

COVID 19 Risk Assessment for September 2021– version 5

N.B. Control measures could be changed at any time if there is a change in national or local government guidance or a change in the R rate. Changes could occur daily. Updated advice will be reviewed regularly. The Risk Assessment will be reviewed in light of any significant changes.

School name	Ronald Openshaw Nursery Education Centre		
Head Teacher	Alison Lentz		
Chair of Governors	Trudi Barnes		
Persons covered	Children and Parents Teachers and Support Staff Admin Staff Caretaking and Cleaning Staff Contractors		
Tasks/Activities covered	Re-opening of the nursery school from 1.09.21 Drop off/ pick up of children Cleaning and sanitisation, ventilation, room capacity Food provision Continued remote working		
Equipment and materials used	General class teaching materials Outdoor equipment Cleaning materials and equipment Office and admin Staff room facilities		
Locations covered	School premises and grounds		
Person completing/ reviewing RA	Alison Lentz	Signature	Date 9.07.20,4.09.20, 3.11.20,3.12.20, 18.01.21, 1.09.21
RA approved by	Trudi Barnes	Signature	Date
Date shared with MMT	3.09.21	Date shared with Staff	6.09.21

Comments: Significance of ensuring maintenance of cleaning and hygiene regimes as a new variant is spreading rapidly. Significance of room space and ventilation as all early years settings continue with normal service during the current lockdown. Introduction of twice weekly non symptomatic testing for all staff.

Issue/risk area	Identified risks <i>(Pre populated with examples of key risks but each school will need to review its own risks)</i>	Overall assessment of risk BEFORE mitigation (Red/Amber/Green)	Mitigating actions <i>(Including who will be responsible)</i>	Overall assessment of risk AFTER mitigation (Red/Amber/Green)	Evidence to support assessment
1.National and local position	National infection rates continue to rise and this is reflected in the data dashboard for Newham.		<p>RONEC will follow advice from LBN, NPW and Public Health and, in the event of 5 confirmed cases, will follow advice re 10 day school closure as a last resort</p> <p>All staff are to take a lateral flow test (provided) 2 x per week during term time and report a positive result immediately.</p>	L2 x I4 = 8	<p>Outbreak Management Plan (3.09.21)</p> <p>Testing monitoring sheet in staffroom</p>

<p>2.Site issues (Cleaning, Catering, Equipment and suppliers)</p>	<p>2.1 Risk of inadequate preparations for re-opening parts of schools leads to infection or other risks e.g. cleaning</p>		<p>2.1.1 Derek (SS) will continue to ensure all routine testing is in place including water flushing, water temp testing, fire alarm tests, etc so the site remains safe 2.1.2 All cleaning equipment, including hand sanitizer, is stored safely in line with COSHH requirements 2.1.3 Weekly briefing sessions for MMT to inform of changes 2.1.4 Ensure condition of site is safe to open 2.1.5 All staff to sanitise/wash hands on arrival at nursery 2.1.6 Derek (SS) to ensure all doors/handles/ entry buttons are cleaned with disinfectant before opening, at midday and at the end of the school day. 2.1.7 Cleaners to ensure all areas used by the children to be cleaned thoroughly at the end of the school day: classrooms, toilets, wash basins, changing areas, walkway between classes using disinfectant 2.1.8 Staff to identify which surfaces will need cleaning throughout the day in each of the classrooms: surfaces, including tables, chairs, toilets, washbasins, changing areas and to wipe down with disinfectant after each use 2.1.9 Staff to limit use of some teaching resources (eg soft toys/cushions) and clean thoroughly with disinfectant as needed but particularly at lunchtime (changeover between classes) to avoid</p>	<p>L2 x 14 = 8</p>	<p>Enhance cleaning advice re COVID 19 given to Site Supervisor/Cleaning team</p> <p>Operational Protocol</p>
---	---	--	---	--------------------	---

