

School/Academy:	Ranskill Primary School	Date of assessment	14/11/22	
Who might be harmed?	Pupils, staff, visitors and contractors	How many are affected?	Whole School	
Hazard Aspect	Possible control measures	✓ if in place ✗ if not or n/a	Where: ✗ state action to be taken with timescales ✗ any additional control measures ✓ site specific details	Residual Risk rating High, medium, low
Communication	This completed risk assessment is shared with staff. Signatures are obtained.	✓	RA shared 22/4/22. Signatures collected (sheet in the office). All staff to have signed by 29/4/22. Resent 15/11/22 with any changes highlighted.	LOW
Preventing infectious persons attending school	The exclusion table is displayed in the school office, medical room, nursery and staff room as necessary for reference.	✓	Exclusion table is kept in the office. Copies also in the nursery and staff room.	LOW
	Pupils and members of staff with COVID-19 like symptoms or who have tested positive through a LFT follow the necessary procedures and timescales for staying away from school. (ref. flowcharts)	✓	Flowcharts shared with all staff. Pupil flowchart also shared with parents. Flowchart on the school website and posted on classdojo. (by 22/4/22) Nursery have a thermometer which can be used to confirm a suspicion of a high temperature. If symptoms of COVID-19 (or other infectious diseases) develop at school, children will be isolated in the reception area until collected. Visitor toilets to be used if necessary. Cleaning/disinfection to take place afterwards.	
	When pupils have an infectious disease they are excluded from school on medical grounds for the minimum period recommended as noted in the exclusion table mentioned above. Formal exclusion of pupils from school on medical grounds is enforceable by the Head Teacher only, acting on behalf of the local authority or the managers or governors of a school. In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child’s parents or carers, require that they keep the child away from school until they no longer pose a risk to others	✓	Reference made to the exclusion table and explained to parents. Revised information sent to parents and staff via classdojo when guidance changes – sent 22/04/22.	

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	- Staff have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so. <u>Food handling staff (where employed directly by the school):</u> - The school has a clear written policy for the exclusion of food handlers in relation to gastro-enteric diseases. - The school notifies their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning. This policy is made clear to the person in charge of the kitchen and all catering staff at the time of appointment. - Food handlers are required by law to inform their employer immediately if they are suffering from: – typhoid fever – paratyphoid fever – other salmonella infections – dysentery – shigellosis – diarrhoea (cause of which has not been established) – infective jaundice – staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils – E. coli VTEC infection	✓	Flowchart and exclusion table shared with staff. Staff aware of reporting absence procedures. All staff who handle food are aware of the guidelines. Catering is provided by Nottscs Catering team who follow all guidelines as stipulated by the local Environmental Health Department and government guidelines.	
Outbreak management The HPA (Health Protection Agency) in England is the UKSHA (UK Safety and Health Authority) Find your local health	- The school reports to the local HPA (UKHSA): - Any incident in which 2 or more people experiencing a similar illness are linked in time or place or - A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred	✓	Noted HVR to keep records of reasons children are absent and notify JT if any similar illnesses appear to be linked. The school will inform our local HPA (UKHSA) of reportable illnesses. UKHSA East Midlands Health Protection Team Public Health England, Seaton House City Link, Nottingham, NG2 4LA	LOW

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protection team in England	- The school will telephone their local HPA (UKHSA) as soon as possible to report any serious or unusual illness particularly for: - Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection - food poisoning - hepatitis - measles, mumps, rubella (rubella is also called German measles) - meningitis - tuberculosis - typhoid - whooping cough (also called pertussis)	✓	Phone: 0344 2254 524 Noted HVR to keep records of reasons children are absent and notify JT if any illnesses are reported as serious or unusual. The school will inform our local HPA (UKHSA) of reportable illnesses. UKHSA East Midlands Health Protection Team Public Health England, Seaton House City Link, Nottingham, NG2 4LA Phone: 0344 2254 524	
	- The UKHSA are contacted in the event that there is - a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection [noting that testing will be severely reduced from April 1st 2022] - evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19 - a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group	✓	Noted Cases monitored by JT If either circumstance occurs, UKHSA contacted by email to coronavirusph@nottsc.gov.uk . For non-public health queries, such as operational issues related to staffing or teaching, the school will contact school.questions@nottsc.gov.uk . All listed measures considered, and decision made on which may be beneficial. RA changed as needed. Plans are in place should any additional measures need to be taken/re-introduced as outlined in the school's outbreak management plan. Measures put in place will be communicated to all parties (via Dojo, staff email, etc).	
	The UKHSA's Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist is used in circumstances described.	✓	Noted – copy kept in nursery and in the office.	

