPT). • HSE (RIDDOR), only if				
				attributed to occupational				
				exposure.				
				Local Authority (CCC/PCC).				
				 The responsible SLT member will 				
				immediately , without delay,				
				record and log the 'situation' as				
				it unfolds, including all				
				conversations.				
				o Name and date-of-birth of the				
				pupil confirmed positive for				
				COVID-19.				
				o Date when the pupil became				
				unwell.				
				o Date when the pupil was last				
				present in the setting (i.e. last				
				day of attendance).				
				o Date of test and when results				
				were known.				
				o Analyse the pupil's timetable,				
				migration to and from the				
				premises as well as in and			l	

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
				around the premises, and any							
				interaction with other people							
				such as staff, close friends,							
				other pupils, or visitors.							
				 Details of 'systems of controls' 							
				used for 'prevention' and							
				'protection', i.e. mitigating							
				control measures.							
				 Through appropriate and 							
				reliable surveillance and							
				intelligence, identify, confirm							
				and validate the names and							
				date-of-birth of people that							
				were in recent 'close contact'							
				with the pupil confirmed							
				positive for COVID-19.							
				 Consideration must be given 							
				to the following:							
				- Self-declarations must be							
				received from each							
				individual person named to							
				confirm and validate their							
				'close contact'.							
				- Are any bubbles,							
				wraparound provision or							
				extra-curricular activities							
				compromised?							
				The Trust's Health and Safety							
				Manager will immediately,							
				without delay, contact and							
				notify the 'dedicated advice service' introduced by the							
				National Institute for Health							
				Protection – NIHP (i.e. Public							
				Health England - PHE) and							
				delivered by the NHS Business							
				Services Authority (NHSBSA).							
				The 'dedicated advice							
				service' can be reached by							
				calling the DfE Coronavirus							
1				Helpline on 0800 046 8687 and							
				selecting option 1 for advice							
1				on the action to take in							
1				response to a positive							
L	1			reshouse to a hostilive		1		<u> </u>			

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
				confirmed case. The Trust will							
				be put through to a team of							
				'NHS Business Services							
				Authority (NHSBSA)' advisers							
				who will inform the Trust of							
				what action is needed based							
				on the latest public health							
				advice.							
				NOTE: Option 3 is for 'general'							
				advice on what actions to							
				take if someone is showing							
				symptoms of COVID-19. This							
				option will put the Trust forward							
				to the 'DfE Help Desk' advisers.							
				 NHS Business Services Authority 							
				(NHSBSA) advisers from the							
				'dedicated advice service' will:							
				Carry out a 'rapid risk							
				assessment' with the Trust's							
				Health and Safety Manager to							
				ascertain and confirm who has							
				been in 'close contact' with							
				the infectious pupil during the							
				period that they were							
				infectious and ensure that they							
				are instructed to self-isolate.							
				o Following triage, i.e. degree of							
				urgency to illness to decide							
				plan of action, and where							
				further expert advice may be							
				required, the NHS Business							
				Services Authority (NHSBSA)							
				adviser will complete a short							
				survey form and							
				forward/escalate the situation to the National Institute for							
				Health Protection – NIHP (i.e.							
				Public Health England –							
				PHE) Local Health Protection							
				Team (LHPT), i.e. East of							
				England LHPT.							
				The NHS Business Services							
				Authority (NHSBSA) adviser or, if							
				escalated, the National							
	1			escalated, the National	l .	I .	L	<u> </u>			

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Institute for Health Protection –				
				NIHP (i.e. Public Health England				
				– PHE) Local Health Protection				
				Team (East of England LHPT) will				
				work with the Trust's Health and				
				Safety Manager and the				
				Academy in the 'situation' to				
				guide them through the				
				actions they need to take.				
				 The NHS Business Services 				
				Authority (NHSBSA) adviser or, if				
				escalated, the National				
				Institute for Health Protection –				
				NIHP (i.e. Public Health England				
				 PHE) Local Health Protection 				
				Team (East of England LHPT) will				
				provide advice and give a				
				' <u>definitive</u> ' directive on who				
				must be sent home and self-				
				isolate at home etc.				
				To support them in doing so,				
				it is recommended that				
				Academy's keep a record				
				and log of the following:				
				 Names of pupils and staff in 				
				each group/bubble, this				
				can include timetables for				
				staff/pupil, class registers,				
				definitive seating plans etc.				
				- Was the pupil confirmed				
				positive for COVID-19 in				
				close contact with others in				
				the group/bubble?				
				- Was the pupil confirmed				
				positive for COVID-19 in				
				close contact with other				
				people in different				
				groups/bubbles?				
				- This should be a				
				proportionate recording				
				process.				
				- Academy's do not need to				
				ask pupils to record				
				everyone they have spent				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
				time with each day or ask staff to keep definitive records in a way that is overly burdensome. • The Trust and Academy will be advised and 'definitively' directed on all 'situations' by either the NHS Business Services Authority (NHSBSA) adviser or, if escalated, the National Institute for Health Protection – NIHP (i.e. Public Health England – PHE) Local Health Protection Team (East of England LHPT). • The Trust's Health and Safety Manager will mediate between the Academy and either the NHS Business Services Authority (NHSBSA) adviser or, if escalated, the National Institute for Health Protection – NIHP (i.e. Public Health England – PHE) Local Health Protection Team (East of England LHPT). • Only if the situation is attributed to occupational exposure, the Trust's Health and Safety Manager will notify the Health and Safety Executive (HSE) by completing and submitting their online F2508 RIDDOR form. • The Trust's Health and Safety Manager will also notify the Local Authority (CCC/PCC) of the confirmed positive COVID-19 situation.							
				COVID-19 Emergency Grab Bags containing the appropriate essential personal protective equipment (PPE), i.e. fluid resistant surgical face mask (also known as type IIR), disposable plastic gloves and aprons, eye protection (e.g.							

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				face visor or goggles), will be strategically located around the Academy and locations will be communicated to all members of staff just in case they need to use PPE in the event of a likely risk of COVID-19 transmission, i.e. breaching the 2-metre safe distance and where contact is necessary in aiding someone who is showing symptoms of the disease. The Health and Safety Section will review and advise on the correct essential PPE and contents of the 'COVID-19 Emergency Grab Bag'. Members of staff do not need to go home if they have aided someone who was taken unwell and showing symptoms of COVID-19, that is unless they develop symptoms themselves. The members of staff concerned will be instructed to wash their hands thoroughly for 20 seconds immediately after aiding the person that was unwell and showing symptoms of COVID-19. The Trust's Health and Safety Section will be on hand to advice and guide all Academies within the Trust should any of the above scenarios arise.				
				4. Employee second jobs, i.e. voluntary, part-time, or temporary	L (2)	S (4)	R (8)	Yes
				Employees have a moral and legal duty to inform the Academy's Leadership Team and the Trust's Human Resources Department of any potential	Unlikely	Significant illness, more than seven day, and affecting more	High	

Table 1 - HAZARD AND RISK ANALYSIS								
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				second jobs, i.e. voluntary, part- time, or temporary, that they have <u>outside</u> of the Academy or Trust.		than one person		
				The Academy's Leadership Team will work closely and in partnership with the Trust's Human Resources Department and Health and Safety Section in reviewing and assessing the nature of the employees second job during this COVID-19 pandemic, i.e. is there an elevated risk of the employee contracting the disease in their second job and transmitting it generally in society as well as when working for the Academy or Trust.				
				Considerations will be given to the following to reduce the risk of COVID-19 transmission and infection where employees have a second job <u>outside</u> of the Academy or Trust that poses an elevated risk of contracting the disease and transmitting it generally in society as well as when working for the Academy or Trust:				
				 A clear open dialogue will be held with the employee informing them of the elevated risks posed for infection and transmission by their second job. Professionally, responsibly, and sensibly with a considered approach negotiate 'safe' protocols for working safely. 				
				The Trust's Human Resources Department will work in collaboration with the Trust's				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Health and Safety Section in				
				advising and guiding the person concerned, including their direct line manager.				
				5. Equality in the workplace				
				o. Equality in the workplace	L (2)	S (4)	R (8)	Yes
				Everyone will be treated equally, and no one will be discriminated against any particular circumstances of their protected characteristics, i.e. age, religion or belief, sexual orientation, disability, sex (gender), gender reassignment, ethnicity, pregnancy and maternity, marriage and civil partnership.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				Human Resources and the Health and Safety Section will advise, guide, and work with staff and their direct line managers, and with pupil(s) and their academy's, whose protected characteristics might either expose them to a different degree of risk, or when any new protocols (i.e. working/learning procedures) may be deemed inappropriate or challenging for them. Further assessments may need to be undertaken by the persons direct Line Manager who will be assisted by a relevant group, i.e. Human Resources or Health and Safety Section, and any additional measures or adjustments will be discussed with all parties involved, including the person with the protected characteristic, for example, • Making reasonable adjustments to avoid disabled people being				

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				 Making reasonable adjustments for not placing new and expectant mothers at any greater risk. Making sure that steps taken do not have an unjustifiable negative impact on some groups compared to others, i.e. groups with caring responsibilities and groups with religious commitments. 						
				Safe social distancing, communication, enforcement, and mitigating actions	L (2)	S (4)	R (8)	Yes		
				Further guidance on 'social distancing' can be sought from the following HM Government guidance. • Staying alert and safe (social distancing) • https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			
				Safe social distancing, maximising distance between people or minimising contact between people will be enforced and maintained wherever possible, that is so far as is reasonably practicable, whilst: • arriving at and departing from Academy premises,						
				 working and/or learning and moving around Academy premises, travelling between different Academy sites, travelling on Academy transport and on the wider public 						

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				transport, and when • participating on off-site educational enrichment visits. Where safe social distancing, maximising distance between						
				people or minimising contact between people is not possible, then consideration will be given to other mitigating control measures to prevent and/or reduce the risk of transmission and infection of the disease.						
				Letters sent to Parents and legal Guardians/Carers regarding their moral and legal duty to uphold and maintain the safe social distancing rule wherever possible, that is so far as is reasonably practicable, when arriving at and departing from the Academy premises.						
				A clear directive given to all staff, pupils, volunteers, and visitors to uphold and maintain the safe social distancing rule wherever possible, that is so far as is reasonably practicable, whilst arriving at and departing from Academy premises, working and/or learning and moving around Academy premises, and when travelling between different Academy sites.						
				All staff given a clear directive that they must enforce the safe social distancing rule wherever possible, that is so far as is reasonably practicable, and actively intervene and challenge those that breach the rule.						

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to see how best the safe social distancing rule can be implemented throughout the Academy, i.e. visual signage and floor markings, removing equipment, erecting screen and barriers, one way traffic routes, reducing and controlling the number of people working/learning/moving at any one given time etc. NOTE: (Mitigating Actions) In relation to any particular activity where social distancing cannot be followed in full, management will review that particular activity and consider whether that activity is business critical and whether it needs to continue for the Academy's operations, and if so, will consider all mitigating actions possible to prevent or reduce the risk of COVID-19 transmission and infection between their staff, pupils, volunteers, and visitors. Mitigating actions will include however is not an exhaustive list: Further increasing the frequency of hand washing and surface cleaning. Keeping the activity time involved as short as possible. Consider the use of face coverings.						

	Table 1 - HAZARD AND RISK ANALYSIS								
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)	
				separate people from each other. • Using back-to-back or side-to-side working rather than face-to-face whenever possible, that is so far as is reasonably practicable. • Reduce the number of people each person has contact with. • Always keep occupied spaces well ventilated by either using natural ventilation methods, such as opening windows and doors, or by using mechanical forced ventilation systems, such as Air Handling Units (AHU). Safe social distancing applies to all parts of the Academy's operations, not just the place where people spend most of their time, but also applies to entrances and exits, offices, classrooms, breakrooms, washrooms, toilets, laboratories, refectories, transport and off-site visits etc.					
				7. Ventilation It is important to ensure good	L (2)	S (4)	R (8)	Yes	
				ventilation and maximising this wherever possible, for example: • Where it is safe to do so and bearing in mind safeguarding in particular, use natural ventilation methods, such as opening windows and propping open doors, as long as they are not fire doors that cannot be closed in the event of a fire. • In cooler weathers, windows	Unlikely	Significant illness, more than seven day, and affecting more than one person	High		

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				to provide constant				
				background ventilation and				
				opened more fully during				
				breaks to purge the air in the				
				space that was occupied.				
				 Opening internal doors can 				
				also assist with creating a				
				throughput of air and may also				
				be used, as long as they are				
				not fire doors that cannot be				
				closed in the event of a fire.				
				 If necessary and where it is 				
				safe to do so, bearing in mind				
				safeguarding in particular,				
				external doors may also be				
				used, as long as they are not				
				fire doors that cannot be				
				closed in the event of a fire.				
				Use mechanical forced				
				ventilation systems, such as Air				
				Handling Units (AHU's).				
				o These should be adjusted to				
				increase the ventilation rate,				
				i.e. Air Change Per Hour (ACH				
				or ACPH), wherever possible and checked to confirm that				
				the rates meet existing				
				guidance.				
				o If possible, systems should be				
				adjusted to full fresh air in with				
				no recirculation. If this is not				
				possible, then so far as is				
				reasonably practicable,				
				systems should be operated as				
				normal as long as they are				
				within a single room and				
				supplemented by an outdoor				
				air supply.				
				Further advice on ventilation can				
				be found in the Chartered				
				Institution of Building Services				
				Engineering's (CIBSE's) guidance				
				on 'Coronavirus and Heating				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Ventilation and Air Conditioning (HVAC) Systems'. • https://www.cibse.org/coronavirus-covid-19/coronavirus,-sars-cov-2,-covid-19-and-hvac-systems				
				Further advice on ventilation can also be found in the Health and Safety Executive's (HSE's) guidance on 'Air Conditioning and Ventilation during the Coronavirus Outbreak'. • https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm				
				8. Physical Education (PE) and Playtime Activities in Playgrounds	L (2)	S (4)	R (8)	Yes
				Physical Education Academies within the Trust will have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls, prevention and protection in preventing and/or reducing the risk of COVID-19 transmission and infection.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				Various sport's National Governing Bodies (NGB's), such as Swim England, have developed guidance under the principles of government guidance, and only those that have been approved by HM Government, are permitted.				
				Academies within the Trust will only provide ' team ' sports that				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				are permitted and compliant with HM Government guidance on 'Return to recreational Team Sport Framework'. • https://www.gov.uk/government /publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation/return-to-recreational-team-sport-framework Pupils should be kept in distinct consistent groups, sports equipment thoroughly cleaned between each use by different individual groups, and contact sports avoided. Outdoor spaces should be prioritised wherever possible when delivering physical education. Where this is not possible, then consideration should be given to large indoor spaces that allow safe distancing between pupils, and so far as is reasonably practicable, also allow maximum natural ventilation through either opening windows and doors, or by using Air Handling Units (AHU), i.e. forced mechanical ventilation systems. This is particularly important in any sports setting because of the way in which people breathe during exercise. • Respiratory tract infections can be transmitted through respiratory droplets, droplet nuclei (i.e. nano particle 10-9), or aerosol (i.e. spray) depending on their size. When the droplet particles are above a certain				(TCS)/NO)
				size they are referred to as 'respiratory droplets', and when				

