

THOMAS DEACON EDUCATION TRUST GENERIC RISK ASSESSMENT



TITLE:	COVID-19 : Secure Management duri	ng Core and Non-Core Hours of Academy Operation
VERSION:	6	
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:	17th May 2023 Kindly note that document review will be <u>continuous</u> and 1. Where there have been significant changes in Education. 2. When there are significant changes in Legislatic 3. After an unfortunate incident/accident that had 4. Periodically, minimum bi-annually.	the evolving advice from HM Government, Public Health England, and Department for on the address and new hazards and/or risks.

		VERSION CONTROL – COMPLETE EACH TIME RISK ASSESSMENT IS REVIEWE	D	
DATE	VERSION	REASON FOR AMENDMENTS	COMPLETED BY	AUTHORISING MANAGER
04/06/2020	2	Sector Inducedure sentim required by Agrees. Sector Inducedure sentim majority hygiese. Sector Inducedure sentim sentim sentim majority hygiese. Sector Inducedure sentim	Harvinder Singh Rajput	Simon Smith and Scott Hudson
05/06/2020	2.1	Section 2.1—Projecting species with our entire figure and these. COPO THE first the fidulation represents the contract of the contract of the contract field account of the contract field	Harvinder Singh Rajput	Simon Smith and Scott Hudson
07/06/2020	2.2	Section 2.7 Inducting papels with any or higher and or these. Their confusioning upon to the section of a purple paper and or the section of	Harvinder Singh Rajput	Simon Smith and Scott Hudson
16/06/2020	2.3	Section 3.7- Angular via most in an information of the control of	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 from the control of the control	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
01/09/2020	3.2	Section 2-1-specing continues gaining gradient process the section of the section	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
30/10/2020	4	Section 2. Principle Counting to contract part of the country, in if immension terminological principle country is a country of the country o	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
28/02/2021	5	Section 2 - Protecting people who are all higher this of harm (Clinically, Esternety Valencebles, Clinically, Valencebles, Puglis who are shieting, EAMI communities: Section updated to comply with IMA Government guidance from 6° March 2021 onwards. Section 3 - Reporting confirmed position, engaging with the Net His feat and Tace process, working people obsolicated yet and the Reporting confirmed positions, engaging with the Net His feat and Tace process, working people with net Protection 180 and people who need to self-solder. Section update with Init for 8° March 2021 guidance. Section 8 - Approximate Valence of the Net His feat and Tace protection 180 and 1	Harvinder Singh Rajput	Simon Smith, and Scott Hudson
13/09/2021	6	Complete document reviewed to reflect HM Government guidance for Step-4 from 19th July 2021. • Schools COVID-19 operational guidance - GOV.UK (www.gov.uk) • Updated 27th August 2021 Section 1 - Amended to reflect new guidance	Harvinder Singh Rajput	Peter Kirkbride, and Scott Hudson

Section 3.1 - Retitled from 'People that should be advised to come into work or work from home', to, 'Trust workforce returning to work including CEV CV and BAME' and written to reflect new guidance Section 3.2 – Retitled from 'Protecting people who are at higher risk of harm' to 'Negotiating flexible working' and written to reflect new guidance **Section 3.3** – Amended to reflect new guidance Section 3.6 (v5) – Safe social distancing, communication, enforcement, and mitigating actions removed Section 3.6 (v6) - Carbon Dioxide (CO₂) monitors included to aid and support the monitoring of ventilation in occupied spaces Section 3.7 (v6) - Foreign Travel now includes direction for red, amber, and green listed countries Section 3.8 (v5) – Physical Education (PE) and playtime Activities in Playgrounds removed Section 3.11 (v5) - Music removed Section 3.13 – Numbers coming to and leaving Academy premises at any one time removed Section 3.14 (v5) 3.10 (v6) – Amended to reflect new guidance Section 3.15 (v5) - Migrating within and around the Academy premises removed Section 3.16 (v5) - Workplaces, workstations, teaching and learning areas, work and learning equipment and resources including soft and cuddly toys removed Section 3.17 (v5) – Managing Practical Lessons (Science Laboratories / Design and Technology Workshops) removed Section 3.18 (v5) – Meetings removed Section 3.19 (v5) – Common Areas removed Section 3.20 (v5) – Issuing new school uniform removed Section 3.22 (v5) – High risk pupils, i.e. those that are socially vulnerable, have a EHCP (SEND) and/or IMCP' removed Section 3.23 (v5) – Early Years Foundation Stage (EYFS) removed Section 3.24 (v5) – Safeguarding and Safer Recruitment removed Section 3.26 (v5) – Handling inbound and outbound goods, merchandise, and other materials removed **Section 3.27 (v5)** – Managing the workforce removed Section 3.28 (v5) – Reasonable adjustments to timetable removed Section 3.33 (v5) - Transport, i.e. Trust and hire vehicles, dedicated Academy transport, and the wider public transport removed Section 3.34 (v5) – Work-related travel removed Section 3.35 (v5) – Wraparound Provisions and Extra-curricular Activities removed Section 3.36 (v5) – Results day and examinations removed Section 3.37 (v5) – Behaviour and expectations removed

