

## 'Believe you can!'

Name of School: The Olive Tree Primary School. Bolton	Risk assessment completed by: Zainab Patel
	Risk assessment completion date: 14/12/22 Last updated: 14/12/22, in line with updated Government guidance.
	Frequency of review: As required in light of updates to Government guidance.

## Aim:

Schools are common sites for the transmission of infections as children have immature immune systems, close contact with other children, may have incomplete vaccination records and a poorer understanding of hygiene practices.

To protect the school and its community from respiratory infections (including COVID-19), rashes and skin infections (including Scarlet Fever caused by Strep A) by ensuring current government guidance is being applied. There are simple things that each one of us can do in our daily life that will help reduce the spread of respiratory infections, rashes and skin infections and protect those at highest risk. Things you can choose to do are:

- 1. Get vaccinated.
- 2. Promote immunisation as per the routine childhood immunisation schedule.
- 3. Let fresh air in if meeting others indoors.
- 4. Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or

vomiting and respiratory infections and therefore everyone should practise good hand hygiene:

- o wash your hands with warm water and liquid soap, and dry with paper towels;
- o alcohol hand gel can be used if hands are not visibly dirty;
- 5. Coughs and sneezes spread diseases and therefore everyone should practise good respiratory hygiene:
  - o cover your coughs and sneezes
- 6. Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.
  - Clean your surroundings frequently. Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.

## Guidance documents used:

UK Health Security Agency: Living safely with respiratory infections, including COVID-19

Complete routine immunisation schedule - GOV.UK

Health protection in children and young people settings, including education - GOV.UK

DfE Guidance on Health & Safety: Responsibilities and duties for schools

Preventing and controlling infections - GOV.UK

DfE guidance regarding educational visits

Risk matrix							
Risk rating		Likelihood of occurrence					
High (H), Medium (M), Low (L)		Probable	Possible	Remote			
Likely	Major: Causes major physical injury, harm or ill-health.	High	High	High			

impact	Severe: Causes physical injury or illness requiring first aid.	High	Medium	Low
	Minor: Causes physical or emotional discomfort.	Medium	Low	Low

No:	Hazard/Risk Observed	Who may be harmed?	Risk prior to controls	Actions / Control measures/ Notes	Risk after controls	Control measures by (Initial) Date to be completed	Monitored by
	The site is unprepared for staff, pupils and visitors	Staff Pupils Parents Visitors	Low	<ul> <li>Check: <ul> <li>hot and cold water systems</li> <li>gas safety</li> <li>fire safety</li> <li>kitchen equipment</li> <li>Specialist equipment used by pupils (eg for access/ mobility/changing)</li> <li>security including access control and intruder alarm systems</li> <li>ventilation</li> <li>signage re maintaining hygiene, moving around school, keeping spaces well ventilated and the 'catch it, bin it, kill it' approach are displayed.</li> <li>the general organisation of classrooms</li> <li>resources needed to ensure all classes have what they need in order to maintain hygiene standards - to include access to soap, water and hand sanitiser</li> <li>catering provision</li> </ul> </li> <li>Act: <ul> <li>take appropriate action where necessary</li> </ul> </li> </ul>	Low	External caterer - ongoing.	AM

Spread of respiratory	Staff Pupils	Medium	Practise good hygiene:  • Hand hygiene	Low		
infections (including COVID-19), rashes and skin infections (including Scarlet Fever caused by bacteria called Group A streptococci (Strep A)) due to poor hygiene by pupils, staff and / or visitors	Parents Visitors		Hands touch many surfaces and can become contaminated with viruses and other germs. Once contaminated, hands can transfer these to your eyes, nose or mouth. From there, the germs can enter your body and infect you.  Handwashing is one of the most important ways of controlling the spread of infection.  Washing your hands with soap and warm water or sanitising your hands removes viruses and other germs, so you are less likely to become		All staff, pupils and visitors - daily	All teaching and suppor staff
			infected if you touch your face. Using liquid soap and warm water is the most effective way to clean your hands, especially if they are visibly dirty. Hand sanitiser can be used when liquid soap and warm water are not available or inhands are not visibly dirty. You should do this regularly throughout the day.			
			<ul> <li>In addition, wash your hands:</li> <li>after coughing, sneezing and blowing your nose;</li> <li>After using the toilet;</li> <li>before you eat or handle food;</li> <li>after coming into contact with surfaces</li> </ul>			