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				they are below a certain size, are referred to as 'droplet nuclei'. Nano particles (10°) or aerosol (i.e. spray) can travel further than the normal respiratory droplet. As a result of this additional distance, all Academies within the Trust should note that regardless of the safe social distancing, there may be an additional risk of transmission and infection in environments where people are breathing heavily as a result of strenuous physical activity. External facilities can also be used in line with government guidance for the use of, and travel to and from, those facilities. Academies within the Trust should refer to the following advice: 'Guidance on phased return of sport and recreation' and guidance from 'Sport England' for grassroot sports. https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation https://www.sportengland.org/how-we-can-help/coronavirus Advice from organisations such as the 'Association for Physical Education' and the 'Youth Sports Trust'. https://www.afpe.org.uk/physical-education/wp-content/uploads/COVID-19-Interpreting-the-Government-Guidance-in-a-PESSPA-Context-FINAL.pdf	(1-5)	(1-5)		(Yes/No)		

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				 https://www.youthsportfrust.org /coronavirus-support-schools Guidance form Swim England on school swimming and water safety lessons. https://www.swimming.org/swimengland/pool-return-guidance-documents/# Guidance for people who work in grassroots sports and gym/leisure facilities. https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/providers-of-grassroots-sport-and-gym-leisure-facilities#section-6-4 Academies within the Trust are able to work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that this is safe to do so and should consider carefully how such arrangements can operate within their wider protective measures. Outdoor playground equipment can be used however should be cleaned more frequently and especially between each group use. Playtime Activities in Playgrounds Underestimating the importance 				
				of play, especially in a child's early years, can have devasting implications on their development and growth. The Trust recognises the importance of playtime as it allows children to learn, grow, and become better people. There are				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
No.	What is the hazard?			many benefits of playtime, e.g. it's the ultimate way to learn by having 'fun' through either 'physical' or 'imaginative' play, it allows children to develop their 'physical' and 'social' skills as well as staying active 'physically' and 'mentally', and it's a good way for them to release or cope with stress. The HM Government have published the following guidance to help better manage playtime activities in the playground during the unfavourable prevailing COVID-19 public health threat. • https://www.gov.uk/government/publications/covid-19-guidance-for-managing-playgrounds-and-outdoor-gyms/covid-19-guidance-for-managing-playgrounds-and-outdoor-gyms Academies within the Trust must 'manage' playtime activities in the playground 'responsibly' and 'sensibly' during this unfavourable prevailing heightened risk of transmission threat posed by COVID-19. To help Academies	causing harm?	harm?		controlled?
				manage this heightened risk, they should 'seriously' consider the following 'mitigating control measures', in line with the other 'systems of control' already mentioned in this guidance, to reduce the risk of COVID-19				
				transmission and infection that may potentially arise from playtime activities in the playgrounds. • Practice good 'personal' and				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				'respiratory' hygiene at all times, especially before and after playtime. • 'Stagger' playtimes with different year group bubbles to avoid overcrowding. • Have numbers that are, so far as is reasonably practicable, 'manageable' in playgrounds to reduce the potential risk of COVID-19 transmission and infection from playtime activities that take place in the playgrounds. • Have some form of 'structured' and 'co-ordinated' playing activities that enables some form of 'reasonable' safe social distancing. • Discourage 'disorganised' and 'hazardous' running and play. • Discourage unnecessary 'sharing' of wholesome food during playtime. • Wherever possible, discourage 'unnecessary physical contact', i.e. touching one another unnecessarily without reason. • Avoid overcrowding. • Adults must maintain 2-metre safe social distancing during playtime activities in the playground, that is unless an emergency situation dictates otherwise. • Keep 'playtime' bubbles distinct and consistent with the 'classroom' bubbles. • Maximum playtime bubble size – x30 children. • Minimum playtime bubble supervision ratio 1 Staff:30				
				children.				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				 Keep a 'register' of playtime bubbles. Divide playground into 'activity zones', i.e. each zone having a different activity. Use 'physical barriers' to divide playground into activity zones. Avoid contact activities wherever possible. Rotate bubbles between each activity on a daily basis so that they don't get bored. 'Record' and 'log' the playtime activities that each playtime bubble participates in, preferably on the playtime bubble register. Avoid playtime bubbles in each activity zone 'mixing' with bubbles in other activity zones. Make appropriate use of other outdoor spaces, i.e. playing fields, tennis courts. 						
				7. Foreign Travel The Foreign, Commonwealth and Development Office (FCDO) are currently advising all British nationals against all but essential international travel, and this advice is being kept under constant review. Travel disruption is still possible and national control measures may be brought in with very little notice. Latest advice about travelling abroad, including the latest information on coronavirus, safety and security, entry requirements and travel warnings can be found	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes		

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				on the HM Government link below. • https://www.gov.uk/foreign-travel-advice				
				Academies within the Trust will communicate openly with staff to explain the challenges around travelling abroad in the current unfavourable prevailing climate, and how 'quarantine' and 'selfisolation' could 'significantly impact' educational delivery.				
				IMPORTANT NOTE: Staff are reminded that it is the Trust's policy, that all staff must get holiday approval from their Principal/Head Teacher/Line Manager first before booking, confirming, and even paying their deposit for their holiday with any travel agent.				
				Some circumstances could be treated as 'extraordinary', for example: • An employee who has extenuating circumstances such as an immediate close family funeral abroad.				
				 Pre-booked holidays that cannot be cancelled without incurring significant financial cost, i.e. insurers will not reimburse cost, that were arranged before quarantine could have been envisaged. Pre-booked holidays that the 				
				tour operator has not cancelled but has instead rescheduled on fixed dates which, if cancelled by the customer, would be at financial cost to them.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (\$) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Staff that may want to return home, i.e. travel abroad, to visit family over the festive period would definitely not fall into the bracket of 'extraordinary' reasons when compared with an immediate close family funeral example above. However, an Academy may decide that this is an important thing for some staff to do, and if they do not go, it could adversely affect their mental health and wellbeing significantly. Each staff request will be assessed on its own merit, and the Academy may seek professional advice and guidance from the Trust's Human Resources Department. An Academy may want to be more sympathetic in the above extraordinary circumstances, however, if an employee has booked a holiday to take place over the festive period, with no extraordinary reason to do so and is fully cognisant to the possibility of them needing to quarantine or indeed be held up abroad, then the Academy will seek professional advice and guidance from the Trust's Human Resources Department and may consider asking the employee to: • If available, take additional paid annual leave. • Make up the 14-days leave over a period of time possibly during closure periods. • Take unpaid special leave.				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Off-Site Educational Enrichment Visits	L (2)	S (4)	R (8)	Yes
				HM Government, National Institute for Health Protection (NIHP) and the Department for Education (DfE) continue to advise against domestic (UK) overnight and overseas educational visits at this stage, see guidance below. • Coronavirus: travel guidance for educational setting • https://www.gov.uk/government /publications/coronavirus-covid- 19-travel-advice-for- educational- settings/coronavirus-travel- guidance-for-educational- settings	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				In the autumn term, HM Government, National Institute for Health Protection (NIHP) and the Department for Education (DfE) are advising that Academies can resume non-overnight domestic educational visits.				
				Visits should include any trips for pupils with SEND connected with their preparation for adulthood (for example, workplace visits, travel training etc).				
				Visits should be responsibly planned and managed following the measures in the Academy's system of controls, prevention and protection in preventing and/or reducing the risk of COVID-19 transmission and infection, e.g. keeping children within their distinct consistent group and				

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				ensuring that the place of destination also has robust safe COVID-19 management measures in place. Academies within the Trust should also make use of outdoor spaces in the local area to support delivery of the curriculum. As normal, Academies within the Trust should undertake full and thorough risk assessments in relation to all educational visits to ensure they can be done safely. Anyone planning and managing a visit within the Trust will need to be aware of the wider advice and guidance available on visiting indoor and outdoor venues, i.e. Educational Visits Coordinator, Educational Visits Head, Trust's Health and Safety Manager, appointed Educational Visits Advisor (EvolveAdvice), Outdoor Education Advisers' Panel (OEAP) etc. Academies within the Trust should refer to the following HM Government advice: Health and Safety on Educational Visits https://www.gov.uk/government/publications/health-and-safety-on-educational-visits/health-						
				and-safety-on-educational-visits 11. Music	L (2)	S (4)	R (8)	Yes		
				Respiratory tract infections can be transmitted through respiratory droplets, droplet nuclei (i.e. <i>nano</i>	Unlikely	Significant illness, more	High			

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				particle 10-9), or aerosol (i.e. spray) depending on their size. When the droplet particles are above a certain size they are referred to as 'respiratory droplets', and when they are below a certain size, are referred to as 'droplet nuclei'. Nano particles (10-9) or aerosol (i.e. spray) can travel further than the normal respiratory droplet. As a result of this additional distance, all Academies within the Trust should note that regardless of the safe social distancing, there may be an additional risk of transmission and infection in environments where people are singing, chanting, playing wind or brass instruments or shouting. Academies within the Trust should consider how to reduce the risk, particularly when pupils are playing instruments or singing in small groups such as in music lessons by, for example, physical distancing and playing outside wherever possible, limiting group sizes to no more than 15, positioning pupils back-to-back or side-to-side, avoiding sharing of instruments, and ensuring good ventilation. Singing, wind and brass playing should not take place in larger groups such as school choirs and ensembles, or school assemblies. Academies within the Trust should refer to the following guidance	(1-5)	than seven day, and affecting more than one person		(Yes/No)
				ensembles, or school assemblies. Academies within the Trust should				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Culture, Media and Sports (DCMS): • Guidance for people who work in performing arts, including arts organisation, venue operators and participants. • https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/performing-arts Further detailed DfE guidance will be published shortly.				
				12. Personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene communication and enforcement Letters sent to Parents and legal Guardians/Carers regarding their moral and legal duty to uphold and maintain their family's personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene at all times. A clear directive given to all staff, pupils, volunteers, and visitors to uphold and maintain their personal (i.e. frequent handwashing) and respiratory (i.e.	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes
				catch it, bin it, kill it) hygiene at all times. All staff given a clear directive that they must encourage and enforce pupils to maintain their personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene, and actively intervene and challenge				

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				those that fail to maintain good personal (i.e. frequent handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene.						
				Signs and poster will be prominently displayed in strategic locations around the Academy premises to increase the awareness of: • handwashing frequency, • handwashing techniques, • avoid touching your face, and • catch it, bin it, kill it, i.e. cough or sneeze into a tissue which can be binned safely, or into your arm if a tissue is not available.						
				Wherever possible, that is so far as is reasonably practicable, paper towels and appropriate lined lidded waste bins that enclose the hazard, i.e. potential COVID-19 contaminated waste, will be provided as an alternative to hand dryers in handwashing facilities.						
				Where appropriate and adequate handwashing facilities are not available, the use of hand sanitiser gels stations will be considered and strategically placed around the Academy. Hand sanitiser gel stations will be manned, and the use of the hand sanitiser station will be supervised to avoid incorrect use, over usage, and stop people filling their own bottles with gel for later use. Hand sanitiser gels stations will definitely be placed in prominent areas immediately entering the building, i.e. main						

	Table 1 - HAZARD AND RISK ANALYSIS									
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				reception area, where handwashing facilities are not immediately available, this will help control COVID-19 from entering into the Academy's 'safe' zone.						
				Once in the 'safe' zone, frequent handwashing will be encouraged over the use of hand sanitiser gels.						
				Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review their existing handwashing provisions and if necessary consider additional mobile handwashing equipment to be strategically placed, and how best to strategically place hand sanitiser gel stations.						
				13. Numbers coming to and leaving Academy premises at	L (2)	S (4)	R (8)	Yes		
				Numbers coming to and leaving the Academy premises at any one time will be regulated and managed responsibly and sensibly so as to avoid any unnecessary congestion as well as upholding the safe social distancing rule. The control measures listed below will be considered, however the list is not exhaustive: • Wherever practicably possible together with following the Academy's systems of control, prevention and protection, and without compromising the	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			

	Table 1 - HAZARD AND RISK ANALYSIS								
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)	
				teaching time, Academies within the Trust will consider reducing the number of people required to come and leave during the day by either making reasonable adjustments to the Academy's start and finish times by using some form of rota system or split timetable for staff and pupils. • Staggering arrival and departure times. • Having more entry and exit points. • Using appropriate signs and/or floor markings as well as introducing one-way traffic flow protocols at entry and exit points. • Patrolling and supervising human and vehicle traffic flow at entry and exit points. It is still recommended that everyone limits the amount of equipment they bring into Academy each day, to essentials such as lunch boxes, hats, coats, books, stationery, mobile phones, and appropriate bags to carry the essential items.					
				14. Face coverings in Education	L (2)	S (4)	R (8)	Yes	
				World Health Organisation (WHO) published a statement on 21st August 2020 about children and face covering and are now advising that "children aged 12 and over should wear a mask under the same conditions as adults, in particular when they cannot guarantee at least a 1-metre distance from others and	Unlikely	Significant illness, more than seven day, and affecting more than one person	High		

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				there is widespread transmission in the area."						
				From 8th March 2021 onwards, new HM Government advice will apply to the use of face coverings by adults (Staff and Visitors) and pupils in some Academies. • GOV.UK – Action for schools during the coronavirus outbreak • https://www.gov.uk/government /publications/actions-for-schools-during-the-coronavirus-outbreak • Schools coronavirus (COVID-19) operational guidance (applies from 8th March 2021). • Section – Systems of Control (Prevention) • (2) Ensure face coverings are used in recommended circumstances • https://www.gov.uk/government /publications/face-coverings-in-education/face-coverings-in-education (Updated 8th January 2021) Where pupils in year 7 (which would be children who were aged 11 on 31 August 2020) and above are educated, HM Government recommend that face coverings should be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained. Face coverings do not need to be worn by pupils when outdoors on the premises.						

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				In addition, HM Government now also recommend in those schools, that face coverings should be worn in classrooms or during activities unless social distancing can be maintained. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. In primary schools, HM Government recommend that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). Children in primary school do not need to wear a face covering. HM Government are taking this additional precautionary measure for a limited time during this period of high coronavirus (COVID-19) prevalence in the community. These measures will be in place until Easter. As with all measures, they will keep it under review and update guidance at that point.				
				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. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing				

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				the spread of coronavirus (COVID-19).						
				Face visors or shields should not be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in reducing aerosol transmission 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.						
				Those who rely on visual signals for communication, or communicate with or provide support to such individuals, are currently exempt from any requirement to wear face coverings in schools or in public places.						
				Some individuals are exempt from wearing face coverings and this exemption applies to those who: • cannot put on, wear, or remove a face covering because of a physical impairment or disability, illness, or mental health difficulties. • speak to or provide help to someone who relies on lip reading, clear sound or facial expression to communicate.						
				The same exemptions will apply in education and childcare settings and people should be sensitive to those needs, noting that some people are less able to wear face coverings and that the reasons for this may not be visible to others.						