			<p>possible cross contamination between am/pm sessions</p> <p>2.1.10 Identify which equipment needs cleaning after use eg water heater, water cooler, taps, hoist, etc and place signage to remind staff</p> <p>2.1.11 Cleaners to ensure staff room and staff toilets are cleaned daily with disinfectant</p> <p>2.1.12 All rooms to be well ventilated AT ALL times: windows/doors open as much as possible</p>		
	<p>2.2 Risk that mealtime arrangements do not allow for social distancing to be maintained resulting in higher infection risk for children.</p>		<p>For children:</p> <p>2.2.1 All lunchboxes to be clearly labelled with the child's name so that there is no risk of confusion</p> <p>2.2.2 Maintaining small groups of 4 per table (two sittings) within Room 4 allows for children to be socially distanced at lunch and staff will discourage touching of each others lunch</p> <p>2.2.3 Once children are seated staff will hand out the lunchboxes</p> <p>2.2.4 After lunch staff will recollect the lunchboxes for safe storage</p>	L2 x I3 = 6	Operational Protocol
	<p>2.3 Risk that mealtime arrangements do not allow for social distancing to be maintained resulting in higher infection risk for staff</p>		<p>For Staff:</p> <p>2.3.1 Staff have access to the staff room to make drinks/ take lunch break</p> <p>2.3.2 Staff teams can use the staffroom, PPA room and classrooms to maintain social distancing</p> <p>2.3.3 Staff must wipe down with disinfectant wipes areas they have used to prepare or eat food or drink including:</p>		Operational Protocol

			<p>fridge door, water boiler, cupboards, work surface, table</p> <p>2.3.4 All used items of cutlery crockery to be placed into the dishwasher</p> <p>2.3.5 Dishwasher to be programmed at the end of each day</p> <p>2.3.6 Dishwasher to be emptied, by the designated person wearing gloves, at the start of each day</p> <p>2.3.7 Signage will be provided to remind staff of their responsibilities</p>		
	2.4 Risk of inadequate cleaning of office equipment		<p>2.4.1 All staff to wipe down, with disinfectant wipes, any equipment they will be handling including phones, keyboard, mouse, touch screen, photocopier, push button controls before and after use.</p>	L2 x I3 = 6	Operational Protocol
3.Staffing	3.1 Due to self-isolation, shielding and illness, there is a risk of staff shortages to safely deliver education/care to specified year groups		<p>3.1.1 Advise staff: if anyone is unwell to stay at home, get a PCR test.</p> <p>3.1.2 HT to be informed if a member of staff shows symptoms of COVID19</p> <p>3.1.3.Staff daily declaration to remind staff of their responsibilities</p>	L2 x I3 = 6	<p>C19 Test instructions in staff room</p> <p>Staff Daily Declaration at signing in point</p>
	3.2 Risk that staff cannot safely travel to work which results in staff shortages or higher infection levels		<p>3.2.117% of working staff take public transport – encourage staff to seek alternatives such as walking/cycling where possible</p> <p>3.2.2 Support car parking arrangements for those wishing to drive to work</p> <p>3.2.3 Discourage car sharing unless this is the safest option. Use face coverings and keep windows open throughout the journey</p>	L2 x I1 = 2	
	3.3 High proportion of BAME staff at higher risk of infection		<p>58% of staff BAME</p> <p>all staff offered c19 vaccine</p>	L2 x I4 = 8	Bromcom staff data

	3.4 High proportion of BAME staff at higher risk of infection leads to greater staff shortages			L2 x I4 = 8	
	3.5 Risk of infection to staff related to young children's ability to follow social distancing rules and in meeting intimate care needs As young children are more likely to be asymptomatic staff should manage the respiratory risk of close contact when providing intimate care by using a face mask in addition to gloves and apron already used		3.5.1 Provide hand sanitiser for staff at key places: signing in station, staff room, PPA room 3.5.2 Provide relevant PPE (disposable aprons, gloves and face masks) for all intimate care needs and dispose of it within a sealed bag into the lidded bin provided 3.5.3 Train staff via video link for donning and doffing how to put on PPE effectively and dispose of it safely. 3.5.4 SMT/SMT to observe staff to ensure competency 3.5.5 Encourage staff to wear clean clothes every day and wash clothing at 60 degrees to kill the virus	L2 x I4 = 8	First Aid Log
4 Staff wellbeing	4.1 Risk of mental health impacts		6.1.1 Keep open lines of communication between SMT and staff to share concerns as they arise 6.1.2 Use weekly team meeting to explore issues/ be open 6.1.3 Communicate changes in emails so that staff can reflect on these in their own time 6.1.4 Support staff where possible 6.1.5 Refer to SAS wellbeing services, employee helpline or Occupational Health for stress management	L2 x I4 = 8	staff /team meeting minutes personnel files
5. Children attending nursery	5.1 High infection risk due to children and staff unable to maintain social distancing -		5.1.1 Advise parents of their role in remaining vigilant: not bringing child to nursery if any member of the household has signs/symptoms of COVID19	L2 x I4 = 8	Website, newsletters