Section 3.23 (v6) – Outbreak Management Plan added

	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)			
1.	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 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 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,	 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 conditions may develop serious, chronic and life-threatening respiratory illness. 	 Members of Staff Pupils Volunteers Parents Visitors. 	1. Trust workforce returning to work (including Clinically Extremely Vulnerable, Clinically Vulnerable, and BAME Community) In relation to working in schools, whilst it is not possible to ensure a totally risk-free environment, the Office of National Statistics' analysis on coronavirus (COVID-19) related deaths linked to occupations suggests that staff in educational settings tend not to be at any greater risk from the disease than many other occupations. There is no evidence that children transmit the disease any more than adults. Given the improved position, the balance of risk is now overwhelmingly in favour of people returning to their Academy's. Staff must be advised, under the existing government advice and guidance, that it is safe for them to return to work as the country moved to Step-4 of the roadmap on 19th July 2021. • Schools COVID-19 operational quidance - GOV.UK (www.gov.uk) • Updated 27th August 2021. • Applies after Step-4 of the roadmap on 19th July 2021. Clinically Extremely Vulnerable (Child, Young Adult, and Adult): Clinically Extremely Vulnerable (CEV) people are no longer advised to shield but may wish to take extra precautions to protect	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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	are referred to as			themselves, and to follow the				
	'droplet nuclei'.			practical steps set out in the CEV				
				guidance to minimise their risk of				
	According to current			exposure to the virus.				
	evidence, COVID-19			- 1				
	virus is a 'sticky protein			Advice for those who are				
	cell' that is primarily transmitted between			'extremely clinically vulnerable'				
	people through			can be found in the link below.				
	respiratory droplets			Guidance on shielding and				
	and contact routes							
	including touch			protecting people who are				
	points.			clinically extremely vulnerable				
	points.			from COVID-19				
	Respiratory droplets			 https://www.gov.uk/government 				
	are of a weight that			/publications/guidance-on-				
	they will fall to the			shielding-and-protecting-				
	ground at round 1-			extremely-vulnerable-persons-				
	metre, thus the initial			from-covid-19/guidance-on-				
	2-metre social			shielding-and-protecting-				
	distance rule, and			extremely-vulnerable-persons-				
	can remain on			from-covid-19				
	surfaces for some time			Hom covia 17				
	depending on the			Clinia ally vydnorahla (Child				
	type of material, e.g.			Clinically vulnerable (Child,				
	48 hours for fabric and			Young Adult, and Adult):				
	up to 72 hours for			Individuals who are considered to				
	plastics and hard rigid			be 'clinically vulnerable' are				
	surfaces such as			advised to return and must				
	desks.			adhere to the Trust's systems of				
	Therefore, some			control, prevention, and				
	methods of			protection measures for				
	preventing or			preventing/reducing the spread				
	reducing the risk of			and infection of COVID-19.				
	COVID-19 transmission							
	and infection are			Further advice for those who are				
	summarised below,			'clinically vulnerable', including				
	however the list is not			'pregnant women' can be found				
	exhaustive:			in the link below.				
	1. People that are ill							
	must stay at home.			Staying alert and safe (social				
	2. Maintain high			distancing)				
	levels of			o https://www.gov.uk/governme				
	'respiratory'			nt/publications/staying-alert-				
	hygiene, i.e. apply			and-safe-social-				
	'Catch It', 'Bin It',			distancing/staying-alert-and-				
	and 'Kill It' into			safe-social-distancing-after-4-				
	your daily life.			july				