touched by many others, such as	
handrails, and shared areas such as	
kitchens and bathrooms;	
<ul><li>when returning home;</li></ul>	
<ul> <li>after touching pets or animals.</li> </ul>	
Frequent and thorough hand cleaning is regular	Teaching and Phase leaders
practice. Staff ensure they, along with pupils,	classroom
clean their hands regularly. This is done with	support staff –
liquid soap and warm water / hand sanitiser. All	Ongoing
staff and pupils are encouraged to use hand	
sanitiser when entering the building. Pupils are	
reminded to wash their hands thoroughly and	
regularly. Handwashing / sanitising is	
encouraged to take place when pupils, staff or	
visitors enter the school; at break; before and	
after lunch; before leaving school; whenever the	
toilet is used.	
Handwashing routines are regularly re-taught to	
pupils using suitable video. EG	
https://youtu.be/S9VjeIWLnEg	
TITIPS.// YOUTO.DO/3/ YJCHYEFIEG	
Regular checks are scheduled across the week	
to review stocks of hand sanitiser, soap and	IP/SM/NP -
paper towels. Steps are taken to ensure that	daily
there is sufficient supply in school.	
There is the availability of soap and hot water in	
every toilet and any areas used for personal	IP/SM/NP –
care of pupils e.g. changing (and where	daily AM

possible, in classrooms).		
The location of hand sanitiser stations is wholly		
accessible, for example at the school entrance	IP - Ongoing	AM
for pupils and any other person passing into the school to use, and their replenishment.		
The use of hand sanitiser by children is supervised at all times and hand sanitiser bottles		
are clearly marked as such so that there is no	All teaching	Phase leaders
confusion about the contents of the bottle.	and support staff – daily	
Respiratory hygiene		
Coughing and sneezing increases the number of		
particles released by a person, the distance the	All teaching	Phase leaders
particles travel and the time they stay in the air.	and support	
If an infected person coughs or sneezes without	staff – Daily	
covering their nose and mouth, it will significantly		
increase the risk of infecting others around them.		
By covering your nose and mouth, you will reduce the spread of particles carrying the virus.		
reduce the spread of particles carrying the virus.		
Cover your mouth and nose with disposable		
tissues when you cough or sneeze. Put used		
tissues in a bin and immediately wash your		
hands or use hand sanitiser. If you do not have a		
tissue, cough or sneeze into the crook of your		
elbow, not into your hand. Keep contaminated		
hands away from the eyes, mouth and nose.		

GermDefence is also a useful website that can help you identify ways to protect yourself and others in your household from COVID-19. It		
provides scientifically proven advice on		
reducing the risks from COVID-19 and other viruses in your home.		
The 'catch it, bin it, kill it' approach continues to be encouraged. The <u>e-Bug website</u> is used by teaching and support staff to access free resources / materials to encourage good hand and respiratory hygiene. These are shared with pupils at the start of each half-term and periodically, when appropriate. Posters are displayed to remind pupils and staff about the approach and the importance of handwashing,		
particularly by washbasins/ toilets and at entry/exit points		
Lidded pedal bins are located in classrooms and in other key locations around the site for the disposal of tissues and any other potentially infectious waste.	IP - Ongoing	AM
There is a supply of disposable tissues in each classroom and enough stock to top up regularly.	IP/SM/NP –	AM
The wearing of PPE	daily	
Most staff in education, childcare and children's social care settings will not require PPE in		
response to a respiratory infection beyond what	All teaching	Relevant line

				they would normally need for their work. If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE will continue to be used.  Gloves (powder and latex free) and single use aprons are worn where there is a risk of splash or contamination with blood or bodily fluids e.g., vomit/faeces. Gloves are always carefully removed first, followed by apron, and hands washed after taking PPE off.	and support staff – when the situation arises	managers
3	regimes result in	Staff Pupils Parents Visitors	Medium	Cleaning your surroundings: Maintain appropriate cleaning regimes, using standard products such as detergents  Cleaning and disinfection:  Cleaning of the environment, including toys and equipment is vital to reduce the risk of infection transmission.  The school has in place, and will maintain, an appropriate cleaning schedule. This includes regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.  • The school ensures delivery of a reminder to cleaning staff so they fully understand their role in preventing the spread of respiratory infections (including Covid-19), rashes and skin infections (including Scarlet Fever).	IP/SM/NP supported by welfare staff - daily	AM