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	The school considers situations where additional cleaning will be required including during term time in the event of an outbreak and how the school might carry this out. Advice may be given by the HPA to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails. Plans are developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment should be colour coded according to area of use.	✓	Wipes available in places that require regular cleaning e.g. at the photocopier. Staff responsible for cleaning before use. Staff advised to wash hands/sanitise after touching frequently used points (especially those that can be accessed by public, e.g. gate entry) Enhanced hygiene procedures may be reintroduced when considered necessary by SLT. If required, cleaning procedures developed for covid19 will be used. Cleaning cloths and mop heads are colour coded.	
Immunisation Awareness (see also Pregnant Members of Staff section)	- The following documents are displayed or available to encourage staff and parents to obtain vaccinations: PHE: COVID-19 Vaccine Campaign posters. NHS: COVID-19 NHS: Influenza UKSHSA: Flu vaccination in schools PHE Campaign Resources: Childhood Vaccination 2022 PHE: Immunisations for young people: Explains the HPV, Td/IPV and MenACWY vaccinations given to young people in school years 7 to 13 UKHSA: Immunisation leaflets and guidance for parents	✓	Flu vaccinations take place yearly in school (NHS inform us of when this is each year). Vaccine posters placed at entrances. Child vaccine information given to parents via newsletter and on classdojo.	LOW
	Women of childbearing age are advised to check with their GP that they are immune to the rubella (German measles) virus. Those who are not immune should be immunised with MMR vaccine. The vaccine should not be given during pregnancy. NHS Leaflet: Thinking of getting pregnant? Make sure you're protected against German measles	✓	Noted - all staff have read.	
	Note: Hepatitis B vaccine is not recommended for occupational reasons for routine school or nursery contacts of an infected child or adult. Hepatitis B vaccine is only recommended for staff who are	✓	Noted	

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	involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation.			
Catering / Food Technology	<u>Catering:</u> Documented food safety management procedures are in place based on the principles of Hazard Analysis and Critical Control Point (HACCP).	✓	The kitchen staff adhere to all government guidelines Currently have a 5-star rating from environmental health	LOW
	Risk assessments have been completed for breakfast and after school clubs (where food is served).	✓	Out of Hours OWs staff have food hygiene certificate. Risk assessments in place – staff aware of procedures.	
	Food technology teachers have received an <i>appropriate level</i> of food hygiene training. The level of training takes into account that in KS1 and KS2 it is likely to be occasional, low risk, activities with small groups of pupils and in KS3 and KS4 they are likely to be using “higher risk” foodstuffs. Training course examples: DATA: Teaching Food Safely in the Primary School DATA: Teaching Food Safely in the Classroom	✓	In KS1 and KS2, occasional, low risk, activities with small groups of pupils takes place. Staff to complete food hygiene certificate. RA written for activities. Nottinghamshire D&T safety procedures followed.	
	<u>School fêtes</u> Although schools do not need a food hygiene certificate to make and sell food for charity events, they do you need to make sure that food is handled safely. The school follows this guidance.	✓	Noted – guidance followed at events	
	The barbecues risk assessment is completed as and when necessary.	n/a		
Cleaning	A comprehensive cleaning contract is in place that highlights daily, weekly and periodic cleaning schedules.	✓	Cleaning is completed by school staff. Daily, weekly and periodic cleaning schedule is in place.	LOW
	Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths are	✓	The school adheres to the colour coding of equipment (cloths, mop heads, etc) and follows the guidance for all cleaning practices in the school.	