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				It is reasonable to assume that staff, children, and young people will now have access to purchase their own face coverings due to their increased use in wider society. • Face covering will form part of the Academy's uniform and will be included in the Academy's Uniform Policy. • Academies must have a small contingency supply of disposable face covering available to meet the needs when someone is struggling to access and/or use their own face covering for whatever reasons, or where it has become soiled or unsafe to use. No-one should be excluded from education or work on the grounds that they are not wearing a face covering. Academies must consider the following when recommending the wearing of face coverings when people are migrating indoors, such as through corridors and in and around communal areas: • Whether the layout makes it particularly difficult to maintain safe social distancing when around the premises. • Whether it provides additional confidence to everyone, on top of the existing systems of control, to support the full return of staff and children to an Academy. It is vital that face coverings are worn correctly and clear						

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				instructions must be provided to all staff, children and young people on how to put on, remove, store and dispose of face coverings in all of the circumstances above, to avoid inadvertently increasing the risks of transmission.						
				Safe usage of face coverings includes cleaning of hands before and after either removing it or placing it on your face, as well as storing them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and should be replaced carefully.						
				15. Migrating within and around the Academy premises	L (2)	S (4)	R (8)	Yes		
				Migrating within and around the Academy premises will be managed responsibly and sensibly by either reducing, limiting, and discouraging any non-essential migration.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			
				The use of radios or internal telephone systems will be encouraged wherever possible and the equipment used will be cleaned with sanitiser wipes after each use.		person				
				Consideration will also be given to the following: Restricting or even prohibiting access to some areas within and around the Academy's premises. Reducing numbers and location rotation, i.e. pupils remain in						

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				class and staff rotate from one class to another. • Staggering any potential migration of groups to avoid contact between groups. • Introducing one-way traffic flow protocols within and around premises. • Restricting the use and reducing the maximum occupancy of the goods/human lift, i.e. only authorise the movement of goods from one floor to another as well as making sure that people with disabilities are able to access the lift with readily available hand sanitiser, and not forgetting to encourage those that are able to do so to use the stairs wherever possible. • Regulating, patrolling and supervising all traffic routes/areas, including bottlenecks, so that concurrent migration can be avoided, and the 2-metre social distancing rule upheld.						
				16. Workplaces, workstations, teaching and learning areas, work and learning equipment and resources including soft cuddly toys Occupancy levels in all areas, workstation usage and possible, i.e. not definite, sharing of work or learning equipment including soft and cuddly toys will be regulated and managed responsibly and sensibly following the measures in the Academy's system of controls, prevention and protection in preventing and/or reducing the	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes		

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	is the hazard adequately controlled? (Yes/No)
				risk of COVID-19 transmission and infection.				
				Wherever possible, that is so far as is reasonably practicable, workplaces and workstations will be configured in such a way that safe social distancing is maintained. Where this is not possible, consideration will be given to whether that activity needs to continue for the Academy to operate, and if so, and only as an extreme last resort will the mitigating actions highlighted in Control (3.6) be considered to prevent or reduce the risk of COVID-19 transmission and infection.				
				Hot desking and the sharing of any work or learning equipment including soft and cuddly toys will be strictly prohibited, and where this is not possible, and only as an extreme last resort will the mitigating actions highlighted in Control (6) be considered to prevent or reduce the risk of COVID-19 transmission and infection, i.e. maintaining good cleaning regimes after each individual occupants use of the workstation and/or work or learning equipment including soft and cuddly toys.				
				For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared. Classroom based resources, such as books and games, can be				

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				used and shared within the group and should be cleaned regularly, along with all frequently touched surfaces. Resources that are shared between groups, such as sports, art and science equipment should be cleaned frequently and meticulously and always between each group usage, or rotated to allow them to be left unused and out of reach for a period of 48 hours for fabric materials and 72 hours for plastics and other materials with similar properties between use by different groups. Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided, especially where this does not contribute to pupil's or teacher's education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should also apply to these resources. Disinfectant surface cleaning spray bottle and disposable paper towels will be made readily available at strategic locations to aid any surface cleaning that may be required immediately after each individual occupant's use of a workstation, work or learning equipment. Appropriate lidded bins will be provided at strategic locations to enclose the hazard, i.e. potential COVID-19 contaminated waste, when the item used for cleaning is disposed. The following will be considered				

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				 when assessing workplaces and workstations, however list is not exhaustive: Grouping adults and children in consistent distinct groups and avoid contacts between groups. Continuous review of layouts and activities. Seating pupils' side-by-side and have forward facing desks in classrooms and laboratories with the Teacher at the front of the classroom/laboratory. Use of prominent visual signs to make everyone aware of social distancing. Use of visual floor markings to help everyone keep to a safe social distance from one another. Adults to maintain 2-metres wherever possible. Regulating and managing traffic flow such as restricting or reducing numbers as well as applying one-way protocols. Only where it is not possible to move workstations further apart will consideration be given to people working back-to-back or side-to-side with other mitigating actions such as erecting physical screens or barriers to separate them from each other rather than them working face-to-face. 				
				NOTE: • Please don't be fooled with the use of personal protective gloves when sharing work equipment, hence the reason why they are not advised or encouraged in such				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				circumstances, that is, unless the activity/task/use is of a high risk, i.e. use of hazardous chemicals and substances that have the potential to cause skin irritations and/or burns. Personal protective gloves may initially protect you from coming into physical contact with the disease however, the disease is a 'sticky' protein cell that will stick to the gloves and be transmitted elsewhere if the gloves are used for many other different activities/tasks over a prolonged period. For personal protective gloves to be effective in reducing the risk of infection and transmission, they must be disposed of safely and correctly into a lidded bin immediately after each individual activity/task/use and a fresh pair worn for the next activity/task/use. For example, sharing an item: Dispose gloves safely and correctly into a lidded bin immediately after sharing the item. Wear a fresh pair of gloves for cleaning the item. Dispose gloves safely and correctly into a lidded bin immediately after cleaning the item. Wear a fresh pair of gloves for cleaning the item. Wear a fresh pair of gloves for the next activity/task/use.				
				cleaning the item. o Dispose gloves safely and correctly into a lidded bin immediately after cleaning the item. o Wear a fresh pair of gloves for				

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				17. Managing Practical Lessons (Science Laboratories / Design and Technology Workshops)	L (2)	S (4)	R (8)	Yes
				It is imperative that all the 'systems of control' for 'prevention' and 'protection' highlighted in this document are considered and implemented into the Academy's local safe working procedures, i.e. the mitigating and emergency actions, especially when planning and managing practical lessons in either a Science Laboratory or Design and Technology Workshop.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				Supervising pupils engaged in practical task: • Teachers must aim to maintain a 2-metre distance when observing pupils as they work through practical activities. This may present an issue if the teacher has concerns about the ability of the pupils to carry out the task safely without direct intervention from the teacher. If this is the case then the teacher should factor this into their 'risk assessment' and 'lesson plan' for the activity prior to the lesson and if necessary, consider a different approach to the activity, an alternative activity or doing a demonstration rather than a hands-on practical.				
				Management of equipment (i.e. hand and powered): • Equipment can be shared by pupils within the same bubble. Departments will know how the				

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				bubbles are arranged in their Academy and can therefore plan practical work accordingly. • An enhanced two stage cleaning regime must be in place if equipment is to be shared, immediate cleaning after each use and thorough cleaning between bubbles.				
				Demonstrations: • Teachers will need their own equipment for demonstrations and to show pupils how to carry out activities themselves. This equipment will need to be thoroughly cleaned before if it is to be used by anyone else. • Equipment used by teachers to show pupils how to do an activity or part of an activity must not be 'borrowed' from one of the sets intended for pupils or given to pupils to use immediately after the teacher has handled it. Both of these are common practice during class practical work. In practice, an additional set of apparatus will be needed for use exclusively by the teacher.				
				Transferring specialist equipment between bubbles: • Existing DfE guidance requires that any equipment being transferred between bubbles is either cleaned 'meticulously' or quarantined for up to 72 hours. • DfE Guidance; "Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and				

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				meticulously and always between bubbles, or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles." Further advice and guidance can be found from CLEAPSS and DATA. • http://science.cleapss.org.uk/Re source/GL343-Guide-to-doing- practical-work-during-the- COVID-19-Pandemic- Science.pdf				
				Face-to-face meetings will not be encouraged, and wherever possible, that is so far as is reasonably practicable, everyone will be given a clear directive to explore the option of using remote working ICT software and/or equipment at the first instant when planning to hold any meeting. The use of 'Microsoft Teams' and 'Zoom' has proven to be a great success when hosting remote meetings. Where face-to-face meeting are unavoidable, the number of attendees to any meeting will be regulated and managed responsibly and sensibly by the host, ensuring that only the absolute necessary participants should attend so that the safe social distancing rule can be	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes

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				upheld. Unavoidable face-to- face meeting will only take place in appropriately sized and well- ventilated spaces / areas / rooms. The sharing of any work equipment in any unavoidable face-to-face meeting will not be permitted. However, additional mitigating actions highlighted in Control (6) will also be considered to prevent or reduce the risk of COVID-19 transmission and infection, i.e. using physical screens or barriers to separate people from each other, keeping the meeting time as short as possible, using prompts such as signs and floor markings, readily available hand sanitiser, readily available disinfectant surface cleaning spray bottle and disposable paper towels that can be used when any piece of equipment has been shared during the meeting etc.						
				19. Common areas	L (2)	S (4)	R (8)	Yes		
				Everyone will be given a clear directive to work collaboratively to ensure consistency is maintained across all common areas, e.g. reception, walkways, staircases, refectory, breakout/rest areas etc. Migration and occupancy in and around all common areas will be managed responsibly and sensibly, and the following will either be implemented or considered: Break times will be staggered to reduce migration and	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			

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				occupancy levels at any one time in all common areas. • Seating and table configuration in refectory and breakout/rest areas will be reviewed and reconfigured to uphold the safe social distancing rule. • Visual prompts such as signs and floor markings will be used to raise awareness and help people maintain the safe social distancing rule. • People will be encouraged to bring their own wholesome food, and whenever possible (i.e. weather permitting), can eat outside in an open space. • Opening other areas of the building and premises during break times, e.g. sports hall. • Providing packaged meals or similar to avoid fully opening and congesting refectory.						
				Additional mitigating actions highlighted in Control (6) will also be considered to reduce the risk of COVID-19 transmission, i.e. using physical screens or barriers to separate people from each other, regulating (i.e. keeping the time spent in any common area as short as is practicably possible) and ensuring adequate enforcement and supervision at all times to reduce concurrent migration and occupancy. Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review						

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				the seating and table configurations in all common rooms/areas and will reconfigure if deemed necessary to uphold the safe social distancing rule.						
				20. Issuing new school uniforms	L (2)	S (4)	R (8)	Yes		
				The issuing of new school uniforms will be planned and managed professionally, sensibly and responsibly by following the measures in the Academy's system of controls for prevention and protection in preventing and/or reducing the risk of COVID-19 transmission and infection, i.e. ensuring that the safe social distancing rule is upheld, and respiratory and personal hygiene is maintained, minimising contact and mixing by keeping pupils in small distinct consistent groups, enhanced frequent cleaning of frequently touched surfaces etc. Letters will be issued to parents/guardians/carers informing them of the importance to abide with the Academy's strict protocols for collecting their child's new school uniform, i.e. abiding with the safe social distancing, and maintaining respiratory and personal hygiene at all times.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			
				Wherever possible, and so far as is reasonably practicable, every effort will be made to carry out this task out of core hours with collection times staggered across the day so that the interaction						

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				and overlap and contact between people is reduced, therefore reducing the risk of COVID-19 transmission.						
				Everyone will be given a clear strict directive to work collaboratively to ensure consistency is maintained throughout the process.						
				Visible signage and floor markings will be used to raise awareness and help people keep 2-metres from one another.						
				One-way traffic flow systems will be enforced throughout the Academy to control the flow of people and vehicle traffic.						
				Handwashing facilities will be made available to everyone and hand sanitiser will also be placed in prominent strategic locations, i.e. immediately on entry, reception, or place of uniform distribution.						
				Sharing of any work equipment will not be encouraged however, if it is and unavoidable, i.e. a writing instrument or card-reader, then appropriate cleaning materials will be made readily available so that the shared						
				equipment can be cleaned thoroughly after each individual use. Appropriate lidded bins will be provided at strategic locations to enclose the hazard, i.e. potential COVID-19 contaminated waste, when the item used for cleaning is disposed.						

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				NOTE: • Please don't be fooled with the use of personal protective gloves when sharing work equipment, hence the reason why they are not advised or encouraged in such circumstances, that is, unless the activity/task/use is of a high risk, i.e. use of hazardous chemicals and substances that have the potential to cause skin irritations and/or burns. Personal protective gloves may initially protect you from coming into physical contact with the disease however, the disease is a 'sticky' protein cell that will stick to the gloves and be transmitted elsewhere if the gloves are used for many other different activities/tasks over a prolonged period. For personal protective gloves to be effective in reducing the risk of infection and transmission, they must be disposed of safely and correctly into a lidded bin immediately after each individual activity/task/use and a fresh pair worn for the next activity/task/use. For example, sharing a card-reader to take a payment: • Dispose gloves safely and correctly into a lidded bin immediately after sharing the card-reader. • Wear a fresh pair of gloves for cleaning the card-reader.				

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				 Dispose gloves safely and correctly into a lidded bin immediately after cleaning the card-reader. Wear a fresh pair of gloves for the next activity/task/use. 						
				Anyone not complying with the strict protocols will be asked to leave the Academy premises and if necessary, may be escorted off premises						
				21. Accident, First Aid, Security, and other incidents	L (2)	S (4)	R (8)	Yes		
				National Institute for Health Protection (NIHP) have confirmed that "personal protective equipment (PPE) is not required when administering First-Aid on a non-symptomatic person", that is unless 'normal' First-Aid procedure specify otherwise, i.e. when there is blood involved.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			
				HM Government have also confirmed in their guidance that "anyone requiring First-Aid should continue to receive care in the same way. No additional PPE is needed because of coronavirus (COVID-19) for anyone who does not have coronavirus (COVID-19) symptoms", that is unless 'normal' First-Aid procedure specify otherwise, i.e. when there is blood involved.						
				The Academy's 'First Aider Needs Assessment' will be reviewed by the Academy's Senior Leadership Team (SLT) and TDET's Health and Safety Section to ensure that						

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	is the hazard adequately controlled? (Yes/No)		
				adequate and appropriate First Aid Provisions are maintained, i.e. Appointed Person (AP), Emergency First Aid (EFA), First Aid at Work (FAW), Paediatric First Aid (PFA), and Adult Mental Health First Aid (AMHFA). NOTE: • With all the risk management protocols and mitigating safety control measures in place, the nature of the working and learning activities performed within an Academy and the risk of harm associated with them are deemed to be low.						
				 With the above bullet point in mind, very basic 'emergency' First-Aid kits can be considered within groups. Members of staff within their groups are permitted under 'in loco parentis', i.e. a legal doctrine that has been established through precedents in English common law/civil law, to carry out very basic everyday emergency First-Aid, i.e. clean a graze and dress it. Dedicated First-Aid rooms can be used, and groups can be compromised in any emergency health (i.e. injury or ill-health) and safety (i.e. fire evacuation) situation as long as personal and respiratory hygiene and cleaning regimes are upheld and maintained at all times before and after any emergency situation. 						