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	3. Maintain high			Pregnant women are considered						
	levels of 'personal'			to be in the 'clinically						
	hygiene (i.e. more			vulnerable' category.						
	frequent washing			o Royal College of Obstetricians						
	of hands or use of									
	hand sanitiser gel).			and Gynaecologists						
	4. Avoid touching			https://www.rcog.org.uk/en/						
	your face			guidelines-research-						
	unnecessarily.			services/guidelines/coronavir						
	5. Always keep			us-pregnancy/covid-19-virus-						
	occupied spaces			<u>infection-and-</u>						
	well ventilated by			pregnancy/#coronavirus						
	either using natural			 A 'New and Expectant Mothers 						
	ventilation methods, such as			Risk Assessment' must be						
	opening windows			completed, that is as soon as is						
	and doors, or by			practicably possible, to						
	using mechanical			consider any risks to female						
	forced ventilation			employees or pupils of						
	systems, such as Air			childbearing age from their						
	Handling Units			environmental working						
	(AHU)									
	6. Installation of CO2			conditions, or use of physical,						
	monitors to aid			chemical, or biological agents.						
	and support the									
	monitoring of			BAME communities:						
	ventilation in			Emerging UK and international						
	occupied spaces.			data suggest that people from						
	7. Ensure enhanced			the 'Black', 'Asian', and 'Minority						
	thorough cleaning			Ethnic' (BAME) communities in the						
	regimes are in			general population are being						
	place and			disproportionately affected by						
	maintained. 8. For individual and			COVID-19. The Trust recognises						
	very frequently			that these shocking figures have						
	used equipment,			understandably led to						
	such as pencils			widespread fear, anxiety, and						
	and pens, it is			grief amongst our BAME staff and						
	recommended			their communities. The reason for						
	that staff and									
	pupils have their			the disparities is complex and						
	own items that are			there is ongoing research to						
	not shared.			understand and translate these						
	9. Classroom based			findings for individuals in the						
	resources, such as			future. However, while it may not						
	books and games,			be clear as to why the BAME						
	can be used and			communities in the general						
	shared within the			population are being						
	group; these			disproportionately affected by						

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	should be cleaned			COVID-19, we are still committed				
	regularly, along			to ensuring the Health, Safety and				
	with all frequently			Mental Wellbeing of all our BAME				
	touched surfaces.			staff and their communities.				
	10. Ensure that robust			stati and meli commonites.				
	local processes			Clafffan Har DAME				
	are in place that			Staff from the BAME communities				
	enable a safe			are advised to return to work and				
	working and			must adhere to all systems of				
	learning			control, prevention and				
	environment, and			protection measures for				
	that these			preventing/reducing the spread				
	processes are			and infection of COVID-19.				
	followed.							
	 Local processes 			Academy leaders will be				
	must capture			professional, responsible, sensible,				
	systems of control							
	that include			and flexible in how they deploy				
	prevention and			the mentioned groups of people				
	protection measures for			so that their safety and health are				
	preventing /			not compromised.				
	reducing the							
	spread and			The Trust's Human Resources				
	infection of			Department will work in				
	COVID-19.			collaboration with the Trust's				
	Outbreak			Health and Safety Section in				
	management			advising, guiding, and working				
	plans must be in			with people that fall into either of				
	place to cover							
	the possibility			these three groups, including their				
	that in some			direct line manager.				
	local areas it			• If required, the Health and Safety				
	may become			Section have a detailed				
	necessary to			'COVID-19 Individual Risk				
	reintroduce			Assessment ' that can be used to				
	'bubbles' for a			record and implement				
	temporary period			additional specific mitigating				
	to reduce mixing			measures to alleviate any				
	between groups.			worries and anxieties that a				
	11. Where necessary,			person in any of the groups				
	wear appropriate			mentioned in this section may				
	personal			have with regards to returning				
	protective			back to work.				
	equipment (PPE).							
	12. Actively engage			If required, the Human				
	with the NHS Test and Trace process.			Resources Department have a				
	13. Actively engage			'COVID-19 Individual Work				
	10. Activoty engage			Assessment' that can also be				

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	with the Local Health Protection Team at the National Institute			completed for a person in any of the groups mentioned in this section.				
	for Health Protection (NIHP), i.e. East of England			2. Negotiating flexible homeworking	L (2)	S (4)	R (8)	Yes
	i.e. East of England Control Centre Team.			Wherever possible, flexible working can be considered and those wishing to pursue flexible working must negotiate the flexible working arrangements and seek approval in line with TDET's Flexible Homeworking Policy.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				The wellbeing, mental and 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. remote access to work systems, Microsoft Teams and Zoom video meeting etc.				
				Safe working from home advice and guidance, including online assessment, published by TDET's Health and Safety Section, and communicated to all staff.				
				TDET has Adult Mental Health First Aid provisions in place that are managed by TDET's Health and Safety Section. Provisions and how to reach out to an appointed Adult Mental Health				