	through not being able to keep small groups apart		<p>5.1.2 Advise parents to get a test for the child/ themselves where there has been signs/symptoms</p> <p>5.1.3 HT to be informed if a child shows symptoms of COVID19</p> <p>5.1.4 Limit parent access onto the premises to drop off/pick up at the garden gate (Robin/Sparrow), R4 door (Jay) and main entrance for Magpie</p> <p>5.1.5 It is important, given their age, that children have free access to toilets at all times. Classroom staff must ensure that toilet seats, flush handles, doors, washbasins and taps are wiped with disinfectant after each use</p>		
	5.2 High infection risk due to children not following handwashing guidance		<p>Children are supported to wash hands 6 or 7 times each session:</p> <ul style="list-style-type: none"> ● On arrival ● After using the toilet ● After using fixed playground equipment ● Before snack/lunch ● After any messy play ● Before going home 	L2 x I4 = 8	Operational Protocol
	5.3 Risk of transmission during the conduct of practical activities in school		<p>5.3.1 Wipe all small tools (pencils, scissors) at end of session</p> <p>5.3.2 Limit soft toys and cushions from use</p> <p>5.3.3 Surfaces and chairs– wiped down between activities and at the end of session</p>	L2 x I4 = 8	Operational Protocol Planning sheets
6..Clinically extremely vulnerable children	Keep alert to health advice re individual children in this category		RA in place re aerosol generating routines (suctioning)	L2 x I4 = 8	Risk Assessments

7..Clinically vulnerable children	If clinically vulnerable children cannot remain at home then a Risk Assessment must be done		RA to consider safe inclusion	L2 x I4 = 8	
8. Children's wellbeing	8.1 Risk of mental health impacts		8.1.1 Discuss parent's anxieties during the settling period 8.1.2 Stress the importance of regular attendance but keep in touch with all children with regular KW phonecalls	L2 x I4 = 8	
9. Entering the school	9.1 High infection risk due to staff, parents and/or children not observing social distancing on journeys to and from nursery, especially when using public transport		9.1.1 Signage along school fence to encourage parents to socially distance when bringing/ collecting children 9.1.2 Four points of access to minimise crowding of families 9.1.3 Parents to hand over/collect children at the classroom door to staff to reduce internal footfall 9.1.4 Parents needing to access the main office must come in to building 1 at a time and remain inside the lobby area 9.1.5 Communications with parents are by phone or email to reduce egress.	L2 x I4 = 8	Signage Website/ newsletters
10.Fire Safety	10.1 Risk of unsafe fire management practice due to staff shortages		10.1.1 Fire drills as usual with teacher escorting children to assembly point and support staff sweeping the building, SMT/Office staff bringing out registers and contingency pack, SS sweeping the rest of the building 10.1.2 Fire Assembly point is in the garden 10.1.3 All support staff are qualified Fire Wardens and are on site at all times	L1 x 4 = 4	Fire Log INSET records
11.First Aid and Pupils with Medical Conditions	11.1 Risk that first aid arrangements and equipment do not provide adequate		11.1.1 4 fully qualified First Aid at Work staff	L2 x I4 = 8	First Aid Log

	protection for staff against infection		<p>11.1.2 All staff working with children have emergency paediatric first aid qualification</p> <p>11.1.4 All children with medical conditions to be risk assessed: any child requiring aerosol generating procedures requires a covid safe plan</p> <p>11.1.5 Provide disposable gloves, aprons and face masks for staff use</p> <p>11.1.6 Use non-contact thermometers for temp checks 37.8 degrees C or above</p> <p>11.1.7 If a child is sick: isolate in Room 4 (self contained WC) with staff in PPE and contact the parent immediately to request removal. Try to maintain a 2 metre distance as far as possible.</p> <p>11.1.8 Ensure area/ equipment used is cleaned thoroughly with disinfectant after use</p>		
	11.2 Risk that first aid arrangements do not provide adequate support for pupils due to staff shortages		<p>11.2.1 Ensure 1x FAW and 1 x paediatric first aider each day</p> <p>11.2.2 Maintain appropriate staff ratios to ensure accidents are minimised</p> <p>11.2.3 Ensure all Care Plans are up to date</p> <p>11.2.4 Follow guidance re use of PPE</p>	L1 x 4 = 4	Care Plans
12.Pupils with Special Needs	12.1 Risk the needs of pupils with complex SEND cannot be safely met in school		12.1.1 Ensure all Care Plans are up to date	L1 x 4 = 4	Care Plans
	12.2 Risk the needs of pupils with complex SEND cannot be safely met out of school		<p>12.2.1 Ensure appropriately trained staff on site to meet medical need eg epilepsy</p> <p>12.2.2 Ensure sufficient staffing available to meet learning needs</p>	L2 x 4 = 8	Staff rota