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				covID-19 Emergency Grab Bags containing the appropriate essential personal protective equipment (PPE), i.e. fluid resistant surgical face mask (also known as type IIR), disposable plastic gloves and aprons, eye protection (e.g. face visor or goggles), will be strategically located around the Academy and locations will be communicated to all members of staff just in case they need to use PPE in the event of a likely risk of COVID-19 transmission, i.e. breaching the 2-metre safe distance and where contact is necessary in aiding someone who is showing symptoms of the disease. The Health and Safety Section will review and advise on the correct essential PPE and contents of the 'COVID-19 Emergency Grab Bag'. Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review strategic locations for the safe and secure stowage and access of the 'COVID-19 Emergency Grab Bags'. HM Government and National Institute for Health Protection (NIHP) have stipulated in their guidance that COVID-19 transmission risk in a non-healthcare setting are significantly lower than those seen in healthcare settings. Therefore, due to the pure nature of				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				activities and operations within academies, people in academies are not deemed to be at the same risk of contracting the disease as those in Care Homes and Hospitals. Therefore, with this in mind, there is no immediate requirement to wear any personal protective equipment (PPE) when aiding others in the event of any unforeseen emergency situation, including First Aid, where the safe social distancing cannot be upheld, that is, unless the person in distress is showing symptoms of COVID-19 or where 'normal' First-Aid procedure specify otherwise, i.e. when there is blood involved. Please note that if normal protocols specify the use of personal protective equipment (PPE) when administering First-Aid for a particular injury or ill health regardless of whether the person in distress is showing COVID-19 symptoms or not, then personal protective equipment should be taken from their normal stock and worn, not from the COVID-19 Emergency Grab Bags. In either of the scenarios above, i.e. aiding a distressed person showing or not showing symptoms, members of staff concerned will be given a 'consistent' clear directive to wash their hands thoroughly for 20 seconds immediately after aiding the person that was in distress regardless of whether they were showing symptoms or not. Further guidance on practicing				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				First-Aid safely, including safe working arrangements, during the current health threat posed by COVID-19 can be sought by the Trust's Health and Safety Section. The Health and Safety Executive have recently updated the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to include the requirement to report possible or actual exposure to COVID-19 as a result of or in connection with a work activity. Any confirmed positive cases will be reported to the Health and Safety Section through the correct channels as soon as is practicably possible. HM Government guidance stipulates "that in an emergency situation, e.g. an accident or fire, people do not have to stay 2-metre apart if it would be unsafe". In the event of any unfortunate emergency evacuation, people will be given a clear directive to: Follow normal protocols, work collaboratively and evacuate the building in a professional, sensible and safe manner. Pay particular attention to personal sanitation measures immediately afterwards including either washing their hands thoroughly for 20-seconds or use hand sanitiser gel.	(1-5)	(1-5)		(Yes/No)
				HM Government give guidance on caring for children who regularly spit, bite, lick or require physical contact.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Safe working in education, childcare and children's social				
				care settings, including the use of personal protective				
				equipment (PPE)				
				 https://www.gov.uk/government/ /publications/safe-working-in- 				
				education-childcare-and- childrens-social-care/safe-				
				working-in-education-childcare-				
				<u>and-childrens-social-care-</u> settings-including-the-use-of-				
				personal-protective-equipment-				
				ppe				
				 Updated 21st July 2020 				
				 "If non-symptomatic children 				
				present behaviours which may				
				increase the risk of droplet				
				transmission (such as biting,				
				licking, kissing or spitting) or				
				require care that cannot be				
				provided without close hands-on				
				contact, they should continue to				
				receive care in the same way, including any existing routine use				
				of PPE".				
				 "The issues will be specific to 				
				each child or young person and				
				individual responses will be				
				required. Staff should review and				
				update existing risk				
				assessments".				
				• "In these circumstances, to				
				reduce the risk of coronavirus				
				(COVID-19) transmission, no				
				additional PPE is necessary because these are non-				
				symptomatic children in a non-				
				healthcare setting and so the risk				
				of viral transmission is very low".				
				However, additional space and				
				frequent cleaning of surfaces,				
				objects and toys will be required.				
				Cleaning arrangements should				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
		posed by the hazard?	being harmed?	be increased in all settings, with a specific focus on surfaces which are touched a lot. The actions below will be followed immediately after experiencing and/or realising an unfortunate act of physical violence, i.e. spitting, biting, punching, kicking etc. Note, the list of actions below is not exhaustive. Immediately call for back-up assistance and use your negotiating skills to calm the perpetrator. Only when it is safe to do so, remove oneself safely and in a controlled manner from the scene. If applicable, immediately clean oneself hygienically as best as they possible can. If applicable, ascertain the nature and degree of the injury sustained, if any. Has the perpetrator spat in someone's face? Has the biting injury penetrated through the victim's skin, i.e. laceration injury? Any other injury that may elevate the risk of COVID-19 infection? Be mindful and monitor any onset of any COVID-19 symptoms. Immediately follow the Academy's 'Reporting procedures for confirmed			Level?			
				positive COVID-19 situations and people who need to self-isolate' as highlighted in section (3).						

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
No.	What is the hazard?			22. High risk pupils, i.e. those that are socially vulnerable, have an EHCP (SEND) and/or IMCP (Medical) High risk pupils due to their vulnerability in society, unacceptable behaviour, and/or specific physical, mental or medical health conditions will have their individual assessments reviewed by an appropriate competent person within the Academy, i.e. Special Educational Needs Co-ordinator (SENCO), Medical Supervisor or Child Welfare Officer. • Vulnerability in society assessment - Special Educational Needs Co-ordinator (SENCO) • Educational Health Care Plan (EHCP) – Special Educational Needs Co-ordinator (SENCO) • Individual Medical Care Plan (IMCP) – Medical Supervisor or Child Welfare Officer	of the hazard causing harm?	potential harm?		adequately controlled?			
				Cambridgeshire County Council, including Peterborough City Council, have issued a specific 'SEND and Vulnerable Child during COVID-19' assessment which will complement the Academy's internal assessments and help the Academy determine whether it can safely support the pupil on its premises or not during this COVID-19 pandemic, i.e. does the pupil continue with home learning or is it safe for them and others if they are to come into the Academy. • Alex West (TDET Lead SENCO),							

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				Karin Rudd (SENCO/ASD Hub Manager at Welbourne Primary Academy), and Jean Bloye (Assistant Principal/SENCO at Queen Katharine Academy) can advise on the Local Authority's specific 'SEND and Vulnerable Child during COVID-19' assessment: o Multi-Agency Risk Assessment Tool • Offering School and College Placements to Vulnerable Children and those with Educational Health Care Plans (EHCPs) during the COVID-19 pandemic. • Local Authority assessments only need to be completed if it is deemed that the high-risk pupil poses a significant elevated risk of harm or transmission of the disease during the COVID-19 pandemic, not only to themselves but also to others within close proximity to them, i.e. members of staff, other children, and visitors. The Academy's SEND department will ensure that the Local Authority's specific 'SEND and Vulnerable Child during COVID-19' assessment is completed for any pupil that they deem to be at a significant elevated risk of harm or transmission of the disease during the COVID-19 pandemic, not only to themselves but also to others within close contact to them, i.e. members of staff, other children, and visitors. The results of the assessment will be shared with all the appropriate and obligatory						

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				parties, informing them of whether the Academy can safely support the pupil on its premises or not. Review of the Academy's existing internal assessments together with the completion of the Local Authority's 'SEND and Vulnerable Child during COVID-19' specific assessment will allow the Academy to ensure that the safest decisions are made as to whether it can safely support the pupil on its premises or not during this COVID-19 pandemic. The Academy fully understands it's moral and legal obligations to not discriminate or disadvantage any pupil due to their SEND needs and also fully understands it's moral and legal obligations to safeguarding the health, safety, and wellbeing of all its staff, pupils, and visitors whilst on the Academy premises. The Academy will work closely with the Local Authority and will consider all options for mitigating any circumstances where a pupil cannot be supported on the grounds of their SEND needs, and so far as is reasonably practicable and only if it safe to do so, the Academy will endeavour to ensure that all pupils are able to attend the Academy irrespective of their SEND needs. Assessment reviews will be a continuous and will also take place under the following	(1-5)	(1-5)		(Yes/No)
				place under the following conditions.				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				 Where there have been significant changes in the evolving advice from HM Government, Public Health England, and Department for Education. When there are significant changes in Legislation to address any new hazards and/or risks. After an unfortunate incident/accident that has identified gaps in a provision or identified new hazards and/or risks. Periodically, minimum biannually. All provisions will be continuously reviewed to ensure that they remain appropriate and adequate (i.e. competent member of staff, staff-to-pupil ratio, contact time and breaks etc), and are maintained in line with the guidance from HM Government, Department for Education, and Public Health England. When teaching and/or supervising any high-risk pupil, members of staff who are competent in the task and feel comfortable in carrying out their duties during the COVID-19 pandemic will only be permitted to carrying out the task. Anyone not deemed to be competent in either teaching or supervising a high-risk pupil will not be permitted to carrying out that task. 						

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				All members of staff will be informed of their moral and legal duties in maintaining their own personal health, safety and wellbeing at all times and will be given a clear directive to ensure that they maintain their obligations to themselves by not endangering themselves and others by their own acts or omissions. Any type of Personal Protective Equipment (PPE) will not be issued to any member of staff teaching or supervising a high-risk pupil unless a dynamic risk assessment identifies otherwise. At the time of this assessment, it was considered that face shields/masks could potentially become a 'target' and attract the high-risk pupil into carrying out an unacceptable behaviour, i.e. spitting or compromising the safe social distancing rule by trying to knock the face shield/mask off the wearers head. However, appropriate Personal Protective Equipment (PPE) will definitely be considered in tasks that involve 'personal and intimate care', i.e. babies in nursery, pupils' in early years and where there is a medical, physical or mental health condition making it applicable. Personal Protective Equipment such as appropriate gloves, aprons and face masks will be made readily available to the members of staff concerned. Staff will be given a clear directive to pay particular				

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				attention to personal sanitation measures including washing their hands thoroughly for 20-seconds immediately after undertaking a personal and intimate care task. When working with a high-risk pupil and where it is deemed that there may be a potential risk of the safe social distancing rule being compromised, the following additional reinforcing social distancing measures will be taken into consideration: • Use of appropriate visual signs to raise awareness of the importance to maintain the safe social distancing rule. • Use of visual floor marking and physical barriers, i.e. tables place between high-risk pupil and member of staff, to help maintain the safe social distancing. In any event where a high-risk pupil has been considered safe within reason, and been given a placement to attend, but compromises the safe social distancing rule and has either bitten or spat at a someone, then that high-risk pupil will: • be immediately isolated in a separate room from everyone else, • eventually removed off the Academy's premises as soon as is practicably possible in a safe and controlled manner, • their assessments will be reviewed, and placement reconsidered.						

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				HM Government give guidance on caring for children who regularly spit, bite, lick or require physical contact. • Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) • https://www.gov.uk/government /publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care/settings-including-the-use-of-personal-protective-equipment-ppe • Updated 21st July 2020 • "If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE". • "The issues will be specific to each child or young person and individual responses will be required. Staff should review and update existing risk assessments". • "In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary because these are non-				
				symptomatic children in a non- healthcare setting and so the risk of viral transmission is very low".				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				 However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot. The actions below will be followed immediately after experiencing and/or realising an unfortunate act of physical violence, i.e. spitting, biting, punching, kicking etc. Note, the list of actions below is not exhaustive: Immediately call for back-up assistance and use your negotiating skills to calm the perpetrator. Only when it is safe to do so, remove oneself safely and in a controlled manner from the scene. If applicable, immediately clean oneself hygienically as best as they possible can. If applicable, ascertain the nature and degree of the injury sustained, if any. Has the perpetrator spat in someone's face? Has the biting injury penetrated through the victim's skin, i.e. laceration injury? Any other injury that may elevate the risk of COVID-19 infection? Be mindful and monitor any onset of any COVID-19 symptoms. Immediately follow the Academy's 'Penorting 				
				Academy's 'Reporting procedures for confirmed				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
		posed by life lidzdid:		positive COVID-19 situations and people who need to selfisolate' as highlighted in section (3). Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual and must abide with the Academy's strict protocols for 'managing visitors and contractors' as highlighted in section (26). Wherever possible, if visits can happen outside of school hours, they should, and the visit should be recorded and logged. Where a child routinely attends more than one setting on a part time basis, e.g. because they are dual registered at an Academy and an alternative provision setting or special school, Academies within the Trust should collaboratively work with the alternative provision setting or special school, enabling them to address any risks identified and allowing them to jointly deliver a			Level			
				broad and balanced curriculum for the child. Academies within the Trust and the alternative provisions setting, or special school should work through their system of controls, prevention and protection for preventing or reducing the risk of COVID-19 transmission or infection. The Academy's 'Supporting Pupils with Medical Need Procedure' will be reviewed by the Academy's Senior Leadership Team (SLT) and						

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				TDET's Health and Safety Section to ensure that adequate and appropriate support provisions are maintained to support pupils with medical needs. • The Medical Supervisor or Child Welfare Officer will review all Individual Medical Care Plans (IMCPs) to ensure that provisions remain appropriate and adequate to support the highrisk pupil with medical needs. The Academy fully understands it's moral and legal obligations to not discriminate or disadvantage any pupil due to their medical needs and will endeavour to ensure that all avenues are explored to support pupils with any medical need. The Local Authority's 'SEND and Vulnerable Child during COVID-19' specific assessment also covers 'health' and the document will be considered in the assessment and decision making process so as to ensure that the safest decisions are made as to whether the Academy can safely support the pupil with medical needs on its premises or not during this COVID-19 pandemic. However, in cases where it is not deemed possible to support a pupil on medical grounds, the Academy will log and record the reasons why and will work in partnership with the Local Authority and Clinical Commissioning Group (CCG) by				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				sharing the relevant medical details of the pupil and reasons why the Academy is unable to support that particular pupil. The Academy will work closely with the Local Authority and the Clinical Commissioning Group						
				(CCG) and will consider options for mitigating the circumstances, and so far as is reasonably practicable and only if it safe to do so, will ensure that all pupils are able to attend the Academy irrespective of their medical needs.						
				23. Early Years Foundation Stage (EYFS)	L (2)	S (4)	R (8)	Yes		
				Early years settings are responsible for safeguarding and caring for, and supporting the development of, children who attend as set out in the 'Early Years Foundation Stage (EYFS) statutory framework'. • https://www.gov.uk/government/publications/early-years-foundation-stage-framework2	Unlikely	Significant illness, more than seven day, and affecting more than one person	High			
				All Early Years Foundation Stage (EYFS) settings in Academies within the Trust will comply and abide with the following HM Government guidance. • Actions for early years and childcare providers during the						
				coronavirus (COVID-19) outbreak • https://www.gov.uk/government /publications/coronavirus-covid- 19-early-years-and-childcare- closures/coronavirus-covid-19- early-years-and-childcare-						

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				<u>closures</u> • Updated 27 th July 2020						
				From 20th July, early years settings are no longer required to keep children in small; distinct consistent groups within settings but can return to normal group sizes. Settings should still consider how they can minimise mixing within settings, for example where they use different rooms for different age groups, keeping those groups apart as much as possible.						
				Appropriate Personal Protective Equipment (PPE) will definitely be considered in tasks that involve 'personal and intimate care', i.e. babies in nursery, pupils' in early years and where there is a medical, physical or mental health condition making it applicable. Personal Protective Equipment such as appropriate gloves, aprons and face masks will be made readily available to the members of staff concerned. Staff will be given a clear directive to pay particular attention to personal sanitation measures including washing their hands thoroughly for 20-seconds immediately after undertaking a personal and intimate care task.						
				So far as is reasonably practicable, all mitigating control measures in the systems of control for prevention and reduction in the risk of COVID-19 transmission and infection highlighted throughout this document will be						