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	disposable (or if reusable, disinfected after use).			
	A nominated member of staff monitors cleaning standards and discuss any issues with cleaning staff, or contractors employed by the school.	✓	Member of staff: Jane Heald	
Persons at higher risk of becoming seriously ill to infections	<u>Staff who are at Higher Risk to COVID-19</u> People who are at higher risk from COVID-19 and other respiratory infections include: - older people - those who are pregnant - those who are unvaccinated - people of any age whose immune system means they are at higher risk of serious illness - people of any age with certain long-term conditions - Whilst the numbers of COVID-19 cases remain significant, individual risk assessments must still be completed and reviewed as necessary for the staff who are at Higher Risk to COVID-19. - Persons who have tested positive for COVID-19 and those who live with someone who have tested positive for COVID-19 avoid meeting members of staff at higher risk from COVID-19 for 10 days, especially if their immune system means they're at higher risk of serious illness from COVID-19, even if they've had a COVID-19 vaccine.	✓	All risk assessments have been completed for those staff who are at higher risk to Covid 19 No staff members are required to work from home. Higher risk staff made aware of any known cases.	LOW
	<u>Children at particular risk from infection:</u> Children who are immuno-compromised or have impaired immunity either as a result of their medical condition or the medication (e.g. high doses of steroids) that they are taking have been identified. Healthcare plans have been completed as necessary. If a vulnerable child is thought to have been exposed to a communicable disease (e.g. chickenpox, measles and parvovirus B19) in the school setting, parents or guardians of that child are informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate.	✓	Health care plans will be completed for those pupils who require them by the school's SENCo, as needed.	

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	<u>Pregnant members of staff:</u> - Pregnancy H&S and COVID-19 risk assessments are undertaken for all pregnant members of staff and these are subject to regular review. - The following website is referred to as necessary: UKHSA Pregnancy: how to help protect you and your baby The following links have been shared with pregnant members of staff where necessary: <u>COVID-19:</u> NHS: Pregnancy, breastfeeding, fertility and coronavirus (COVID-19) vaccination Information Decision Aid - COVID-19 vaccine and pregnancy UKHSA: Pregnant? Have your COVID-19 vaccinations UKHSA: Pregnant? Have your COVID-19 vaccines!* <u>Flu / Whooping cough/German measles:</u> UKHSA: "Pregnant? Immunisation helps to protect you and your baby from infectious diseases"* * These could be displayed in the staff room	✓	Risk assessments will be completed for those staff who are pregnant. No staff members are required to work from home.	
	Although the greatest risk to pregnant women from such infections comes from their own household rather than the workplace, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, she is informed so that she may consult her doctor or midwife.	✓	Noted – guidance shared	
First Aid	The school has CPR facemask / resuscitation shields available.	✓	In first aid drawer in 125 room	LOW
	All cuts and abrasions are covered with a waterproof dressing.	✓	Cuts and abrasions assessed before covering as to what sort of covering (if at all) is needed. Dressings available in classroom first aid kits. Spare dressings are in the first aid drawer (125 room) Check allergies before using plasters. Blue plasters used if staff or children will be handling food.	

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Medical room	Suitable accommodation is provided in order to cater for the short-term care of sick pupils, which includes a washing facility and is near to a toilet facility. This room may be used for other purposes (apart from teaching) provided it is always readily available.	✓	Children wait in the reception area. If too ill to sit there, the staffroom is used instead. Area is disinfected after use.	LOW
Hygiene Procedures	- Correct handwashing and good hygiene are followed by staff, pupils, visitors and contractors. Pupils wash their hands at the designated times during the day and after certain activities: - On arrival at school - After breaks and sport activities - After touching any school animals - Before cooking and eating - After sneezing or coughing - After using the toilet - Before leaving for home Pupils who use saliva as a sensory stimulant or who struggle with hand hygiene may also need more opportunities to wash their hands.	✓	Handwashing posters displayed at all sinks, reminders on posters around school. Enhanced hygiene procedures remain in place for staff/pupils and visitors in line with current government guidelines – all staff and pupils regularly reminded	LOW
	Adequate soap / hand sanitizer and tissues are available for pupils and staff throughout the school and for visitors arriving at main reception. Soap and water is the preferred choice; hand sanitizer is used when the use of soap and water is not practical. Settings should ensure that staff and students have access to liquid soap, warm water and paper towels. Bar soap should not be used. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus. Identified children are supervised with their use of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes are used as an	✓	Clarified within SHINE Framework for staff and pupils. Hand sanitiser available for visitors at the entrance. All classes have access to hand sanitiser in addition to soap and water The caretaker is responsible for ensuring adequate hand gel/soap/tissues/cleaning fluid is available in areas where they will be needed.	