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				First Aider have been communicated to all staff.				
				The Trust's Human Resources Department will address and manage any well-being issues or concerns.				
				3. Reporting confirmed positive situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Health Protection Team at NIHP and Local Authority (CCC/PCC),	L (2) Unlikely	S (4) Significant illness, more than seven	R (8) High	Yes
				and Local Authority (CCC/PCC), and when people need to self- isolate HM Government and NHS guidance:		day, and affecting more than one person		
				Schools: COVID-19 Operational Guidance Schools COVID-19 operational guidance - GOV.UK (www.gov.uk)				
				 Updated 27th August 2021 NHS: Test and Trace: what to do if you are contacted NHS Test and Trace: what to do if you are contacted - GOV.UK 				
				 (www.gov.uk) NHS: When to self-isolate and what to do o When to self-isolate and what 				
				to do - Coronavirus (COVID-19) - NHS (www.nhs.uk) • COVID-19: Guidance for households with possible coronavirus infection				
				o COVID-19: guidance for households with possible coronavirus infection - GOV.UK (www.gov.uk)				
				 Stay at home: guidance for households with possible or 				

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				confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk) Updated 31st August 2021							
				PLEASE NOTE: Government guidance stipulates that all settings will only need to do close contact tracing up to Step-4 (19th July 2021) of the roadmap. From Step-4 (19th July 2021) onwards, close contact tracing will be identified via NHS test and Trace and education settings will no longer be expected to undertake close contact tracing. Educational settings may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases. From 16th August 2021, children under the age of 18-years old will no longer be required to selfisolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. All individuals are encouraged to take a PCR test if advised to do so. 18-year-olds will be treated in the same way as children until 4-months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated,							

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				they will need to self-isolate if				
				identified as a close contact.				
				Settings will continue to have a role in working with the health protection teams in the case of a local outbreak. If there is an outbreak in a setting 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.				
				Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) have raised concern with the above central government protocols and have kindly requested and agreed that all education settings in their county/city continue with the following reporting protocols until the first half of the autumn term.				
				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 for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. The test is best taken				

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				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 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.							
				Guidance defines 'close contact' 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.							

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				• Travelling in a small vehicle, like							
				a car, with an infected person.							

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				NHS Test and Trace will be responsible for contact tracing and will contact and advice all close contacts with a positive case to take a PCR test as soon as possible. We encourage all individuals to take PCR test if advised to do so by NHS Test and Trace. Close contacts will also be advised to limit close contact with people outside their household (especially in closed spaces), wear face covering in an enclosed space where social distancing cannot be maintained, and limit contact with anyone who is clinically extremely vulnerable.						
				A person having a confirmed COVID-19 Polymerase Chain Reaction (PCR) positive test result, must self-isolate for 10-days from the onset of their symptoms, i.e. symptomatic, or date of test if showing no symptoms, i.e. asymptomatic. They 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 should continue self-isolating for the full 14 days.						
				People who do not show symptoms of COVID-19, i.e. asymptomatic, but have been						

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				tested and confirmed positive for COVID-19 using the Lateral Flow Device (LFD) test must stay at home, self-isolate, apply for a confirmatory Polymerase Chain Reaction (PCR) test within 2-days, and follow existing HM Government, National Institute for Health Protection (NIHP) and NHS Test and Trace guidance. 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 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, self-isolate, get themselves tested, follow existing HM Government and National Institute for Health Protection (NIHP) guidance, and adhere to NHS 'Test and Trace' protocol, i.e. apply for a COVID-19 symptoms.						

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				3.1. Adult becoming unwell whilst on the Trust's/Academy's settings							
				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 selfisolate 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. 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. • Adhere to NHS 'Test and Trace'							
				protocol, i.e. online or call 119 for a COVID-19 test within the first 3-days of experiencing any COVID-19 symptoms. Note, the test is best taken within the first 5-days of symptoms.							
				Must keep their direct Line							

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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)			
				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 							
				became unwell.							
				 Date when the individual was 							
				last present in the setting (i.e.							
				last day of attendance).							
				 Date of test and when results were known. 							
				 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 Local Authority's							
				(CCC/PCC) of the confirmed							
				positive COVID-19 situation.							
				Either NHS Test and Trace, the							
1				Local Authority's (CCC/PCC)							
1				adviser, or if escalated,							
				the National Institute for Health							

