



SUPPLEMENTARY INFORMATION Coronavirus (Covid 19)

ACTIVITY: Coronavirus (COVID-19) Spread and Government Advice (REVISION 5) – September 2021 (Page 1 of 22) (R4a)		DATE OF ASSESSMENT 7.9.21
ESTABLISHMENT/SCHOOL Mortimer Primary School	SECTION/TEAM All	
WHO MIGHT BE HARMED? Employees, pupils, trainees, students and visitors		HOW MANY ARE AFFECTED? All
<p>This document is designed to act simply as an aide memoire, recognising that all schools have their individual contexts, processes and procedures already established in relation to overall school effectiveness.</p> <p>The document is by no means intended to serve as a 'checklist', rather it is hoped that it will be a useful tool for school leaders to use with making decisions and reviewing and updating their risk assessments and the temporary modifications that are required.</p> <p>Greyed out areas of this risk assessment will be implemented alongside the Outbreak Management Plan should there be an increase in positive cases across the setting.</p>		
<pre> graph LR A[Determine Capacity of School Building] --> B[Determine Staff Availability to Work On-site] B --> C[Liaise with Parents Regarding Intention to Open Fully] C --> D[Undertake Risk Assessment and Action Plan] D --> E[Engage Governing Body, Staff and Union Reps in the Plans for Full Opening.] E --> F[Make Necessary Small Adaptations to Site] F --> G[Complete Identified Actions] G --> H[Determine Remote Learning Offer/Contingency Plans] H --> I[Inform Parents of Re-opening Plans and Expectations and publish Risk Assessment] </pre>		
<p>The thresholds detailed below can be used as an indication for when to seek public health advice if there are concerns:</p> <p>For most education and childcare settings, whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> • 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or • 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period <p>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</p> <ul style="list-style-type: none"> • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period 		

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HAZARDS (including inadequate / lack of arrangements)	EXISTING CONTROL MEASURES	✓ if in place X if not	IF 'X' STATE THE ACTION TO BE TAKEN WITH TIMESCALES OR INDICATE ANY ADDITIONAL CONTROL MEASURES	RESIDUAL RISK RATING High, Medium, Low
	<p>The 'BUILDING RA COVID' assessment has been revised and updated for the general running of the building.</p> <p>NB: TWFRS who has confirmed that wedging doors open is not best practice, however due to the COVID-19 crisis wedging classroom doors can be done, but cross corridor doors and doors leading on to a fire escape or stairway must remain in the closed position at all times</p> <p>Any door wedged open must have the wedge removed when the class is vacant even for the shortest period and the school must risk assess this.</p> <p>As for installing barriers in front of doors this is not acceptable under any circumstance, should an area need to be segregated then the use of signage and Fire Exit Door Security Seals should be used which would snap if the door is forced open allowing anyone emergency egress if necessary.</p>			L
<p>2. Child/Adult is unwell and it is believed that they have been exposed to COVID-19.</p>	<p>Ensure that pupils, staff and other adults do not come into the school if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home, are essential actions to reduce the risk in schools and further drive down transmission of coronavirus (COVID-19). All schools must follow this process and ensure all staff are aware of it.</p> <p>If anyone in the school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection', Anyone with COVID-19 symptoms or a positive test result should stay at home and self-isolate immediately. If you have symptoms of COVID-19, you should arrange to have a PCR test as soon as possible. This still applies even if you have received one or more doses of COVID-19 vaccine.</p>	✓		

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	<p>If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.</p> <p>If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <p>PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance.</p> <p>As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital.</p> <p>Any members of staff who have helped someone with symptoms and any pupils who have been in close contact with them do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive (see below) or they have been requested to do so by NHS Test and Trace.</p> <p>Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance. Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>		