The cleaning schedule is reviewed and if necessary additional staff hours are provided to ensure:
Public areas such as corridors, are cleaned thoroughly as normal.
All potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells are disinfected regularly.
Disposable cloths or paper rolls and disposable mop heads are used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – with one wipe, in one direction.
The school uses colour coded equipment in different areas with separate equipment for kitchen, toilets, classrooms and office areas (red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchen).
<ul> <li>As a minimum a detergent based product is used to clean services, toys and other items. Disinfectants may be required in some situations i.e.e., if bodily fluids are present. The school will use one of the following options:</li> </ul>
1) a combined detergent disinfectant

solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)  or
2) a household detergent followed by disinfection (1,000 ppm av.cl.), following manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
3) if an alternative disinfectant is used within school, efforts are made to ensure that it is effective against enveloped viruses.
Efforts are made to avoid mixing cleaning products together as this can create toxic fumes. In addition, efforts are made to avoid creating splashes and spray when cleaning.
<ul> <li>Any end of life cloths and mop heads must be disposed of and put into waste bags.</li> <li>When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning is used.</li> <li>Stock checks and stock control of cleaning products and equipment are maintained.</li> <li>Larger communal areas (handrails, doors, toilets etc) are cleaned regularly.</li> <li>Each classroom is provided with gloves and disinfectant wipes in case a pupil</li> </ul>
coughs or sneezes over pieces of equipment.

			Waste:  Personal waste from individuals with symptoms of respiratory infections, rashes and skin infections and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):  1. Is put in a plastic rubbish bag and tied when full  2. The plastic bag is placed in a second bin bag and tied  If the individual tests negative, this is disposed of immediately with the normal waste.		
4	Occupied spaces are poorly ventilated	Staff Pupils Parents Visitors	Let fresh air in: Keep occupied spaces well ventilated.  The amount of respiratory virus in the air can build up in poorly ventilated areas. This increases the risk of spreading respiratory infections, especially if there are lots of infected people present. The virus can also remain in the air after an infected person has left.  Meeting outdoors greatly reduces this risk, but this may not always be possible.  Bringing fresh air into a room by opening a door or a window, even for a few minutes at a time, helps remove older stale air that could contain virus particles and reduces the chance of spreading infections. Trickle vents (small vents	· ·	AM / Phase Leaders

usually on the top of a window) or grilles can also be useful for bringing a little fresh air constantly. The more fresh air that is brought inside, the quicker any viruses will be removed from the room.

Ventilation is most important if someone in your household has a respiratory virus (including Covid-19), to try and stop the virus spreading. See further guidance here.

Good ventilation has also been linked to health benefits such as better sleep and fewer sick days off from work or school.

In general the CO2 concentration in all teaching/learning spaces should not exceed 1500 parts per million (ppm) during school hours, and this can be monitored at class level via local controls. The maximum CO2 concentration should not exceed 5000 ppm during school hours, however this can be adjusted via local controls to reduce CO2 concentration below 1000 ppm.