	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)			
				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 Trust and Academy will be advised and definitively directed on all situations by either NHS Test and Trace, the Local Authority's (CCC/PCC) 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 NHS Test and Trace, the Local Authority's (CCC/PCC) 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.							
				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							

	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)		
				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. • Local Authority's (CCC/PCC) or, if escalated, the National Institute for Health Protection – NIHP (i.e. Public Health Protection Team (East of England LHPT). • HSE (RIDDOR), only if attributed to occupational exposure. • Head of Human Resources. • Absence/sickness management. 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						

	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)		
				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						
				3.2. Pupil becoming unwell whilst on the Trust's/Academy's settings						
				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 '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						

	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 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 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							
				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							

	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)			
				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 and all hard surfaces within 2-metres disinfected immediately after safely removing the unwell pupil from his/her working area/space.							
				from his/her working							

	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)			
		posed by the hazara?	being narmea?	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. • Household members of the pupil showing symptoms must 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 must 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			Level?				
				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							

	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 known.						
				 If tested positive for COVID-19, a 						
				responsible member of staff						
				upon notification will						
				immediately, without delay,						
				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.						
				Local Authority's (CCC/PCC)						
				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.						
				 The responsible SLT member will 						
				immediately, without delay,						
				record and log the 'situation' as						
				it unfolds, including all						
				conversations.						
				 Name and date-of-birth of the 						
				pupil confirmed positive for						
				COVID-19.						
				 Date when the pupil became 						
				unwell.						
				 Date when the pupil was last 						
				present in the setting (i.e. last						
				day of attendance).						
				 Date of test and when results 						
				were known.						

	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)		
				The Trust's Health and Safety						
				Manager will immediately,						
				without delay, contact and						
				notify the Local Authority's						
				(CCC/PCC) of the confirmed						
				positive COVID-19 situation.						
				 Either NHS Test and Trace, the 						
				Local Authority's (CCC/PCC)						
				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 Trust and Academy will be						
				advised and definitively directed						
				on all situations by either NHS						
				Test and Trace, the Local						
				Authority's (CCC/PCC) 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 NHS						
				Test and Trace, the Local						
				Authority's (CCC/PCC) 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						

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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)		
				completing and submitting their online F2508 RIDDOR form.						
				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'.						
				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						

	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)		
				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 second jobs, i.e. voluntary, parttime, or temporary, that they have outside of the Academy or Trust. 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 outside 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	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)		
				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 Health and Safety Section in advising and guiding the person concerned, including their direct line manager.						
				5. 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						

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				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 put at a disadvantage. • 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.							
				6. Ventilation	L (2)	S (4)	R (8)	Yes			
				It is important to ensure good 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 should be opened just enough 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	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)			
				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. olf 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. olf 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. Carbon dioxide (CO2) monitors provided by the Department for Education (DfE) will be installed at strategic locations within buildings to support and aid the monitoring of ventilation within occupied spaces. Further advice on ventilation can be found in the Chartered Institution of Building Services Engineering's (CIBSE's) guidance							

			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 'Coronavirus and Heating 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				
				7. Foreign Travel	L (2)	S (4)	R (8)	Yes
				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 on the HM Government link below. • Foreign travel advice - GOV.UK (www.gov.uk) • Red, amber, green lists: check the rules for travel to England from abroad - GOV.UK (www.gov.uk)	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				Academies within the Trust will communicate openly with staff to explain the challenges around travelling abroad in the current unfavourable prevailing climate,				

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				and how 'quarantine' and 'self- isolation' 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. 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							

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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)		
				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. Parents of children travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or isolate upon return. Children aged 11 to 17 need proof of a negative COVID19 PCR						
				test to travel to England (children aged 10 and under are exempt						

			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)
				from this) and those aged 5 to 17 must take a COVID-19 PCR travel test on or before day 2.				
				8. Off-Site Educational Enrichment Visits	L (2)	S (4)	R (8)	Yes
				When booking a new visit, whether domestic or international, Academies are advised to ensure that any new bookings have adequate financial protection in place.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				HM Government continue to recommend that you do not go on any international visits before the start of the autumn term. From the start of the new Academy term, you can go on international visits that have previously been deferred or postponed and organise new international visits for the future.				
				Academies should be aware that the travel list (and broader international travel policy) is subject to change and green list countries may be moved into amber or red. The travel lists may change during a visit and Academies must comply with international travel legislation and should have contingency plans in place to account for these changes.				
				Latest advice about travelling abroad, including the latest information on coronavirus, safety and security, entry requirements and travel warnings can be found on the HM Government link				