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				implemented in all EYFS settings in all academies within the Trust.				
				24. Safeguarding and Safer Recruitment	L (2)	S (4)	R (8)	Yes
				Safeguarding provisions will be reviewed by the Academy's Senior Leadership Team (SLT) and TDET's Health and Safety Section to ensure that they are appropriate, adequate, maintained and in line with the guidance from HM Government, Department for Education, and Public Health England. Further guidance on 'Safeguarding' and 'Safer Recruitment' is available via the following links. • Keeping children safe in education • https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges and other providers • Coronavirus (COVID-19): safeguarding-in-schools-colleges-and-other-providers guidance • https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				o https://www.gov.uk/governme nt/publications/keeping- children-safe-in-out-of-school- settings-code-of-practice				
				Department for Education stipulate in their guidance that the basic principles of safeguarding remains the same and wherever possible, and so far as is reasonably practicable, a Designated Safeguarding Lead (DSL) should be present on site however, if this is not possible then a contingency plan must be considered and communicated to all staff.				
				Regular contact with non- attending vulnerable pupils must still continue after reopening.				
				Safer recruitment principles for staff and volunteers must continue to apply in line with DfE's statutory guidance for 'keeping children safe in education'. • Part three: Safer recruitment, selection and pre-employment vetting. • Ascertain the level of DBS certificate required and whether a check for any prohibition, direction, sanction, or restriction is required. • As the majority of staff will be engaged in 'regulated activity', an enhanced DBS certificate which includes				
				barred list information will be required for most appointments. o For all other staff who have an opportunity for regular contact				

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				with children who are not engaged in 'regulated activity', an enhanced DBS certificate, which does not include a barred list check will be appropriate. o In a school or college, a supervised volunteer who regularly teaches or looks after children is not in 'regulated activity'. • Under no circumstances should a volunteer in respect of whom no checks have been obtained be left unsupervised or allowed to work in 'regulated activity'.				
				25. Cleaning regimes and safe waste disposal.	L (2)	\$ (4)	R (8)	Yes
				Estates and facilities department will consult with their cleaning contractor and/or in-house cleaning teams to agree and arrange a thorough deep clean before staff and pupils return. Disinfectant surface cleaning spray bottle and disposable paper towels will be made readily available at strategic locations to aid any surface cleaning that may be required immediately after each individual occupant's use of a workstation, work or learning equipment. Appropriate lidded bins will be provided at strategic locations to enclose the hazard, i.e. potential COVID-19 contaminated waste, when the item used for cleaning is disposed.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				More frequent enhanced cleaning regimes will be in place within and around the Academy premises upon opening, particularly around 'common areas' and at potential 'touch points' including: • Taps and washing facilities. • Toilet flush and seats. • Door handles and push plates. • Handrails on staircases and corridors. • Lift and hoist controls. • Machinery and equipment control panels. • Telephone equipment. • Common area, office, classroom and laboratory equipment, including desks and chairs. • Changing rooms and shower facilities in physical education curriculum. • All areas used for eating wholesome food. Different groups don't need to be allocated their own toilet blocks, but toilets will be cleaned regularly, and pupils must be encouraged to clean their hands thoroughly after using the toilet. Cleaning teams will continue to abide with their cleaning protocols, CoSHH risk assessment, safe working procedures including the correct use of PPE, and training. All cleaning waste will be managed and disposed of responsibly and sensibly so as to reduce the potential risk of COVID-19 transmission. All waste				

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				bins will be lined with an appropriate bin liner and lidded so as to enclose the hazard, i.e. potential COVID-19 contaminated waste. All bin liners or waste bags will be securely tied before they are manually handled and correctly disposed Cleaning teams will adhere to the strict cleaning guidance provided by HM Government when a positive COVID-19 situation has been confirmed by NHS Test and Trace: • COVID-19: cleaning of non-healthcare settings outside the home • https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings • Entry into the building, area, or room suspected to be contaminated will be prohibited and kept secure for 72-hours and then thereafter undergo a thorough deep clean.				
				 26. Handling inbound and outbound goods, merchandise, and other materials All precautionary measure will be taken to minimise the surface transmission risk of COVID-19 by apply the safe social distancing rule. Pick-up and drop-off collection points, protocols, signage and 	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes
				markings will be reviewed, and if necessary, amended accordingly to prevent or reduce the risk of				

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				COVID-19 transmission and infection.				
				Protocols will be put in place for handling and cleaning inbound goods, merchandise, and other materials before entering the Academy building.				
				Unnecessary handling of goods, merchandise, and other materials will be discouraged.				
				Where possible and safe to do so, have a single person to manage and handle inbound and outbound goods, and where more than one person is need, to use the same two people.				
				Wherever possible and safe to do so, delivery drivers will be encouraged to stay in their vehicles to reduce the risk of COVID-19 transmission.				
				New ways of working will be considered such as applying 'Lean Management' and 'Just-In-Time (JIT)' philosophies and techniques for deliveries and collections so that they can be manged more effectively and at the same time reduce the risk of COVID-19 transmission.				
				Additional mitigating actions highlighted in Control (6) will also be considered to reduce the risk of COVID-19 transmission, i.e. using physical screens or barriers to separate delivery drivers from staff, and the use of PPE etc.				

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				27. Managing the workforce	L (2)	S (4)	R (8)	Yes
				Inevitably, changes will be made to the working day of part of the workforce so that the safe social distancing rule can be upheld, and the transmission and infection risk of COVID-19 is prevented or reduced. Consideration will be given to the following: Those that can work from home will be advised and permitted to work from home. Those that need to come into work will have their working day possibly staggered with reduced contact-hours and on some kind of rota system or split timetable. All teachers and other staff can operate across different classes and year groups in order to facilitate the delivery of the school timetable. Where staff need to move between classes and year groups, they should try to maintain a safe social distance wherever possible, ideally 2-metres from other adults. HM Government recognise the 2-metre distancing rule is not likely to be possible with younger children and have therefore advised teachers in primary schools that they can still work across groups if that is needed to enable a full educational offer.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				28. Reasonable adjustments to timetables	L (2)	S (4)	R (8)	Yes
				imerables	L (2)	3 (4)	K (6)	163
				Inevitably, changes will be made to every pupil's timetable so that the safe social distancing rule can be upheld, and the transmission and infection risk of COVID-19 is either prevented or reduced. Consideration will be given to the following until further guidance received from HM Government and the Department for Education: • Wherever practicably possible together with following the Academy's systems of control for prevention and protection, and without compromising the teaching time, Academies within the Trust will consider reducing the number of people required to come and leave during the day by either making reasonable adjustments to the Academy's start and finish times by using some form of rota system or split timetable for staff and pupils. • Wherever possible, encourage self-study at home, i.e. 6th form. NOTE: • The above will not be applicable to vulnerable children and children of key workers who need to be in during the full day.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

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				29. Managing visitors and contractors	L (2)	S (4)	R (8)	Yes
				All visitors, contractors and Academy host's will be encouraged to use either telephone systems or ICT remote working connects such as Microsoft Teams and Zoom to replace site meetings/visits.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				Where site visits are required and/or unavoidable, the visitor or contractor will be given clear guidance by the Academy's host and receptionist on the Academy's visiting protocols and at the same time be given strict directives on the importance to maintain their respiratory and personal hygiene and adhere to the safe social distancing rule at all times. Any visitor or contractor failing to abide with the Academy's strict visiting protocols, i.e. maintaining respiratory and personal hygiene, and safe social distancing, will be requested to leave the premises immediately, or even be escorted off the premises if necessary. All visitors and contractors should give either the Receptionist or the Academy Host a signed declaration of the following before they are permitted to sign in or even given authorisation to enter the Academy's premises. • Do they deem themselves to be at an elevated risk of harm from				
				COVID-19 or not, i.e. Clinically Extremely Vulnerable, Clinically Vulnerable, and/or Black Asian				

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				Minority Ethnic (BAME)? olf so, what mitigating safety control measure do we need to put in place to ensure their health and safety whilst on the Academy's premises? • Are they experiencing any symptoms of COVID-19 or have they experienced any COVID-19 symptoms within the last 14-days? • Have they been in 'close contact' with any person showing symptoms of COVID-19 and/or anyone who has been tested positive for having COVID-19 within the last 14-days? NOTE: Anyone answering 'yes' to the last two bullet points above should not be permitted to sign in or even given authorisation to enter the Academy's premises. All staff will be given a clear directive to not encourage any unnecessary and non-business critical visits to the Academy. In the case of any visits that are deemed business critical, the Academy host will regulate, i.e. limit, and manage their visitor(s) and/or contractor(s) professionally and sensibly so that social distancing on the premises can be upheld safely during this unprecedented public health threat. Specialists, therapists, clinicians and other support staff for pupils with SEND must abide with the Academy's strict protocols as highlighted in this document.				

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				Supply staff and other temporary or peripatetic staff, including volunteers, must also abide with the Academy's strict protocols as highlighted in this document. Estates and Facilities contractors will <u>not</u> be given any 'Approval to Work' until they provide a suitable and sufficient task-based risk assessment for the activities that they are required to perform on the Academy's premises. The task-based risk assessment must include their control measure for managing the transmission risk of COVID-19. The Academy host responsible for the contractors will need to approve the task-based risk assessment before authorising any work to commence and if in any doubt can consult the Health and Safety Section. Wherever possible, and so far as is reasonably practicable, every effort should be made by the Academy's host to review planned preventative and reactive maintenance schedules with the contractor so that work can be done out of core hours so that the interaction and overlap between people is reduced, therefore reducing the risk of COVID-19 transmission.				

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				30. Personal protective equipment				
				(PPE)	L (2)	S (4)	R (8)	Yes
				The 'Hierarchy of Hazard Control' model has been adopted to help understand when to use personal protective equipment (PPE) in the fight against COVID-19. HM Government and National Institute for Health Protection (NIHP) have stipulated in their guidance that COVID-19 transmission risk in a non-healthcare setting can be managed simply by working from home, maintaining personal and respiratory hygiene, and staying 2-metre away from each. However, HM Government and National Institute for Health Protection (NIHP) are now advising that some form of face covering should be worn in 'confined' spaces and/or 'heavily congested' areas, i.e. when travelling on public transport,	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8)	Yes
				where there is a 'very high likelihood' that some mitigating controls measures may be compromised, i.e. personal and respiratory hygiene, 2-metre social distancing, and cleaning regimes etc.				
				The Health and Safety Executive (HSE) have also worked with many Healthcare, Social Care, and Non-Healthcare institutions and have given the following 'specific' advice to help employers and employees in Non- Healthcare settings to better				

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				understand the necessities, i.e. provisions and use, of personal protective equipment (PPE) in their settings. • "For most people any potential infection from coronavirus will not be because of their work. If you do not normally wear a face mask, or any other PPE for work, then you do not need to because of coronavirus. There is currently no evidence that using face masks outside of a healthcare or clinical setting will protect people from coronavirus. Face covering do not need to be worn in the workplace, but employers should support their workers if they choose to wear one. You can find more on face coverings in the GOV.uk guides on, • https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19."						
				NOTE: • Please don't be fooled with the use of personal protective gloves when sharing work equipment, hence the reason why they are not advised or encouraged in such circumstances, that is, unless the activity/task/use is of a high risk, i.e. use of hazardous chemicals and substances that have the potential to cause skin irritations and/or burns. Personal protective gloves may initially protect you from coming into physical contact with the						

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				disease however, the disease is a 'sticky' protein cell that will stick to the gloves and be transmitted elsewhere if the gloves are used for many other different activities/tasks over a prolonged period. For personal protective gloves to be effective in reducing the risk of infection and transmission, they must be disposed of safely and correctly into a lidded bin immediately after each individual activity/task/use and a fresh pair worn for the next activity/task/use. For example, sharing an item: Dispose gloves safely and correctly into a lidded bin immediately after sharing the item. Wear a fresh pair of gloves for cleaning the item. Dispose gloves safely and correctly into a lidded bin immediately after cleaning the item. Wear a fresh pair of gloves for cleaning the item. Wear a fresh pair of gloves for the next activity/task/use. The use of personal protective equipment (PPE) will only be promoted when a particular risk assessment, i.e. individual, and activity/task-based risk assessment, has confirmed a high risk of COVID-19 transmission and/or harm. Personal protective equipment (PPE) specific risk assessments will be carried out to assess and ascertain whether the personal						

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				protective equipment (PPE) selected is suitable, sufficient, and fit for purpose for that particular task/activity.						
				NOTE: • It is imperative to bear in mind that when inappropriate personal protective equipment (PPE) is being used, i.e. donned, worn, and doffed, or even when the correct personal protective equipment (PPE) is being inappropriately used, i.e. donned, worn, and doffed, the personal protective equipment (PPE) itself can become a hazard and inevitably increase the risk of transmission and infection of the disease, COVID-19. The Health and Safety Section will be at hand to advice and guide when selecting personal protective equipment (PPE) for a particular task/activity. Personal Protective Equipment (PPE) will definitely be 'considered' in tasks that involve 'personal and intimate care', i.e. babies in nursery, pupils' in early years, and where there is a medical, physical or mental health condition making it applicable. If Personal Protective Equipment (PPE) such as appropriate gloves, aprons and face masks are deemed to be necessary for the task/activity at hand, then they will be made readily available to the members of staff concerned. Staff will be						

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No.	What is the hazard?				causing harm?	harm?		controlled?		
				contents of the 'COVID-19 Emergency Grab Bag'. Estates and facilities department will conduct a physical site survey with the Health and Safety Section and the Academy's Principal/Head Teacher (or members of their SLT) to review strategic locations for the safe and secure stowage and access of the 'COVID-19 Emergency Grab Bags'.						