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	alternative.			
	Lidded bins with a pedal are provided. Site staff / cleaners wash their hands after emptying bins.	✓	Lidded bins available in toilet areas/classrooms. Children will be encouraged to use other bins for sharpening pencils etc. to avoid unnecessary use of potential contaminated bin. All staff will be aware of arrangements in each classroom. Small lidded bins – one per group can be used for specific purposes (e.g. outside use, tissues only, etc) as necessary. MD to empty at the end of the day. Wears gloves and washes hands.	
	Outlets are not labelled “drinking water” within washroom areas and avoided where possible where the cold water taps are also used for washing hands or items (e.g. art brushes).	✓	Filter taps at each sink for drinking water.	
PPE (Reference)	Adequate necessary Personal Protective Equipment (PPE) is available for cleaning tasks, personal care, first aid and certain medical procedures.	✓	In class box – staff to notify office staff when close to running out. Stock in office. Nursery have stock in changing/toilet area. Staff to wash hands after completion.	LOW
	Training and instruction have been provided for the putting on, removing and disposal of PPE.	✓	In classroom box	
	Aerosol generating procedures (AGPs): Within education settings these are only undertaken for a very small number of children with complex medical needs, such as those receiving tracheostomy care. Staff performing AGPs in these settings follow Public Health England’s personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE which is:	n/a		

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	○ a FFP2/3 respirator ○ gloves ○ a long-sleeved fluid repellent gown ○ eye protection			
Face coverings in school	• Face coverings may be worn in school by: ○ Staff as a personal preference or in particular when they have symptoms of a respiratory illness, outside the classroom where they are not a barrier to communication. ○ Visitors in communal areas and in classrooms where they are not a barrier to any communication with pupils (if applicable) (School management may decide this is a mandatory* requirement while cases remain high) * Medical exemptions apply.	✓	Staff may use face coverings in communal areas and anywhere in the school. Staff may wear a clear mask that does not impede speech and allows pupils to read facial expression and see the mouth moving when teaching pupils. Staff to keep and clean own face coverings. All visitors may wear face coverings whilst in the building. A supply of masks is available in the office.	LOW
Lack of air changes / ventilation	• All occupied spaces are well ventilated to help reduce the amount of respiratory germs. If there are areas of the setting identified that may have poor ventilation (e.g. by CO₂ monitors), the school looks to improve ventilation by: ○ partially opening windows and doors to let fresh air in ○ opening higher level windows to reduce draughts ○ opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between lessons, for example The school balances the need for increased ventilation while maintaining a comfortable temperature.	✓	Monitors in each classroom – used to inform if/when more ventilation is required. Staff aware of the need for ventilation and monitor the space they are in - any of the following may be done to maintain good ventilation: Windows opened (If weather inclement, doors will be opened periodically throughout the day to encourage air change.) Internal doors can be kept open – note that doors may occasionally be closed due to noise/distraction from other areas. Hall door opened at times during lunch (especially in the break between groups) and any physical activity. Classrooms with outside doors can open these if needed. When weather is inclement, a high window could be opened throughout the day unless temperature is very cold and temperature	LOW

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			would not be able to be maintained.	
Other risk assessments	- The following risk assessments have also been completed: - Dealing with bodily fluids - Dealing with discarded needles and syringes - Animals (where necessary) - Off site visits to farms – risk assessments include hygiene control measures	✓	Dealing with bodily fluids and Dealing with discarded needles - RAs in place. Any time animals come on site RA written to match activity by lead member of staff. Off site visits to farms – RAs written as needed and include hygiene control measures	LOW

Are there any other foreseeable hazards associated with infection control?		Yes ☐ No ☒
Additional Hazards	List any additional control measures required	Residual Risk rating High, medium, low

Main Reference:	
UKHSA: Health protection in schools and other childcare facilities: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities : An awareness poster for display in the medical room / staff room is available here :	
• Chapters 1 and 2: introduction and infections in childcare settings • Chapter 3: prevention and control • Chapter 4: what to do if you suspect an outbreak of infection • Chapter 5: immunisation • Chapter 6: cleaning the environment • Chapter 7: staff health	• Chapter 8: pets and animal contact • Chapter 9: managing specific infectious diseases • Appendix 1: Health Protection Teams contact details • Appendix 2: list of notifiable diseases • Appendix 3: diarrhoea and vomiting outbreak checklist • Appendix 4: further resources

ASSESSED BY (Print name) Joanne Throssell	SIGNED 	DATE 14/11/22
LINE MANAGER Pete Bevington – SHINE Curriculum Director	SIGNED 	REVIEW DATE Sep 23