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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)		
				 Foreign travel advice - GOV.UK (www.gov.uk) Red, amber, green lists: check the rules for travel to England from abroad - GOV.UK (www.gov.uk) Academies should speak to either the visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available. Independent advice on insurance cover and options can be sought from the British Insurance Brokers' Association (BIBA) or Association of British Insurers (ABI). Any Academy holding ATOL or ABTA refund credit notes may use these credit notes to rebook educational or international visits. Academies should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP). Personal (i.e. frequent 						
				handwashing) and respiratory (i.e. catch it, bin it, kill it) hygiene communication and enforcement	L (2) Unlikely	S (4) Significant illness, more	R (8) High	Yes		
				Letters sent to Parents and legal		than seven day, 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)
				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.		affecting more than one person		
				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. 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 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				

	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)			
				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 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							

	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)		
				strategically placed, and how best to strategically place hand sanitiser gel stations.						
				10. Face coverings in Education	1 (0)	5 (4)	D (0)	V		
				From Step-4 (19th July 2021), face coverings will: No longer be advised for pupils, staff, and visitors either in classrooms or in communal areas. No longer recommended to be worn on dedicated transport to school or college and are no longer legally required on public transport.	L (2) Unlikely	S (4) Significant illness, more than seven day, and affecting more than one person	R (8) High	Yes		
				With the widespread worry and anxiety over the transmission of the disease within society, the Trust recognises that some of their staff, pupils and visitors may wish to wear their own privately purchased face covering. The wearing of any type of privately purchased face covering will neither be encouraged nor discouraged amongst people attending any of the Trust's institutes. In such circumstances the member of staff, pupil, or visitor will be informed of the details of this risk assessment and all associated mitigating control measures in place that reduce the risk of infection transmission.						
				11. Accident, First Aid, Security, and other incidents	L (2)	S (4)	R (8)	Yes		
				National Institute for Health Protection (NIHP) have confirmed	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)		
				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. 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 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	(1-5)	than seven day, and affecting more than one person		(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)
				mind, very basic 'emergency' First-Aid kits can be considered within groups. o 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.				
				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				

			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)
				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 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-	(1-5)	(1-5)		(Yes/No)
				Aid procedure specify otherwise, i.e. when there is blood involved.				

	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)		
				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 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						

	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)		
				soon as is practicably possible.						
No.	what is the hazard?		being harmed?	concerns?	causing harm?	harm?		controlled?		
				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,						
L				receive care in the same way,		1		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)		
				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 nonsymptomatic children in a nonhealthcare 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 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						

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				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 confirmed positive COVID-19 situations, engaging with the NHS Test and Trace process, working collaboratively with the Local Health Protection Team at NIHP and Local Authority (CCC/PCC), and when people need to self-isolate' as highlighted in section (3.3).						
				12. Cleaning regimes and safe waste disposal.	L (2)	S (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	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)		
No.	What is the hazard?			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. 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		harm?		controlled?		
				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						

	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)			
				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 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/governmen t/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.							
				13. 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	Unlikely	Significant illness, more than seven day, and affecting more	High				

	Table 1 - HAZARD AND RISK ANALYSIS									
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				Microsoft Teams and Zoom to		than one				
				replace site meetings/visits.		person				
				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. Any visitor or contractor failing to abide with the Academy's strict visiting protocols, i.e. maintaining respiratory and personal hygiene will be requested to leave the premises immediately, or even be escorted off the premises if necessary.		person				
				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 Minority Ethnic (BAME)? • If 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 10-						

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				 days? Have they been identified as a 'close contact' to a person showing symptoms of COVID-19 and/or who has been tested positive for having COVID-19 within the last 10-days? Are they exempt from self-isolation? 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. 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. 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 PCR test. We encourage all individuals to take PCR test if advised to do so by NHS Test and Trace. NOTE: Anyone answering either, 'yes' to the 2nd bullet point (i.e. Are they experienced any COVID-19 symptoms of COVID-19 or have they experienced any COVID-19 symptoms within the last 10-days?), and/or 'yes' to the 3rd bullet point (i.e. 						