- When school is in operation, it is well ventilated and a comfortable teaching environment is maintained.
- Windows (and where safety permits) doors are kept open to aid ventilation.
- Where appropriate, poorly ventilated spaces are identified as part of the school's risk assessment and steps are taken to improve fresh air flow in these areas, giving particular consideration

			<ul> <li>when holding events where visitors such as parents are on site, for example, school performances.</li> <li>Mechanical ventilation is adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated.</li> <li>If possible, systems are adjusted to full fresh air or, if this is not possible, then systems are operated as normal as long as they are within a single room and supplemented by an outdoor air supply.</li> <li>Where mechanical ventilation systems exist, they are maintained in accordance with the manufacturers' recommendations.</li> <li>There is a balance between the need for increased ventilation while maintaining a comfortable temperature.</li> </ul>		
eventone or tool	Staff Pupils Parents Visitors	Medium	Please refer to current guidelines - <u>UK Health</u> Security Agency: Living safely with respiratory infections, including COVID-19	including parents of	HA / ZP with support from leadership and admin teams
Someone you live with has symptoms of COVID-19, or has tested positive for COVID-19			Please refer to current guidelines - <u>UK Health</u> Security Agency: Living safely with respiratory infections, including COVID-19	including parents of	HA / ZP with support from leadership and admin teams

Individuals develop Scarlet Fever and Strep A symptoms	Staff Pupils Parents Visitors  Medium	Scarlet Fever is caused by bacteria called group A streptococci. It's easily treated with antibiotics. These bacteria also cause other respiratory and skin infections such as strep throat and impetigo. In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS).  Signs and symptoms of Scarlet Fever:  The first signs of Scarlet Fever are flu-like symptoms such as:  • High temperature  • Sore throat and swollen neck glands  • A bumpy, rough feeling rash usually appears after 12 to 48 hours on the chest and tummy.  If you think a child is showing signs of Scarlet Fever it's important to contact your local GP or NHS111.  Individuals with suspected Scarlet Fever should not attend the setting until 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the individual will be infectious for 2 to 3 weeks and should not attend setting for this period.		All adults – including parents of pupils	HA / ZP with support from leadership and admin teams
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8	Clinically Extremely Vulnerable staff / pupils feel unable to attend school	Pupils	Medium	Most people who were previously CEV, are no longer at substantially greater risk than the general population, and you are advised to follow the same guidance as everyone else on living safely with respiratory infections including Covid-19, as well as any further advice you may have received from your medical practitioner.  Pregnant women are strongly advised to get vaccinated. If you are pregnant and you develop symptoms or come into contact with someone with symptoms of a respiratory infection including COVID-19, it is important that you contact your GP, midwife or maternity team, or 111. Guidance for pregnancy and COVID-19 can be found on the NHS website. The Royal College of Obstetricians and Gynaecologists (RCOG) also has a range of	Phase Leaders AM / Line Management	
				COVID-19 can be found on the <u>NHS website</u> . The Royal College of Obstetricians and		

If you have not yet received the COVID-19 vaccine, you should <u>get vaccinated</u>. Evidence indicates that completion of your primary course of COVID-19 vaccine (either 2 or 3 doses) provides very effective protection against hospitalisation. It usually takes around 2 to 3 weeks for your body to develop its protective response.

To maintain this high level of protection you should also get a booster vaccine for COVID-19 when offered. The booster programme is open to every adult who has had a second dose of the vaccine at least 3 months ago.

You should continue to <u>follow the same</u> <u>quidance as the general public</u> on living safely with respiratory infections including Covid-19.

There remains a smaller number of people who, in spite of vaccination, are at higher risk of serious illness from respiratory infections. This is due to a weakened immune system (immunosuppressed) or specific other medical conditions and requires enhanced protections such as those offered by antibody and antiviral treatments, additional vaccinations and potentially other non-clinical interventions. See guidance for people whose immune system means they are at higher risk.

•	9	Vulnerable Individuals	Pupils	Some children who have impaired immunity due to underlying illness and risk factors are susceptible to acquiring infection. These may include leukaemia, other cancers, treatment with high dose steroids, enteral feeding or management of other medical devices.		HA / ZP with support from leadership and admin teams
				If a vulnerable child is thought to have been exposed to a communicable disease, parents or carers should be informed promptly so that they may seek further medical advice as appropriate.		
				Further guidance on infection control in Schools can be found at <u>Health protection in children</u> and young people settings, including education <u>- GOV.UK</u>		