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<p>3. Risk of coronavirus and other infections spreading to children and staff due to inadequate infection control procedure</p>	<p>The school will ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future. Points to consider and implement:</p> <ul style="list-style-type: none"> • has the school enough hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly • can the school ensure that there is enough supervision when using hand sanitiser to eliminate ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative • the school will build these routines into school culture, supported by behaviour expectations and helping ensure younger children and those with complex needs understand the need to follow them • Soap and water is more effective than using sanitisers <p>The 'catch it, bin it, kill it' approach continues to be very important, so schools must ensure that they have enough tissues and bins available in the school to support pupils and staff to follow this routine. As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them, and is not a reason to deny these pupils face to face education.</p> <p>Where there is an infection outbreak other than COVID-19 the Outbreak Management Template provided by Public Health should be used.</p>	<p>✓</p>		

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	<p>As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and no longer need to make alternative arrangements to avoid mixing at lunch.</p> <p>However extra actions will need to be taken if the number of positive cases substantially increase within the school setting.</p> <p>The school will minimise contacts and mixing between people while delivering a broad and balanced curriculum.</p> <p>The overarching principle to apply is reducing the number of contacts between children and staff. This can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals. These are not alternative options and both measures will help, but the balance between them will change depending on:</p> <ul style="list-style-type: none">• children's ability to distance• the lay out of the school• the feasibility of keeping distinct groups separate while offering a broad curriculum (especially at secondary) <p>It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing. For children old enough, they should also be supported to maintain distance and not touch staff where possible.</p> <p>Points to consider and implement:</p> <p>How to group children</p> <p>Consistent groups reduce the risk of transmission by limiting the number of pupils and staff in contact with each other to only those within the group. They have been used in schools in the summer term in recognition that children, and especially the youngest children, cannot socially distance from staff or from each other and this provides an additional protective measure. Maintaining distinct groups or 'bubbles' that do not mix makes it quicker and easier in the</p>			

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	<p>event of a positive case to identify those who may need to self-isolate, and keep that number as small as possible.</p> <p>In this guidance for the autumn term, maintaining consistent groups remains important, but given the decrease in the prevalence of coronavirus (COVID-19) and the resumption of the full range of curriculum subjects, schools may need to change the emphasis on bubbles within their system of controls and increase the size of these groups.</p> <p>To manage the practical logistics within and around school, we will implement year group sized 'bubbles'. Whatever the size of the group, they should be kept apart from other groups where possible and older children should be encouraged to keep their distance within groups. Schools with the capability to do it should take steps to limit interaction, sharing of rooms and social spaces between groups as much as possible. When using larger groups the other measures from the system of controls become even more important, to minimise transmission risks and to minimise the numbers of pupils and staff who may need to self-isolate. We recognise that younger children will not be able to maintain social distancing, and it is acceptable for them not to distance within their group.</p> <p>Both the approaches of separating groups and maintaining distance are not 'all-or-nothing' options, and will still bring benefits even if implemented partially. Some schools may keep children in their class groups for the majority of the classroom time, but also allow mixing into wider groups for specialist teaching, wraparound care and transport, or for boarding pupils in one group residentially and another during the school day. Siblings may also be in different groups. Endeavouring to keep these groups at least partially separate and minimising contacts between children will still offer public health benefits as it reduces the network of possible direct transmission. All teachers and other staff can operate across different classes and year groups in order to facilitate the delivery of the school timetable. This will be particularly important for secondary schools. Where staff</p>			