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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)		
				Have they been identified as a 'close contact' to a person showing symptoms of COVID-19 and/or who has been tested positive for having COVID-19 within the last 10-days?) and 'no' to the 4th bullet point (i.e. Are they exempt from self-isolation?) 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. 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 not be given any the proval to						
				will not be given any ' Approval to Work ' until they provide a suitable and sufficient task-based risk						

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				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.					
				14. Personal protective equipment (PPE)	L (2)	S (4)	R (8)	Yes	
				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.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High		
				Personal protective equipment (PPE) specific risk assessments will be carried out to assess and ascertain whether the personal protective equipment (PPE)					

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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)
				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 given a clear directive to pay				

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				particular attention to personal sanitation measures including washing their hands thoroughly for 20-seconds immediately after undertaking a personal and intimate care task.				
				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'.				

			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)
				15. Estates and facilities, including	1.70	6.40	D (0)	V
				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 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/corona virus/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/coronavir us-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 system, i.e. Every.	Unlikely	Significant illness, more than seven day, and affecting more than one person	k (8)	res
				 Daily and weekly checks have been reinstated. Confirm all building service systems are good to go, 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)
				water, heating, cooling, ventilation, gas, and electricity.				
				16. 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 all pupils who want it, including for those eligible for benefits-related free school meals or universal infant free school meals. 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	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				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				

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				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 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.					
				17. 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	Unlikely	Significant illness, more than seven	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)
				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 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.		day, and affecting more than one person		
				18. 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.	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)
				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. 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/				

			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)
				19. Pupil mental health and wellbeing	L (2)	S (4)	R (8)	Yes
				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 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	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				social interaction with peers, carers and teachers, which benefits wellbeing.				

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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)
				The Department for Education, Public Health England and NHS England hosted a free webinar for school and college staff on 9th 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 • https://www.youtube.com/watc h?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/t eaching-about-mental- wellbeing Academies should consider the provision of pastoral and extra- curricular activities to all pupils designed to: • Support the rebuilding of				

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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)
				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 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				

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				 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. 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. 				
				20. Contingency Plans (Remote Education, Special Educational Needs and Disability – SEND, Vulnerable Pupils, and Delivering Remote Education Safely) For individuals or groups of self-isolating 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,	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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				even in local areas where 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 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/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				

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				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. 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.				

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				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 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)				

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				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 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				

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				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. 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-				

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				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: Safeguarding and remote education during coronavirus (COVID-19) • https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid-19				
				21. 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	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	

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				result, heavily contribute to the unacceptable infection rate in the United Kingdom, i.e. unacceptable increase in the R-number. With the unacceptable prevalence of the disease within society, it is therefore imperative that all staff and pupils are 'advised' and 'encouraged' to get themselves tested on a frequent basis so that any 'potential transmission chain' can be identified swiftly and broken very early. Breaking transmission 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				

No What is the hazard? What is the potential harm Who is at risk of What are the existing controls or of the hazard potential Risk of		Table 1 - HAZARD AND RISK ANALYSIS									
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.	Is the hazard adequately controlled? (Yes/No)		potential harm?	of the hazard causing harm?				What is the hazard?	No.		
Sometimes referred to as 'Annibres' 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 lests are reliable when an individual has a high viral load, they are far more prone to false-negative results in a person has low amounts of the virus in their body. Please note that asymptomatic testing, whether it be 'self-festing'					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 '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						

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				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. All Academies will ensure that they make the following provisions available up until 30th September (note, this will be reviewed in September) for staff to be tested using the 'Lateral Flow Device (LFD)' tests. • Primary Academies Staff in the primary education setting will be advised and encouraged to participate in the Trust's/Academy's asymptomatic home-testing regime and will be issued with Lateral Flow Device (LFD) home-test kits. Staff voluntarily participating in the Trust's/Academy's asymptomatic home-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				

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				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.				
				• Secondary Academies Controlled Asymptomatic Testing Sites (ATS) at each secondary Academy will be set up by the 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.				
				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				

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				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. Staff and pupils in the secondary education setting will also be advised and encouraged to participate in the Trust's/Academy's asymptomatic home-testing regime and will be issued with Lateral Flow Device (LFD) home- test kits. Staff voluntarily participating in the Trust's/Academy's asymptomatic home-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 and pupils voluntarily participating in the Trust's/Academy's asymptomatic home-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.				

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				22. Asymptomatic Testing Sites				
					L (2)	S (4)	R (8)	Yes
				All Academies in the secondary setting will ensure that they make Asymptomatic Testing Site (ATS) provisions available up until 30 th September (note, this will be reviewed in September) for staff and pupils to be tested using the Lateral Flow Device (LFD) tests.	Unlikely	Significant illness, more than seven day, and affecting more than one person	High	
				The setting up of a controlled 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.				
				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. • 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.				