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				worry in the general population over the transmission of the disease, the Trust recognises that members of staff, pupils and visitors may wish to wear their own privately purchased personal protective equipment (PPE), i.e. face covering and/or gloves, whenever they feel that it provides them with some form of comfort and reassurance when undertaking their tasks. The wearing of any type of personal protective equipment (PPE), i.e. face covering or gloves, purchased privately by the wearer which the Trust doesn't deem necessary for their task/activity will neither encourage nor discourage their use. In such circumstances the member of staff, pupil, or visitor will be informed of the details of this risk assessment and will be requested to complete the Health and Safety Sections 'COVID-19 Safe Working/Learning – Individual Risk Assessment' as soon as is practicably possible with either their Line Manager, Tutor, or Host.					
				31. Estates and facilities, including lettings	L (2)	S (4)	R (8)	Yes	
				It is important that, prior to reopening for the autumn term, all the usual pre-term building checks are undertaken to make the academy safe. If buildings have been closed or had reduced occupancy during the coronavirus (COVID-19) outbreak, water system stagnation can	Unlikely	Significant illness, more than seven day, and affecting more than one person	High		

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				occur due to lack of use, increasing the risks of Legionnaires' disease. Advice on this can be found in the HSE guidance on 'Legionella risks during the coronavirus outbreak'. • https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm Additional advice on safely reoccupying buildings can be found in the Chartered Institute of Building Services Engineers' guidance on 'Emerging from lockdown'. • https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown Estates and facilities department will ensure the following: • That all relevant property statutory compliance checks have been completed and records updated on their maintenance management		(1.3)		(100)
				 system, i.e. Every. Daily and weekly checks have been reinstated. Confirm all building service systems are good to go, i.e. water, heating, cooling, ventilation, gas, and electricity. Once the academy is in operation, it is important to ensure good ventilation and maximising this wherever possible, for example, where it is safe to do so (bearing in mind safeguarding in particular); opening windows and propping open doors, as long as they are not fire doors that 				

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				cannot be closed in the event of a fire,. Advice on this can be found in HSE guidance on 'air conditioning and ventilation during the coronavirus outbreak'. • https://www.hse.gov.uk/corona virus/equipment-and-machinery/air-conditioning-and-ventilation.htm Academies within the Trust should look to maximise the use of their site and any associated available space, if feasible. It is not considered necessary for any Academy within the Trust to make 'significantly' costly adaptations to their site to enable them to welcome all children back in the autumn term, it's whatever is deem so far as is reasonably practicable. However, following a risk assessment, some schools may determine that small adaptations to their site are required, such as additional wash basins. This will be at the discretion of individual Academies within the Trust, based on their particular circumstances. The Trust is constantly reviewing its income generation activities within its academies, and one regular activity is the hiring out of its academy's premises and facilities, i.e. sports pitches, sports hall, classrooms, and theatres etc.	(1-5)	(1-5)		(Yes/No)		
				facilities must: • Continue to adhere to the Trust						

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				'Lettings' protocols as stated in the Trust's Health and Safety Policy. • Ensure that the hirer has a suitable and sufficient risk assessment and safe procedure for his/her activity which captures all reasonable and practicable precautions to manage the risk associated with the activity, including their systems of control for the prevention, reduction, and reporting of COVID-19 transmission and infection. • For example, signing in/out, maintaining a register of who attended their activity, how will personal and respiratory hygiene be enforced and maintained throughout the activity, ensuring small distinct consistent groups that don't mix and/or overlap, no contact sport, how will they minimising contact and maximising safe social distancing, how will they clean frequently shared equipment etc. • Hirers and their groups will be considered as visitors to an academy and MUST adhere to the strict protocols for 'Managing Visitors and Contractors', see section (26) of this document.				
				32. Catering	L (2)	S (4)	R (8)	Yes
				All academy kitchens will be fully open and operational from the start of the autumn term and normal legal requirements will apply about provision of food to	Unlikely	Significant illness, more than seven day, and	High	

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				all pupils who want it, including for those eligible for benefits-related free school meals or universal infant free school meals.		affecting more than one person					
				All academy kitchens must and will comply with the 'guidance for food businesses on coronavirus (COVID-19)'. • https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19							
				Although it is very unlikely that COVID-19 is transmitted through food or food packaging, as a matter of good hygiene practice your staff should wash their hands frequently with soap and water for at least 20 seconds. This should be done routinely, including: • Before and after handling food. • Before handling clean cutlery, dishes, glasses, or other items to be used by the customer. • After handling dirty or used items, such as collecting used dishes from customer tables. • After handling money. • After touching high-contact surfaces, such as door handles. • When moving between different areas of the workplace. • After being in a public place. • After blowing your nose, coughing or sneezing. Coughs and sneezes should be caught in a tissue or the crook of your elbow.							
				Food packaging should be							

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				handled in line with usual food safety practices and staff should continue to follow existing risk assessments and safe systems of working.						
				All staff in catering will continue to adhere with the following: • Food Standard Agency's (FSA's) guidance. • Personal hygiene and hygienic practices in food preparation. • Hazard Analysis and Critical Control Point (HACCP) processes. • Trust's Food Safety Management						
				System (FSMS) that includes existing food hygiene guidance and HACCP processes The catering leadership team will review their 'Food Safety Management System (FSMS)' when changes to their routine ways of working have been made in response to COVID-19.						
				33. Transport, i.e. Trust and hire vehicles, dedicated Academy transport, and the wider public transport	L (2) Unlikely	S (4) Significant illness, more	R (8) High	Yes		
				There will be strict usage, cleaning and inspection regimes in place to ensure that all vehicles are maintained in good working order and kept clean and tidy.		than seven day, and affecting more than one person				
				Wherever possible, 'safe social distancing' will be adhered to sensibly and responsibly when travelling in any modes of transport. If safe social distancing is practicably not possible, then						

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				the task/journey will need to be reviewed to see if it is business critical or not. If the task/journey is not business critical then the task/journey will be terminated, but if it is deemed to be business critical then alternative mode of transport must be considered so that the safe social distancing rule can be upheld.							
				Pupils on dedicated Academy services do not mix with members of the general public on those journeys and tend to be distinct and consistent. This means that the advice for passengers on public transport to adopt a safe social distance from people outside their household or support group, will not apply from the autumn term on dedicated Academy transport.							
				The approach to dedicated Academy transport should align as far as practicably possible with the principles underpinning the Academy's system of controls, prevention and protection for preventing or reducing the risk of COVID-19 transmission and infection.							
				The following will be considered in all dedicated Academy transport services. However, the list is not exhaustive. • How pupils are grouped together on the dedicated Academy transport, wherever possible this should reflect the groups that are adopted within the Academy.							

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				 Use of hand sanitiser upon boarding and/or disembarking. Additional cleaning of vehicles. Organised queuing and boarding where possible. Wherever possible, safe social distancing within vehicles. The use of face coverings for children over the age of 11, where appropriate, for example, if they are likely to come into very close contact with people outside of their group or who they do not normally meet. Dedicated Academy transport services can take different forms. Some journeys involve coaches regularly picking up the same pupils each day, others involve use of a minibus whilst other services are used by different pupils on different days, or by pupils with SEND. The precise approach taken will need to reflect the range of measures that are reasonable in the different circumstances. It will also require a partnership approach between Local Authorities, Academy's, Trusts, and others. In particular, it is imperative that Academies within the Trust work closely with Local Authorities that have statutory responsibility for 'home to school transport' for many children, as well as a vital role in working with local transport providers to ensure sufficient bus service provision. DfE will shortly publish new guidance to Local Authorities on providing dedicated school 							

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				transport, based on the framework outlined here.				
				Given the pressures on public transport services it may also be necessary to work with Local Authorities so that they can identify where it might be necessary to provide additional dedicated school transport services, including in places where these services do not currently operate. The government is currently evaluating this position and will set out next steps shortly.				
				In many areas, pupils normally make extensive use of the wider public transport system, particularly public buses. It is expected that public transport capacity will continue to be constrained in the autumn term and it is therefore advised that the usage by pupils, particularly in peak times, should be kept to an absolute minimum.				
				To facilitate the return of all pupils to school, it will be necessary to take steps to both depress the demand for public transport and to increase capacity within the Academy's dedicate transport system. Both will require action at all levels and Academies within the Trust have a critical role to play in supporting collaboration between all parties, i.e. providers, local authorities, parents and				
				local authorities, parents and pupils. Academies within the Trust should				

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				work with partners to consider staggered start times to enable more journeys to take place outside of peak hours, and it is recognised that this option will be more feasible in some circumstances than others. Academies within the Trust should encourage parents, staff and pupils to walk or cycle to school if at all possible. Families using public transport should refer to the guidance below. https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers				
				34. Work-related travel	L (2)	S (4)	R (8)	Yes
				Unnecessary work-related travel that isn't deemed business critical will be discouraged.	Unlikely	Significant illness, more than seven	High	Tes .
				Where work-related travel is not avoidable, then the number of people travelling together in any one vehicle will be minimal so that the safe social distancing rule can be upheld sensibly and responsibly.		day, and affecting more than one person		
				If safe social distancing is practicably not possible, then the task/journey will need to be reviewed to see if it is business critical or not. If the task/journey is not business critical then the task/journey will be terminated,				
				but if it is deemed to be business critical then alternative transport/vehicle must be				

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				considered so that the safe social distancing rule can be upheld.				
				Supply staff, peripatetic staff and/or other temporary staff can move between Academies, however, should ensure they minimise contact and maintain as much safe social distancing as possible from other staff.				
				Strict cleaning regimes will be encouraged to ensure that the personal vehicles shared are kept clean and tidy and safe to use for the next journey.				
				35. Wraparound Provisions and Extra-curricular Activities	L (2)	S (4)	R (8)	Yes
				Academies within the Trust should consider resuming any breakfast and after-school provision, where possible, from the start of the autumn term. The Trust does recognise that academies may need to respond flexibly and build this up over time. Such provision will help ensure pupils have opportunities to re-engage with their peers and with the academy, ensure vulnerable children have a healthy breakfast and are ready to focus on their lessons, provide enrichment activities, and also support working parents.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				The Trust recognises that this will be logistically challenging for some of its academies, particularly for clubs that would normally offer support across year groups, where parents are using				

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				multiple providers, or where childminders are picking up/dropping off pupils. Academies should carefully consider how they can make such provision work alongside their wider protective measures, including keeping children within their distinct consistent year groups or bubbles where possible. If it is not possible to maintain bubbles being used during the academy day then academies should use small, distinct and consistent groups. Academies can consult the guidance produced for summer holiday childcare, available at 'Protective measures for out of school settings during the coronavirus (COVID-19) outbreak' as much of this will be useful in planning extra-curricular provision. • https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak • This includes schools advising parents to limit the number of different wraparound providers they access, as far as possible. • Where parents use childcare providers or out of school activities for their children, schools should encourage them to seek assurance that the providers are carefully				

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				 considering their own protective measures, and only use those providers that can demonstrate this. As with physical activity during the school day, contact sports should not take place. 				
				36. Results day and examinations	L (2)	S (4)	R (8)	Yes
				Results day and examinations will be planned and managed professionally, sensibly and responsibly by following the measures in the Academy's system of controls for prevention and protection in preventing and/or reducing the risk of COVID-19 transmission and infection, i.e. ensuring that the safe social distancing rule is upheld, and respiratory and personal hygiene is maintained, minimising contact and mixing by keeping pupils in small distinct consistent groups, enhanced frequent cleaning of frequently touched surfaces etc. Letters will be issued to parents/guardians/carers informing them of the importance to abide with the Academy's strict protocols for collecting their child's new school uniform, i.e. abiding with the safe social distancing, and maintaining respiratory and personal hygiene at all times.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				Wherever possible, that is so far as is reasonably practicable, every effort will be made to carry out this task at staggered times across				

No. What is the hazard? What is the potential harm posed by the hazard? Who is at risk of being harmed? Who is at risk of causing harm? Who is at risk of being harmed? Concerns? of the hazard causing harm? Risk a causing harm?	No. What is the hazard?	e hazard potential Risk adequate				
and overlap and contact between people is reduced, therefore reducing the risk of COVID-19 transmission. Everyone will be given a clear strict directive to work collaboratively to ensure consistency is maintained throughout the process. Visible signage and floor markings will be used to raise awareness and help people keep 2-metres from one another.			concerns? causing harm?		What is the hazard?	No.
be enforced throughout the Academy to control the flow of people and vehicle traffic. Handwashing facilities will be made available to everyone, frequent handwashing will be encouraged, and hand sanitiser will also be placed in prominent strategic locations, i.e. immediately on entry, reception, or place of result collection or examination. Sharing of any work equipment will not be encouraged however, if it is and unavoidable, i.e. a writing instrument or card-reader, then appropriate cleaning materials will be made readily available so that the shared equipment can be cleaned thoroughly after <u>each individual</u> use. Appropriate lided bins will be provided at strategic locations		(1-5) (1-5) (Yes/No	rso that the interaction erlap and contact in people is reduced, re reducing the risk of 19 transmission. The will be given a clear ective to work ratively to ensure ency is maintained rout the process. To people keep 2-metres enother. The will be given a clear ective to work ratively to ensure ency is maintained rout the process. To people keep 2-metres e another. The people keep 2-metres e another. The people keep 2-metres e another. The people keep 2-metres e another in the flow of and vehicle traffic. The people keep and floor markings will be a to everyone, and the hand washing will be a to everyone, and hand sanitiser be placed in prominent concations, i.e. at the placed in prominent concations, i.e. at the process of the encouraged however, and unavoidable, i.e. a construment or card-reader, propriate cleaning is will be made readily less of that the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and propriate lidded bins will in the shared ent can be cleaned and the shared ent can be cleaned the shared ent can be cl			

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				potential COVID-19 contaminated waste, when the item used for cleaning is disposed. Anyone not complying with the strict protocols will be asked to leave the Academy premises and if necessary, may be escorted off premises.				
				37. Behaviour and expectation	L (2)	S (4)	R (8)	Yes
				 Academies within the Trust should: Consider updating their behaviour policies with any new rules/policies and consider how to communicate rules/policies clearly and consistently to staff, pupils and parents, setting clear, reasonable and proportionate expectations of pupil behaviour. Set out clearly at the earliest opportunity the consequences for poor behaviour and deliberately breaking the rules and how they will enforce those rules including any sanctions. This is particularly the case when considering restrictions on movement within the site and new hygiene rules. Work with staff, pupils and parents to ensure that behaviour expectations are clearly understood, and consistently supported, taking account of individual needs and should also consider how to build new expectations into their rewards system. 	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				The disciplinary powers that academies currently have, including exclusion, remain in				

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				place, and permanent exclusion should only be used as a last resort. Where a child with a social worker is at risk of exclusion, their social worker should be informed and involved in relevant conversations. Any disciplinary exclusion of a pupil, even for short periods of time, must be consistent with the relevant legislation. Ofsted will continue to consider exclusions, including the rates, patterns and reasons for exclusion and to look for any evidence of off-rolling. Off-rolling is never acceptable, and Ofsted is clear that pressuring a parent to remove their child from the school (including to home educate their child) is a form of off-rolling. Elective home education should always be a positive choice taken by parents without pressure from their school.				
				38. Sharing the results of the risk assessment, i.e. communication	L (2)	S (4)	R (8)	Yes
				The results of this risk assessment will be shared with the whole workforce by publishing it under Health and Safety Section on the Academy's and TDET's intranet. Notices will be displayed at prominent strategic locations throughout the academy building to show that guidance from HM Government, Public Health England, and Department for Education were followed. Posters will be displayed at	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

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				prominent strategic locations throughout the academy building, letters and flyers will be distributed to parents, carers, legal guardians and members of staff to communicate what is meant by being COVID-19 safe and what measure have been taken to be COVID-19 safe.				
				39. Adult mental health and wellbeing.	L (2)	S (4)	R (8)	Yes
				Everyone will be advised to be alert to mood or behavioural changes in any member of staff as a consequence of the experiencing anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 and the lockdown measure taken by the Government. Employees suffering from any anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 will be encouraged to reach out to the Trust's and Academy's joint Adult Mental Health First Aid provision through the correct channels. The Adult Mental Health First Aid Team will listen, advise and guide any member of staff suffering from potential Post Traumatic Stress Disorder (PTSD) as a consequence of the effects of COVID-19 to the right professional help and will support the member of staff through their journey until some level of acceptable recovery is made.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

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				Adult Mental Health First Aid provisions and how to reach out to an appointed Adult Mental Health First Aider have been communicated to all staff. The Trust's Human Resources Department will address and manage any well-being issues or concerns. The Department for Education is providing additional support for both pupil and staff wellbeing in the current situation. Information about the 'Extra mental health support for pupils and teachers' is available. • https://www.gov.uk/government /news/extra-mental-health-support-for-pupils-and-teachers The 'Education Support Partnership' provides a free helpline for school staff and targeted support for mental health and wellbeing. • https://www.educationsupport.org.uk/				
				40. Pupil mental health and wellbeing Pupils may be experiencing a variety of emotions in response to the coronavirus (COVID-19) outbreak, such as anxiety, stress or low mood. This may particularly be the case for vulnerable children, including those with a social worker and young carers. It is important to contextualise these feelings as normal responses to an abnormal situation. Some may	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes