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	<p>need to move between classes and year groups, they should try and keep their distance from pupils and other staff as much as they can, ideally 2 metres from other adults. Again, we recognise this is not likely to be possible with younger children and teachers in primary schools can still work across groups if that is needed to enable a full educational offer.</p> <p>Measures within the classroom Maintaining a distance between people whilst inside and reducing the amount of time they are in face to face to contact lowers the risk of transmission. It is strong public health advice that staff in secondary schools maintain distance from their pupils, staying at the front of the class, and away from their colleagues where possible. Ideally, adults should maintain 2 metre distance from each other, and from children. We know that this is not always possible, particularly when working with younger children, but if adults can do this when circumstances allow that will help. In particular, they should avoid close face to face contact and minimise time spent within 1 metre of anyone. Similarly, it will not be possible when working with many pupils who have complex needs or who need close contact care. These pupils' educational and care support should be provided as normal.</p> <p>For children old enough, they should also be supported to maintain distance and not touch staff and their peers where possible. This will not be possible for the youngest children and some children with complex needs and it is not feasible in some schools where space does not allow. Schools doing this where they can, and even doing this some of the time, will help.</p> <p>When staff or children cannot maintain distancing, particularly with younger children in primary schools, the risk can also be reduced by keeping pupils in the smaller, class-sized groups described above. Schools should make small adaptations to the classroom to support distancing where possible. That should include seating pupils side by side and facing forwards, rather than face to face or side on, and</p>			

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	<p>might include moving unnecessary furniture out of classrooms to make more space.</p> <p>It is important to ensure good ventilation. Advice on this can be found in Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak.</p> <p>In classrooms, it will be important that schools improve ventilation (for example, by opening windows).</p> <p>Measures elsewhere</p> <p>Groups should be kept apart, meaning that schools should avoid large gatherings such as assemblies or collective worship with more than one group.</p> <p>When timetabling, groups should be kept apart and movement around the school site kept to a minimum. While passing briefly in the corridor or playground is low risk, schools should avoid creating busy corridors, entrances and exits. Schools should also consider staggered break times and lunch times (and time for cleaning surfaces in the dining hall between groups).</p> <p>Schools should also plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimised, although staff must still have a break of a reasonable length during the day.</p> <p>Measures for arriving at and leaving school</p> <p>Travel to school patterns differ greatly between schools. If those patterns allow, schools should consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave school. Staggered start and finish times should not reduce the amount of overall teaching time. A staggered start may, for example, include condensing / staggering free periods or break time but retaining the same amount of teaching time, or keeping the length of the day the same but starting and finishing later to avoid rush hour. Schools should consider how to communicate this to parents and remind them about the process that has been agreed for drop off and</p>			

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	<p>collection, including that gathering at the school gates and otherwise coming onto the site without an appointment is not allowed. Schools should also have a process for removing face coverings when pupils and staff who use them arrive at school and communicate it clearly to them. Pupils must be instructed not to touch the front of their face covering during use or when removing them.</p> <p>They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom. Guidance on safe working in education, childcare and children's social care provides more advice.</p> <p>Other considerations Some pupils with SEND (whether with education, health and care plans or on SEN support) will need specific help and preparation for the changes to routine that this will involve, so teachers and special educational needs coordinators should plan to meet these needs, for example using social stories.</p> <p>Supply teachers, peripatetic teachers and/or other temporary staff can move between schools. They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. Schools should consider how to manage other visitors to the site, such as contractors, and ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school hours, they should. A record should be kept of all visitors. Visitors to the school should be restricted to only absolute necessary visits.</p> <p>In primary schools and education settings teaching year 6 and below, there is no change to the existing position. It is not mandatory for staff</p>			

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	<p>and visitors to wear face coverings. In situations where social distancing between adults in settings is not possible (for example when moving around in corridors and communal areas), settings have the discretion to recommend the use of face coverings for adults on site, for both staff and visitors. Primary school children do not need to wear face coverings.</p> <p>School can request parents to wear face covering when entering site during drop off and pick up times, but this is not mandatory.</p> <p>Where a child routinely attends more than one setting on a part time basis, for example because they are dual registered at a mainstream school and an alternative provision setting or special school, schools should work through the system of controls collaboratively, enabling them to address any risks identified and allowing them to jointly deliver a broad and balanced curriculum for the child.</p> <p>Equipment and resources are integral to education in schools. During the summer term, their use was minimised, many were moved out of classrooms, and there was significant extra cleaning. That position has now changed for the autumn term, because prevalence of coronavirus (COVID-19) has decreased and because they are so important for the delivery of education. 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 used and shared within the bubble; these should be cleaned regularly, along with all frequently touched surfaces. Resources that are shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently and 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.</p> <p>Outdoor playground equipment should be more frequently cleaned. This would also apply to resources used inside and outside by</p>			