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				 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 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 Section will be responsible for 				

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				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.				

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				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				

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				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				
				Academy's settings, except for				
				when swabbing is taking				
				place.				
				 Everyone to use either hand- 				
				sanitiser 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 adapted to safely swide the				
				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				
				guidance will be implemented,				
				i.e. immediate cleaning after				
				each test, regular cleaning of				
				all potential touchpoints, and				
				a thorough clean at the end of				
				the day.				
				 No physical handling of any 				
				documents between test-				
				subjects and others, and vice				
1				versa, except Lateral Flow				
				Device (LFD) barcode stickers.				
				2. Contact between queuing test-				
				subjects with one another.				
1				 Queue management system 				
1				will be put in place to maintain				
				2-metre social distancing 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)
				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				

			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)
				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.				
				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.				
				 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		1		

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? of the cause of the concerns?	kelihood (L) f the hazard Jusing 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 and guidance will be implemented, i.e. immediate cleaning off all potential touchpoints including abcuments and equipment, and a thorough clean at horough rotation and explain and procedures. • Online O365 GDPR compliant internal cadermy COVID-19 testing registered maintained for in-academy procedures. • Contact between the test-subject and the Asymptomatic Testing Sife's processor' staff, i.e. processing and analysing. • Training successfully completed by all staff involved in the testing process or bhat 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 (PPE) including the donning and doffing of 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 protection (safety spectacle,	(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)
				 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. 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				

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? Who is at risk of being harmed? (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 complicance with the DHSC's SOP. • A three-stage enhance cleaning regime in line with HM Government's cleaning		Table 1 - HAZARD AND RISK ANALYSIS										
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	No. What is the hazo				of the hazard causing harm?	potential harm?		Is the hazard adequately controlled? (Yes/No)				
guadance 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 0365 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 test- samples and the Asymptomatic Testing Site's 'cleaning and waste disposal' staff, i.e. test-				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. 6. Contact between the test-samples and the Asymptomatic Testing Site's 'cleaning 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)
		posed by the nazara?	being narmed?	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			Level?	
				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)
No.	What is the hazard?			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	causing harm?	harm?		controlled?
				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 	(1-5)	(1-5)		(Yes/No)
				ingestion of these chemical solutions. • Suitable and sufficient enforcement of the Trust's overarching Health and Safety 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.				
				23. Outbreak Management Plan	L (2)	S (4)	R (8)	Yes
				In the event of any outbreak, all				
				Academies within the Trust must	Unlikely	Significant	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)
No.	What is the hazard?			abide with the Trust's Critical and Major Incident Plan. Given the detrimental impact that restrictions on education can have on children and young people, any measures in any respective Academy should only ever be considered as a last resort, kept to the minimum number of groups possible, and for the shortest amount of time possible. In the event of an outbreak, the Trust and its respective Academy will work with the Local Authority (LA – CCC/PCC) Public Health Team and consider the information, advice, and guidance in the Governments contingency framework, see link below. • Managing coronavirus (COVID-19) in education and childcare settings - GOV.UK (www.gov.uk) • Contingency framework: education and childcare settings (publishing.service.gov.uk) • Updated 17th August 2021 • The contingency framework describes the principle of	of the hazard causing harm?	potential harm?		adequately controlled?
				describes the principle of managing local outbreaks of COVID-19 in education and childcare settings. It covers all types of measures that settings should prepare for, and				
				highlighting the actions required from start of the autumn term. It also sets out the thresholds for managing COVID-19 cases and when settings should consider seeking Public Health advice.				

			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)
				The thresholds, detailed below, can be used as an indication for when to seek Public Health advice. • For most education and childcare settings, whichever of these thresholds is reached first. • 5 children, pupils, students, or staff, who are likely to have mixed closely, i.e. in a consistent group or cohort, 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. • For special, residential settings, and setting that operate with 20 or fewer children, pupils, students, and staff at any one time. • 2 children, pupils, students and staff, who are likely to have mixed closely, i.e. in a consistent group or cohort, test positive for COVID-19 within a 10-day period.				

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

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>ke</u>	1	1	2	3	4	5
Severity Level	2	2	4	6	8	10
Ė	3	3	6	9	12	15
Ve	4	4	8	12	16	20
S	5	5	10	15	20	25

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