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				need support to re-adjust to the Academy's environment, others may have enjoyed being at home and be reluctant to return, a few may be showing signs of more severe anxiety or depression, whilst others will not be experiencing any challenges and will be keen and ready to return.				
				Everyone will be advised to be alert to mood or behavioural changes in any pupil as a consequence of them experiencing anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 and the lockdown measure taken by the Government. Pupils suffering from any anxiety, loss, bereavement, isolation, or loneliness caused by COVID-19 will be assisted by the Academy's Child Mental Health and Wellbeing Teams.				
				The return to an Academy allows social interaction with peers, carers and teachers, which benefits wellbeing.				
				The Department for Education, Public Health England and NHS England hosted a free webinar for school and college staff on 9 th July 2020 to set out how to support returning pupils and students. • Titled: Supporting pupil and student mental health for schools and college staff on how to support the mental wellbeing of				
				returning pupils and students. • https://youtu.be/MYmBLnSQh3M				

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				 https://www.youtube.com/watch?v=MYmBLnSQh3M This includes experts discussing the impacts of the pandemic on pupils' mental wellbeing and recovery techniques, and education leaders discussing the actions they have been taking. DfE have published a training module on 'Teaching about mental wellbeing', which has been developed with clinical experts and schools, and will improve a teacher confidence in talking and teaching about mental health and wellbeing in the classroom. It was published early in the lockdown given the importance of supporting pupils' mental health and wellbeing at this time. https://www.gov.uk/guidance/teaching-about-mental-wellbeing Academies should consider the provision of pastoral and extracurricular activities to all pupils designed to: Support the rebuilding of friendships and social engagement. Address and equip pupils to respond to issues linked to coronavirus (COVID-19). Support pupils with approaches to improving their physical and mental wellbeing. Academies should also provide more focused pastoral support where issues are identified that individual pupils may need help with, drawing on external support 				

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				where necessary and possible. Academies should also consider support needs of particular groups they are already aware need additional help, and any groups they identify as newly vulnerable on their return to the Academy. To support this, teachers may wish to access the free 'MindEd learning platform for professionals', which includes a coronavirus (COVID-19) staff resilience hub with materials on peer support, stress, fear and trauma and bereavement. • https://covid.minded.org.uk/ MindEd have also developed a				
				'coronavirus (COVID-19) staff resilience hub' with advice and tips for frontline staff. • https://covid.minded.org.uk/ Academies should consider how they are working with school nursing services to support the health and wellbeing of their pupils; school nursing services have continued to offer support as pupils return to school. School nurses, as leaders of the 'healthy child programme' can offer a range of support including: • https://www.gov.uk/government /publications/healthy-child- programme-0-to-19-health- visitor-and-school-nurse- commissioning • Support for resilience, mental health and wellbeing including anxiety, bereavement and sleep				
				issues.Support for pupils with additional and complex health needs.				

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				Supporting vulnerable children and keeping children safe.				
				Academies and school nurses need to work together to ensure delivery of the healthy child programme (which includes immunisation), identifying health and wellbeing needs which will underpin priorities for service delivery.				
				41. Contingency Plans (Remote Education, Special Educational Needs and Disability – SEND,	L (2)	S (4)	R (8)	Yes
				Vulnerable Pupils, and Delivering Remote Education Safely) For individuals or groups of selfisolating pupils, remote education plans should be in place and meet the same expectations as those for any pupils who cannot yet attend the Academy setting at all due to whatever complexities posed by the unfavourable prevailing public health threat, COVID-19. It is anticipated that schools will usually remain fully open to all, even in local areas where	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				restrictions have been implemented for certain sectors. However, there may be exceptional circumstances in which some level of restriction to attendance at Academies is required in a local area. The Department of Health and Social Care (DHSC) has updated their 'COVID-19 Contain Framework' to include an overview of the tiers of intervention for schools and				

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				colleges when managing local outbreaks and implementing restrictions. • https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers The Department for Education (DfE) have also published guidance for decision makers at mainstream schools with secondary year groups, to help them plan for a school's tier-2 rota model if required. • https://www.gov.uk/government/publications/how-schools-can-plan-for-tier-2-local-restrictions/how-schools-can-plan-for-tier-2-local-restrictions Remote Education Academies within the Trust must offer immediate remote education where a class, group or a small number of pupils need to self-isolate, or local restrictions require pupils to remain at home. They will also be expected to consider how to continue to improve the quality of their existing curriculum, for example through technology, and have a strong contingency plan in place for remote education provisions. This planning will be particularly important to support a scenario in which the logistical challenges of remote provisions are greatest, for example where large numbers of pupils are required to remain at home.						

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				In developing these contingency plans, Academies within the Trust will be expected to consider and demonstrate the following: • Use a curriculum sequence that allows access to high-quality online and offline resources and teaching videos and that is linked to the Academy's curriculum expectations. • Give access to high quality remote education resources. • Select the online tools that will be consistently used across the Academy in order to allow interaction, assessment and feedback and make sure staff are trained in their use. • Provide printed resources, such as textbooks and workbooks, for pupils who do not have suitable online access. • Recognise that younger pupils and some pupils with SEND may not be able to access remote education without adult support and so the Academy should work with families to deliver a broad and ambitious curriculum. When teaching pupils remotely, Academies within the Trust will be expected to consider and demonstrate the following: • Set assignments so that pupils have meaningful and ambitious work each day in a number of different subjects. • Teach a planned and well-sequenced curriculum so that knowledge and skills are built incrementally, with a good level of clarity about what is intended						

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				to be taught and practised in each subject. Provide frequent, clear explanations of new content, delivered by a teacher in the Academy or through high-quality curriculum resources or videos. Gauge how well pupils are progressing through the curriculum, using questions and other suitable tasks and set a clear expectation on how regularly teachers will check work. Enable teachers to adjust the pace or difficulty of what is being taught in response to questions or assessments, including, where necessary, revising material or simplifying explanations to ensure pupils' understanding. Plan a programme that is of equivalent length to the core teaching pupils would receive in the Academy, ideally including daily contact with teachers. Special Educational Needs and Disability (SEND) For pupils with SEND, their teachers are best placed to know how the pupil's needs can be most effectively met to ensure they continue to make progress even if they are not able to be in an Academy's settings due to self-isolating or intervening HM Government local restrictions. The requirement for Academies to use their best endeavours to secure the special educational provision called for by the pupils' special						

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				educational needs, that is so far as is reasonably practicable, remains in place. Academies should work collaboratively with families, putting in place reasonable adjustments as necessary, so that pupils with SEND can successfully access remote education alongside their peers. Where a pupil has provision specified within their EHC Plan, it remains the duty of the local authority and any health bodies to secure or arrange the delivery of this in the setting that the plan names. However, there may be times when it becomes very difficult to do so, e.g. if they are self-isolating. In this situation, decisions on how provision can be delivered should be informed by relevant considerations including, e.g. the types of services that the pupil can access remotely, such as online teaching and remote sessions with different types of therapists. These decisions should be considered on a case by case basis, avoiding a one size fits all approach. Vulnerable Pupils Where pupils who are self-isolating and are within the definition of 'vulnerable', it is important that all Academies within the Trust put in place such systems that enable and allow them to keep in contact with all their vulnerable children.				

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				When a vulnerable child is asked to self-isolate, Academies within the Trust must notify their social worker, that's if they have one. Responsible Academy leaders should then agree with the social worker the best way to maintain contact and offer support to the vulnerable pupil. All Academies within the Trust should also have in place procedures to check if a vulnerable pupil is able to access remote education support, to support them to access it, that is as far as is practicably possible, and to regularly check if they are doing so. Delivering Remote Education Safely Keeping children safe online is essential, and the statutory guidance 'Keeping Children Safe in Education' provides Academies with information on what they should be doing to protect their pupils online. • https://www.gov.uk/government/publications/keeping-children-safe-in-education2 Further support and advice on delivering online remote education safely is available from the following: • SWGfl • https://swgfl.org.uk/resources/safe-remote-learning/ • LGfl • https://www.lgfl.net/online-safety/default.aspx • HM Government Guidance:							

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				Safeguarding and remote education during coronavirus (COVID-19) o https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid-19						
				42. Asymptomatic Testing for all Staff and Pupils	L (2)	S (4)	R (8)	Yes		
				A person infected with COVID-19 and presenting one or more of the known symptoms of the disease is referred to as 'symptomatic'. A person infected with COVID-19 and presents no known symptoms of the disease is referred to as 'asymptomatic'. It is imperative to note and understand that an asymptomatic person is as contagious as a symptomatic person in transmitting and spreading the disease in society. Unfortunately, many asymptomatic people, i.e. carriers of the disease, are overlooked and go undetected, and as a result, heavily contribute to the unacceptable infection rate in the United Kingdom, i.e. unacceptable increase in the Rnumber. With the unacceptable prevalence of the disease within society, it is therefore imperative that all staff and pupils are 'advised' and 'encouraged' to	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	163		
				get themselves tested on a frequent basis so that any 'potential transmission chain' can be identified swiftly and broken very early. Breaking transmission						

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				chains is crucial and key to controlling and reducing the transmission and spread of this unfavourable prevailing health threat.							
				There are two different types of COVID-19 tests currently being undertaken in the United Kingdom, the 'Polymerase Chain Reaction (PCR)' and the 'Lateral Flow Device (LFD)' tests, both of which require a swab from the back of your throat and/or nose.							
				Polymerase Chain Reaction (PCR) Test Looks for RNA fragments of the virus, i.e. genetic coding material. Samples are sent to a laboratory where it is heated and cooled using special reagents to convert the virus's RNA into DNA, another form of genetic coding material, and then makes millions of copies of the DNA so that easier identification of the organism, i.e. virus, can be achieved. This process can take hours, requires sophisticated lab equipment and technicians, and is typically							
				done one sample at a time, although there are machines that can process multiple samples. Although the sample needs to be sent to a lab, the time-consuming process does however deliver results that are almost 100% accurate in spotting infected people when there is virus on the swab. • Lateral Flow Device (LFD) Test Sometimes referred to as							

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				'Antigen Tests' or 'Rapid Tests', look for antigens, i.e. a toxin or other foreign substance, which induces an immune response in the body, especially the production of antibodies and protein. Samples are mixed with a solution that unleashes specific viral proteins. That mixed solution combination is then applied to a paper strip that contains a bespoke antibody optimised to bind these proteins if they are present. Like a home pregnancy test the result is reflected as a band on the paper strip. This process doesn't require a laboratory and can be done in up to 30 minutes, but that speed comes at the cost of accuracy. Although these tests are reliable when an individual has a high viral load, they are far more prone to false-negative results if a person has low amounts of the virus in their body.						
				Please note that asymptomatic testing, whether it be 'self-testing' at home or 'controlled' testing at an asymptomatic testing site, is 'yoluntary'. The Trust together with its Academy Senior Leaders will make every effort to ensure that all staff and pupils are reassured and encouraged to engage and participate in the asymptomatic testing regimes. During the third national lockdown that was enforced by HM Government in the first week of January 2021, all Academies						

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
				open to ' Key-Worker ' and							
				'Vulnerable' children will ensure							
				that they make the following							
				provisions available for the							
				appropriate staff to be tested							
				using the 'Lateral Flow Device							
				(LFD)' tests.							
				 Primary Academies – 3rd 							
				National Lockdown							
				Staff in the primary education							
				setting will be 'advised' and							
				'encouraged' to participate in							
				the Trust's/Academy's							
				asymptomatic testing regime							
				and will be issued with Lateral							
				Flow Device (LFD) home-test kits.							
				Staff 'voluntarily' participating in							
				the Trust's/Academy's							
				asymptomatic testing regime will							
				also be ' instructed ' to take two							
				Lateral Flow Device (LFD) tests							
				every week, with an interval of 3-							
				5 days between each test.							
				Staff voluntarily participating in							
				the Trust's/Academy's							
				asymptomatic testing regime							
				must immediately report a							
				confirmed positive (+) result as							
				soon as is practicably and							
				conveniently possible to the							
				responsible member of the							
				Academy's Senior Leadership							
				Team who will then, without							
1				delay, notify the Trust's Health							
				and Safety Manager for further							
				notification to the external							
				regulatory bodies.							
				• Secondary Academies – 3 rd							
				National Lockdown							
1				Small controlled asymptomatic							
				testing sites at each secondary							
				Academy will be set up by the							

	Table 1 - HAZARD AND RISK ANALYSIS										
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)			
				Academy's respective Senior Leadership Team(s) with assistance from the Trust's Central Business Services Teams. The controlled asymptomatic testing provisions on site will be made available to all staff attending the Academy's setting during third national lockdown.							
				All staff in the secondary education setting will be 'advised' and 'encouraged' to participate in the Trust's/Academy's asymptomatic testing regime and 'consent' for a controlled asymptomatic test to being taken must be obtained prior to the actual test being undertaken.							
				A responsible member from the 'Testing Team' must immediately report a confirmed positive (+) result as soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies.							
				From Monday 8 th March 2021 when HM Government commences the easing of the third national lockdown, all Academies must fully reopen to all pupils. The Trust together with the respective Academy's Senior Leadership Team(s) will plan for							

	Table 1 - HAZARD AND RISK ANALYSIS									
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)		
				this reopening in line with the existing HM Government advice and guidance. • Primary Academies – Monday 8th March 2021 (Onwards) Once again, all staff in the primary education setting will be 'advised' and 'encouraged' to participate in the Trust's/Academy's asymptomatic testing regime. The issuing of Lateral Flow Device (LFD) home-test kits to all primary education staff will continue as normal and all primary education staff voluntarily participating in the Trust's/Academy's asymptomatic testing regime will be instructed to continue taking two tests every week, with an interval of 3-5 days between each test. Staff voluntarily participating in the Trust's/Academy's asymptomatic testing regime must immediately report a confirmed positive (+) result as soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies. There is no requirement, that is at this moment in time, for primary aged pupils to participate in the Trust's/Academy's asymptomatic testing regime.						