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	<p>wraparound care providers. It is still recommended that pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed. 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 education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.</p> <p>Schools have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls.</p> <p>Music, dance and drama and assemblies can be undertaken in school so long as safety precautions are undertaken.</p> <p>Mixing will also be allowed at lunch however this should be monitored</p>				
5. Risk of coronavirus infection spreading to children and staff due to lack of PPE	Face covering when risk assessment confident and public transport recommendations. Read the guidance on safe working in education, childcare and children's social care for more information about preventing and controlling infection, including when, how PPE should be used, what type of PPE to use, and how to source it.	✓			
6. Failure to use test and trace leading coronavirus infection spreading to children and staff	<p>Schools only needed to do contact tracing up to and including 18 July. Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts. Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You</p>	<p>✓</p> <p>✓</p>			

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	<p>may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>Individuals are not required to self-isolate if they live in the same household as someone with COVID-19, or are a close contact of someone with COVID-19, and any of the following apply:</p> <ul style="list-style-type: none"> • they are fully vaccinated • they are below the age of 18 years and 6 months • they have taken part in or are currently part of an approved COVID-19 vaccine trial • they are not able to get vaccinated for medical reasons <p>Instead, they will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a <u>PCR test</u>. We would encourage all individuals to take a PCR test if advised to do so.</p> <p>Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. They do not need to wear a face covering within the school, but it is expected and recommended that these are worn when travelling on public or dedicated transport.</p> <p>Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.</p> <p>Local PH contacts:</p> <ul style="list-style-type: none"> • The Covid inbox should be used in the first instance to direct any queries, as well as any information regarding any suspected or confirmed cases to 	<p>✓</p> <p>✓</p>		

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	<p>COVID@southtyneside.gov.uk This inbox is monitored 7 days a week by the public health team.</p> <ul style="list-style-type: none"> Public Health England (North East and Yorkshire Region) 0300 303 8596 Claire Mawson, Senior Public Health Advanced Practitioner claire.mawson@southtyneside.gov.uk 07776 992033 (part-time Monday-Wednesday am) Sam Start, Senior Public Health Advanced Practitioner samantha.start@southtyneside.gov.uk 07776997869 (Wednesday pm-Friday) CHECK 			
7. Failure to manage confirmed cases of coronavirus (COVID-19) amongst the school community	<p>Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see <u>Stepping measures up and down</u> section for more information) or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.</p> <p>Schools must take swift action when they become aware that someone who has attended has tested positive for coronavirus (COVID-19). Schools should contact the local health protection team. This team will also contact schools directly if they become aware that someone who has tested positive for coronavirus (COVID-19) attended the school – as identified by NHS Test and Trace.</p> <p>The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.</p> <p>Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.</p>	<p>✓</p> <p>✓</p>		

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	<p>Further guidance is available on testing and tracing for coronavirus (COVID-19).</p> <p>Local PH contacts:</p> <ul style="list-style-type: none"> The Covid inbox should be used in the first instance to direct any queries, as well as any information regarding any suspected or confirmed cases to COVID@southtyneside.gov.uk This inbox is monitored 7 days a week by the public health team. Public Health England (North East and Yorkshire Region) 0300 303 8596 Claire Mawson, Senior Public Health Advanced Practitioner claire.mawson@southtyneside.gov.uk 07776 992033 (part-time Monday-Wednesday am) Sam Start, Senior Public Health Advanced Practitioner samantha.start@southtyneside.gov.uk 07776997869 (Wednesday pm-Friday) 			
<p>8. Failure to contain any outbreak by following local health protection team advice</p>	<p>Should there be an increase in positive cases across the setting, the thresholds detailed below can be used as an indication for when to seek public health advice if there are concerns:</p> <p>For most education and childcare settings, whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period 	✓		