13.Safeguarding	13.1 Risks of parents being unable to safeguard their child		<p>13.1.1 Prioritise children CP/CIN and those at risk of becoming CP/CIN for nursery placement in case of further lockdown</p> <p>13.1.2 Offer weekly home/school support via telephone/skype and home learning via website or learning pack</p> <p>13.1.3 All DSL's to monitor allocated cases with weekly phone call, attending virtual social care meetings etc.</p> <p>13.1.4 All DSL's to keep Safeguard Software updated</p>	L2 x I4 = 8	Safeguarding Team notes
14. Communication	14.1 Risk that staff do not understand the new arrangements; behaviour resulting in increased infections		<p>14.1.1 Office to maintain contact details/ any medical care plans for all staff</p> <p>14.1.2 Communications to be sent via school email address/ staff made aware to check this regularly</p>	L2 x I2 = 4	Staff/ team meeting minutes
	14.2 Risk that children and parents do not understand the new arrangements; behaviour resulting in increased infections		14.2.1 Website to be updated with latest Risk Assessment, operational Protocol and Outbreak Management Plan	L2 x I4 = 8	
15.Visitors on site inc contractors, parents	15.1 Risk of external visitors, including parents, bringing in infection		<p>15.1.1 No non-essential visitors. Individual or small group only. Deliveries to be left at the front door. All visits to be pre-booked (no walk in's unless emergency)</p> <p>15.1.2 Do not enter the premises if displaying signs of COVID 19</p> <p>15.1.3 Sign in the visitor's book and leave personal contact details (track and trace) and encourage access to the school's QR code (displayed at all access points)</p>	L2 x I2 = 4	Visitor book operational Protocol

			<p>15.1.4 Hand-sanitise on arrival/ wear face covering, do not shake hands</p> <p>15.1.5 Be accompanied by a designated staff member at all times and maintain a social distance of 1-2 metres as possible.</p> <p>15.1.6 Not in same area as children (if work is essential relocate the children)</p> <p>15.1.7 Visitors may not share stationery or other items</p> <p>15.1.8 If a meeting/ training session is required this must be done in Room 5 ensuring the room is well-ventilated</p> <p>15.1.9 Any documentation or reports should be emailed after the visit.</p>		
16. Parents settling new children	18.1 Risk of external visitors bringing in infection		<p>16.1.1 Only one adult per child to settle on the premises</p> <p>16.1.2 Limit to a max 4 parents per day on site</p> <p>16.1.3 All parents asked to wear a face covering whilst on site</p> <p>16.1.4 Parents to use Room 5 as a waiting space</p>		Operational Protocol

Annex – Guide to assessing risk

Impact:

This is the potential impact of the risk on the organisation should it materialise. You can use a scale between 1 and 4 to rate the impact.

Likelihood:

This is the probability of the risk occurring. You can rate the likelihood of the risk using a scale of between 1 and 4.

Risk Rating:

The current risk rating is worked out by multiplying the impact and likelihood ratings of the risk. You should then use this rating to prioritise the risk.

A risk assessment matrix with 'Impact' on the vertical axis and 'Likelihood' on the horizontal axis. The vertical axis has four levels: Major, Serious, Significant, and Minor. The horizontal axis has four levels: Remote, Unlikely, Likely, and Very Likely. The matrix cells contain risk ratings (1-16) and are color-coded: Green for ratings 1-4, Amber for ratings 6-8, and Red for ratings 9-16.

	Remote	Unlikely	Likely	Very Likely
Major	4	8	12	16
Serious	3	6	9	12
Significant	2	4	6	8
Minor	1	2	3	4

High Level Risks are risks rated **9-16** are coded **RED**. You should prioritise and manage these risks first.

Medium Level Risks are risks rated **6 – 8** are coded **AMBER**. These risks need to be managed and continually reviewed to ensure they are not posing any significant threats. Close monitoring is essential to avoid them developing into red/ high risks where possible.

Low Level Risks are the risks with the risk rating of **1 – 4** are coded **GREEN**. These risks require limited action but they need to be reviewed regularly to ensure they are not posing any threats.