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				• Secondary Academies – Monday 8th March 2021 (Onwards) There is no requirement for staff in the secondary education setting to continue their testing using the Trust's/Academy's onsite asymptomatic testing provisions. Once again, all staff in the secondary education setting will be 'advised' and 'encouraged' to participate in the Trust's/Academy's asymptomatic testing regime and will now be issued with Lateral Flow Device (LFD) hometest kits. Staff 'voluntarily' participating in the Trust's/Academy's asymptomatic testing regime will also be 'instructed' to take two Lateral Flow Device (LFD) tests every week, with an interval of 3-5 days between each test. Staff voluntarily participating in the Trust's/Academy's asymptomatic testing regime must immediately report a confirmed positive (+) result as soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies. The small controlled				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				asymptomatic testing sites at each secondary Academy will be ramped up to a major scale by the Academy's respective Senior Leadership Team(s) with assistance from the Trust's Central Business Services Teams. The controlled asymptomatic testing provisions will be set up in such a way and assessed to ensure that they are suitable, i.e. fit for purpose, and sufficient, i.e. adequate, to meet the potential needs and demands of the 'one-off' mass testing for all pupils before returning to face-to-face education. The controlled asymptomatic testing provisions on site will be made available to all pupils attending the Academy's setting before face-to-face education commences. Pupils in the secondary education setting will be 'advised' and 'encouraged' to participate in the Trust's/Academy's asymptomatic testing regime and 'consent' for a controlled asymptomatic test to being taken must be obtained prior to the actual test being undertaken. Parental consent must be obtained for all pupils aged up to 16-years. No parental consent required for	(1-5)	(1-5)		(Yes/No)
				pupils aged 17-years plus as they can legally self-consent. A responsible member from the 'Testing Team' must immediately report a confirmed positive (+)				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				result as soon as is practicably and conveniently possible to the responsible member of the Academy's Senior Leadership Team who will then, without delay, notify the Trust's Health and Safety Manager for further notification to the external regulatory bodies.				
				43. Asymptomatic Testing Sites The setting up of a controlled	L (2)	S (4)	R (8)	Yes
				asymptomatic testing site at each secondary Academy will be spearheaded by the respective Academy's Senior Leadership Team with assistance from the Trust's Central Business Services Teams.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				A responsible 'Team Leader' will we be nominated for each Academy and will be responsible for the following: • Registering their Academy as an 'Asymptomatic Testing Site' with DfE and NHS Test and Trace as well as registering themselves as a 'Team Leader' for their respective asymptomatic testing site.		person		
				Will work with the Trust's Central Business Services Teams in setting up the asymptomatic testing site in such a way that ensures that it is suitable, i.e. fit for purpose, and sufficient, i.e. adequate, to meet the potential needs and demands of the asymptomatic testing requirements, i.e. small or large scale testing. Ensuring that the test team are all fully trained and competent in their role.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				 Ensuring that the test team fully understand their roles and responsibilities. Ensuring that the test team have also registered themselves with DfE and NHS Test and Trace for their respective asymptomatic testing site. Will ensure that everyone involved in the asymptomatic testing site follows the relevant 'guidance' form the Department of Health and Social Care's (DHSC's) 'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Will ensure that the test team are briefed on and made fully aware of this guidance document/risk assessment. Asymptomatic testing site with comply with the Department of Health and Social Care's (DHSC's) 'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. The Trust's Health and Safety Section together with the respective Academy's Senior Leadership Team will ensure that measures are in place to comply with the named procedure. The Trust's Health and Safety 				
				The Trust's Health and Safety Section will be responsible for				

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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				werseeing the 'Quality Management Plan' that will include observations, inspections, and an audit of the asymptomatic testing site. Results from any observation, inspection, or audit will be feedback to the Team Leader and their respective Test Team as well as to the respective Academy's Senior Leadership Team and Trust's Executive Body. Asymptomatic testing provisions will be made available to the appropriate category of people that are advised and encouraged to be tested during the prevalence of this unfavourable public health threat. Asymptomatic testing sites themselves have the potential to elevate the risk of infection transmission and spread significantly if not managed sensibly, responsibly, and professionally. It is legally, morally, and financially imperative, so far as is reasonably practicable, to reduce and keep the risk of infection and spread at asymptomatic testing sites to an absolute minimum. The Trust's Health and Safety Section and the respective Senior Leadership Team(s) at each Academy will ensure that they have the appropriate and fitting mitigating control measure/system in place that constantly reduce the risk infection and transmission and keep it to a minimal always.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				Asymptomatic testing sites will				
				also strictly adhere to all the				
				appropriate and applicable				
				mitigating control				
				measure/systems highlighted in				
				this document.				
				Managing the risks of infection				
				transmission and spread:				
				Contact between test-subjects				
				and their tutor and/or teacher.				
				 Consent for testing obtained, 				
				checked, and stored in				
				compliance with GDPR.				
				 All test-subjects are to be 				
				advised in advance not to				
				attend if they have any				
				symptoms of COVID-19, live				
				with someone who is showing				
				symptoms of COVID-19				
				(including a fever and/or new				
				persistent cough), have				
				returned within 10 days from a				
				part of the world affected by the virus, or have been in close				
				contact with someone who is				
				displaying symptoms.				
				Academy's COVID-19 Secure				
				protocols to be				
				communicated to all test-				
				subjects prior to arranging and				
				confirming their asymptomatic				
				testing.				
				COVID-19 secure signage				
				displayed at prominent areas				
				when entering the building as				
				well as in and around the				
				building, i.e. mandatory face				
				covering, adhering to the 2-				
				metre social distancing,				
				maintaining personal and				
				respiratory hygiene etc.				
				 Suitable and sufficient 				
				enforcement of the				

No. What is the hazard? What is the potential harm posed by the hazard? Who is at risk of being harmed? Who is at risk of being harmed? What are the existing controls or concerns? Likelihood (L) of the hazard causing harm? (1-5) Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition. • Face covering must always be worn by everyone whilst on the	Is the hazard
protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition. • Face covering must always be	adequately controlled? (Yes/No)
Academy's settings, except for when swabbing is taking place. Everyone to use either handsanflister or immediately wash hands thoroughly on entering the building. Suitable and sufficient floor signage to be used as a visual reminder to help maintain the 2-metre social distancing where queuing is likely to occur. A one-way system will be adopted to safely guide the test-subjects and others through the building. A three-stage enhance cleaning regime in line with HM Government's cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e., immediate cleaning offer each test, regular cleaning of all potential cuchopians, and a thorough clean at the end of the day. No physical handling of any documents between test-subjects and others, and vice versa, except Laferal Row Device (LFD) backers. Contact between queuing test-subjects with no enaother. Queue mans between test-subjects with one another. Queue management system will be put in place to maintain	

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				arriving and queuing for testing. Suitable and sufficient floor signage to be used as a visual reminder to help maintain the 2-metre social distancing where queuing is likely to occur. Limited clutter in and around test area. Face covering must always be worn by everyone whilst on the Academy's settings, except for when swabbing is taking place. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition. A one-way system will be adopted to safely guide the test-subjects and others through the building. Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards and risk involved, the safe working practices including the use of Personal Protective Equipment (PPE). Contact between the test-subject and the Asymptomatic Testing Site's 'welcoming' and 'registration' staff. Consent for testing obtained, checked, and stored in compliance with GDPR. Training successfully				

	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
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No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				when swabbing is taking place. • All test-subjects given clear instruction on how the process will work. • A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day. • Online O365 GDPR compliant internal Academy COVID-19 testing registered maintained for in-academy procedures. 4. Contact between the test-subject and the Asymptomatic Testing Site's 'processor' staff, i.e. processing and analysing. • Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards and risk involved, the safe working practices, use of Personal Protective Equipment (PPE) including the donning and doffing of personal protective equipment. • Personal Protective Equipment (PPE) worn by 'processor' staff include Fluid resistant (type 11R) surgical mask, disposable glove (changed after each test-sample), disposable plastic apron, and appropriate eye	(1-5)	(1-5)		(Yes/No)
				apron, and appropriate eye protection (safety spectacle, goggles, or visor).				

No. What is the hazard? What is the potential harm posed by the hazard? Who is at risk of being harmed? Who is at risk of being harmed? What are the existing controls or concerns? C1-5) **Staff will follow the relevant guidance from the Department of Health and Social Care's (DHSC's) 'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. **Regular toolbox talks with all staff involved in the testing process.** **Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP.** **Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition.	
guidance from the Department of Health and Social Care's (DHSC's) 'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	Is the hazard adequately controlled? (Yes/No)
Department of Health and Social Care's (DHSC's) 'Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
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(SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. • Regular toolbox talks with all staff involved in the testing process. • Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. • Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Regular foolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
Programme version 2.3 published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. Suitable and sufficient enforcement of the Academy's COVID-19 Secure protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
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protocols, i.e. everyone will be empowered to intervene and challenge when they observe	
empowered to intervene and challenge when they observe	
challenge when they observe	
Suitable and sufficient floor	
signage to be used as a visual	
reminder to help maintain the	
2-metre social distancing	
where queuing is likely to	
occur.	
• Face covering must always be	
worn by everyone whilst on the	
Academy's settings, except for	
when swabbing is taking	
place.	
• Testing will only be carried out	
in areas with non-porous	
flooring.	
• Test-subject carries out	
swabbing themselves whilst	
supervised by the processor.	
• There will be risk assessed safe	
provisions for assisted	

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				swabbing, i.e. a dedicated area and nominated trained person. • A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day. 5. Contact between test-samples and the Asymptomatic Testing Site's 'processor', 'data capture and recorder' staff, i.e. logging and recording. • Training successfully completed by all staff involved in the testing process so that they fully understand their roles, responsibilities, the hazards and risk involved, the safe working practices, use of Personal Protective Equipment (PPE) including the donning and doffing of personal protective equipment. • Personal Protective Equipment (PPE) worn by staff include Fluid resistant (type 11R) surgical mask, disposable glove (changed after each test-sample), disposable plastic apron, and appropriate eye protection (safety spectacle, goggles, or visor). • Staff will follow the relevant guidance from the Department of Health and Social Care's (DHSC's) 'Clinical Standard Operating Procedure				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				(SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges' Nation Testing Programme version 2.3 published on 31/12/2020. Regular toolbox talks with all staff involved in the testing process. Daily reminders from the Team Leader on the strict adherence to training and compliance with the DHSC's SOP. A three-stage enhance cleaning regime in line with HM Government's cleaning guidance will be implemented, i.e. immediate cleaning after each test, regular cleaning of all potential touchpoints including documents and equipment, and a thorough clean at the end of the day. Online O365 GDPR compliant internal Academy COVID-19 testing registered maintained for in-academy procedures. Waste classified as clinical will be disposed of in line with clinical waste requirements by a licenced waste carrier. Site Teams will follow waste collection protocols and assign secure waste holding areas for waste collection. There will be suitable, sufficient, and correctly labelled waste disposal areas in the testing area.				
				waste disposal' staff, i.e. test-]		

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				sample and health-waste				
				disposal.				
				 Personal Protective Equipment 				
				(PPE) worn by staff include				
				Fluid resistant (type 11R)				
				surgical mask, disposable				
				glove (changed after each				
				test-sample), disposable plastic				
				apron, and appropriate eye				
				protection (safety spectacle,				
				goggles, or visor).				
				 Staff will follow the relevant 				
				guidance from the				
				Department of Health and				
				Social Care's (DHSC's) 'Clinical				
				Standard Operating Procedure				
				(SOP) for Mass Testing with				
				Lateral Flow Antigen Testing				
				Devices in Schools and				
				Colleges' Nation Testing				
				Programme version 2.3				
				published on 31/12/2020.				
				 Regular toolbox talks with all staff involved in the testing 				
				process.				
				Daily reminders from the Team				
				Leader on the strict adherence				
				to training and compliance				
				with the DHSC's SOP.				
				A three-stage enhance				
				cleaning regime in line with HM				
				Government's cleaning				
				guidance will be implemented,				
				i.e. immediate cleaning after				
				each test, regular cleaning of				
				all potential touchpoints				
				including documents and				
				equipment, and a thorough				
				clean at the end of the day.				
				 Waste classified as clinical will 				
				be disposed of in line with				
				clinical waste requirements by				
				a licenced waste carrier.				
				 Site Teams will follow waste 				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				collection protocols and assign secure waste holding areas for waste collection. There will be suitable, sufficient, and correctly labelled waste disposal areas in the testing area. 7. Incorrect results communicated. Registration managed by Academy staff and test-subject's details checked with Academy's data. Support provided to pupils during the registration process to ensure accurate input of data. 3 identical barcode stickers provided to each test-subject at check in or registration. The test-subject registers their details to their unique identification (ID) barcode before test is undertaken. Barcodes are received and attached by trained site staff where the test-sample is collected. Barcodes are checked for congruence by another member of test site team when being analysed and applied to the Lateral Flow Device at this point. Quality assurance checks in place to ensure that all results have been uploaded correctly and that the Academy register and the DfE NHS Test and Trace have no gaps in data.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				 8. Damaged barcode, lost LFD, failed scan of barcode. Rule based recall of any individual who has not received a result within 8-hours of registration. Test-subjects are called for a retest. 				
				 9. Extraction solution containing Na₂HPO₄ (disodium hydrogen phosphate), NaH₂PO₄ (sodium phosphate monobasic), NaCl (sodium chloride). • These components do not have any hazard labels associated with them, and the manufacturer states that there are no hazards anticipated under conditions of use as described in the testing booklets. This is the case for exposure to: eye, skin, inhalation, ingestion, chronic toxicity, reproductive and developmental toxicity, and medical conditions aggravated by exposure. • Nitrile gloves which meet the Regulation (EU) 2016/425 will always be worn when handling the extraction solution. • Safety spectacles with side shields, or safety goggles which are tested and approved under appropriate government standards will always be worn when handling the extraction solution. • Impervious safety clothing/equipment will always be worn to protect the body from splashes or spillages, i.e. plastic aprons. 				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				 Extraction solution will not be poured down the drain and will be disposed of in line with the laboratory's chemical waste disposal procedures. Spillages will be contained, and contaminated surfaces wiped immediately using the appropriate safe methods, and all cleaning materials disposed in line with the laboratory's waste disposal procedures. Expired solution will not be used. Training provided in handling potentially biohazardous samples, chemicals, and good laboratory practice. Manufacturers Safety Data Sheet (MSDS) provided by Innova and procedures followed to mitigate against inhalation, skin contact or ingestion of these chemical solutions. Suitable and sufficient enforcement of the Trust's overarching Health and Safety 	(1-5)	(1-5)		(Yes/No)
				Policy, i.e. everyone will be empowered to intervene and challenge when they observe any unsafe act or condition. 10. Unauthorised access by members of the public. • Site security always maintained. • Visitor sign in and out protocols for the Academy's setting strictly adhered to always and additional checks made by reception staff at entrance to test site.				

			Table 1	- HAZARD AND RISK ANALYSIS				
No.	What is the hazard?	What is the potential harm posed by the hazard?	Who is at risk of being harmed?	What are the existing controls or concerns?	Likelihood (L) of the hazard causing harm? (1-5)	Severity (S) for potential harm? (1-5)	Risk Level?	Is the hazard adequately controlled? (Yes/No)
				 Parents and carers do not attend testing session unless by specific arrangements, i.e. approval. 				
				 11. Use of shared equipment. Wherever possible, staff undertaking test will avoid sharing equipment. Any shared equipment to be thoroughly cleaned after each individual use. 12. Uneven, damaged, or defective floor surfaces. Test site team will check the integrity of the flooring at the start of each session. Any loose floor coverings will be firmly fixed using duct tape. People will be warned and safely directed away from any uneven, damaged, or defective floor surface that has the potential to cause harm. 13. Electrical equipment. All fixed and portable electrical equipment checked through PAT and FAT 				
				maintenance inspection and testing regimes. • All computer equipment inspected and tested by the ICT Technicians.				
				 14. Manual Handling. Test site team will be trained in manual handling if required. 				

		Table 2 - FURTHER AG	CTION REQUIR	RED
No	Further Control Measures Required	Who is Responsible and by When	Residual Risk Level	Date and Details of Progress and Completion of Action

Risk Rating Guidance

Severity Level of Injury (i.e. level of harm being realised)

- 1 Very minor injury/ill-health requiring little or no first-aid.
- 2 More severe injury/ill health that may require up to six days absence from full duties and medical attention (non-RIDDOR).
- 3 Specified injury and significant ill-health as defined by RIDDOR, or seven or more days absence from full duties.
- 4 Specified injury and significant ill-health as defined by RIDDOR, or seven or more days absence from full duties affecting more than one person.
- 5 Single or multiple fatality or life/career changing injury/ill-health.

Likelihood Level (i.e. probability of harm being realised)

- 1 Very unlikely.
- 2 Unlikely.
- 3 Likely.
- 4 Very likely.
- 5 Certain.

Risk matrix

Likelihood Level

	x	1	2	3	4	5
<u>e</u>	1	1	2	3	4	5
و	2	2	4	6	8	10
Severity Level	3	3	6	9	12	15
ě	4	4	8	12	16	20
Se	5	5	10	15	20	25

1-2	Very low
3-4	Low
5-6	Medium
8-15	High
16-25	Very high