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<p>9. Risk of coronavirus infection spreading due to use of transport</p>	<p>Adjust transport arrangements where necessary including:</p> <ul style="list-style-type: none"> • encourage parents and children and young people to walk or cycle to their education setting where possible • make sure schools, parents and young people follow the <u>Coronavirus (COVID-19): safer travel guidance for passengers</u> when planning their travel • ensure that transport arrangements cater for any changes to start and finish times • communicating revised travel plans clearly to contractors, local authorities and parents where appropriate (for instance, to agree pick-up and drop-off times) <p>Wider public transport</p> <p>The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This includes public transport and dedicated transport to school or college.</p>	<p>✓</p>		
<p>10. Risk of coronavirus infection spreading to shielded and clinically vulnerable adults</p>	<p>Shielding advice was paused on 1 April 2021. If you require additional care and support to help you stay safe and well, there is further advice below.</p> <p>As restrictions have been eased following the move to Step 4 of the roadmap, we are advising clinically extremely vulnerable people, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance.</p> <p>However, as someone who is at a higher risk of becoming seriously ill if you were to catch COVID-19, you may wish to think particularly carefully about additional precautions you might wish to continue to take. Individuals may choose to limit the close contact they have with</p>	<p>✓</p>		

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	<p>those they do not usually meet with in order to reduce the risk of catching or spreading COVID-19, particularly if they are clinically extremely vulnerable and if COVID-19 disease levels in the general community are high. It is important to respect and be considerate of those who may wish to take a more cautious approach as restrictions are lifted.</p> <p>Employers still have a legal responsibility to protect their employees and others from risks to their health and safety, therefore any CEV 'Health Risk Assessment' should be reviewed. Government advise vaccination for pregnant workers.</p> <p>Advice for those who are clinically-vulnerable, including pregnant women, is available.</p> <p>People who live with those who are clinically extremely vulnerable or clinically vulnerable can attend the workplace.</p>	✓		
<p>11. Risk of coronavirus infection spreading to shielded and clinically vulnerable persons via pupil or staff attending school</p>	<p>All clinically extremely vulnerable (CEV) children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.</p> <p>Children who live with someone who is clinically extremely vulnerable, but who are not clinically extremely vulnerable themselves, should still attend education.</p> <p>A small number of pupils will still be unable to attend in line with public health advice because they are self-isolating and have had symptoms or a positive test result themselves; or because they are a close contact of someone who has coronavirus (COVID-19)</p> <p>You can find more advice from the Royal College of Paediatrics and Child Health at COVID-19 - 'shielding' guidance for children and young people.</p>	✓		

ACTIVITY: Coronavirus (COVID-19) Spread and Government Advice (Page 19 of 22) (R4a)			DATE OF ASSESSMENT 7.9.21	
HAZARDS (including inadequate / lack of arrangements)	EXISTING CONTROL MEASURES	✓ if in place X if not	IF 'X' STATE THE ACTION TO BE TAKEN WITH TIMESCALES OR INDICATE ANY ADDITIONAL CONTROL MEASURES	RESIDUAL RISK RATING High, Medium, Low
	Where a pupil is unable to attend school because they are complying with clinical and/or public health advice, we expect schools to be able to immediately offer them access to remote education. Schools should monitor engagement with this activity (as set out in the section below). Where children are not able to attend school as parents are following clinical and/or public health advice, absence will not be penalised.	✓		
Reference Documents: Please see links in main document which update automatically.				
ASSESSED BY (Print name) G.Cunningham Head Teacher			SIGNED	DATE 7.9.21
LINE MANAGER R.Lloyd Chair of Governors			SIGNED	REVIEW DATE As required