10	Parental / child anxieties result in pupils not attending school - despite safety precautions	Pupils Parents	Medium	Attendance of pupils of compulsory school age School attendance is mandatory for all pupils of compulsory school age and it is a priority to ensure that as many children as possible regularly attend school.	All adults – including parents of pupils – daily	Phase Leaders / admin team
				Parents are provided reassurance about the safety measures undertaken - including through the sharing of the risk assessment.	Classroom teaching and support staff – daily	Admin team
				Parents will be reminded of their duty to ensure their child attends regularly at school where the child is a registered pupil at school and they are of compulsory school age.		
				The additional catch-up funding will be used along with existing pastoral and support services, attendance staff and resources and schools' pupil premium funding to put measures in place for those families who will need additional support to secure pupils' regular attendance. In addition, the school will:	All teaching and support staff – including leadership and admin teams – Ongoing	HA / ZP
				- Work closely with other professionals as appropriate to support the return to school, including continuing to notify the child's social worker, if they have one, of non-attendance.	Ongoing	
				- Fulfil its responsibilities to record attendance and follow up absence.		
				- Exercise the requirement to issue sanctions, including fixed penalty notices in line with local authorities' codes of conduct.		

	- Where children are not able to attend school due to a statutory reason or where parents are following clinical and/or public health advice absence will not be penalised.	e	
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1.1	Access to Joseph	CT offe	A = =!:		Lave	All adults	ELT/CLT
11	Access to /exit from site is unsafe	Staff	Medium	Arrangements for dropping off and picking up pupils	Low	All adults – including	ELT/SLT
	iioiii siie is oiisale	Pupils		have been reviewed.		parents of	
		Parents				pupils – daily	
		Visitors	ors	Separate exits have been demarcated and signage /		,	
				cones are used to encourage the smooth flow of			
				'traffic'.			
				Parents are discouraged from congregating at the			
				school entrance or on the playground.			
				Staff, pupils and parents have been briefed regarding			
				new arrangements, including the use of separate exits			
				/ entrances.			
				Supervision supports the safe / smooth access of			
				pupils to / from the school.			
				The number of entrances and exits to be used has			
				been maximised.			
				Separate managed entrances/exits are used for			
				different groups.			
				Outside doors are used to access classrooms directly			
				where these are available.			
				In the event a parent/carer has a concern or requests		Admin team -	AM
				a meeting, the following process must be followed:		Ongoing	

<ol> <li>Parent/Carer to complete and submit a 'concern' form by email.</li> <li>Relevant member of staff to follow up by phone to discuss concern(s) with the parent(s)/carer(s).</li> <li>If the concern(s) is/are not resolved by phone, the parent/carer will be offered a virtual meeting before proceeding to a face to face meeting.</li> </ol>	
Where possible, staff/visitor contactless sign-in, and hand hygiene reiterated. If the signing in screen is used, the member of staff is directed to use hand sanitiser before and after using the touch screen.	
The signing in touch screen is cleaned frequently with disinfectant wipes.	
Designated person(s) are assigned to receive deliveries. Deliveries are managed effectively in a safe, timely manner.	IP/SM/NP - AM Daily
A dedicated waiting area and meeting room is made available for visitors, adjacent to the main school office.	Admin team - AM Ongoing

12	Movement around school is unsafe	Pupils Parents	Medium	EYFS and Y1 enter and exit the school grounds via the Office entrance gate (EXIT 1) and go straight into their classrooms.	Low	Teaching and support staff - Ongoing	ELT/SLT
		Visitors		Years 2 and 3 enter and exit the school grounds via EXIT 2 at the front of the school. They are to enter school via the KS2 door and go straight upstairs to their classrooms.			
				Years 4 - 6 enter and exit the school grounds via EXIT 3 - car park gate, enter the school via the KS1 door and go straight to the top floor and into their classrooms.			
				Entrance / exit points are clearly demarcated for use by each year group with signage.		IP - Ongoing	AM
				Staff identify, reduce and manage 'pinch points' and 'bottlenecks' proactively.		Teaching and support staff - Ongoing	ELT/SLT
				Duty rotas are in place for maximum supervision at all times - especially during transitions.		Phase leaders - Ongoing	HA/ZP
				Staff and pupils are briefed regarding rules for safe movement around school.		Teaching and support staff - Ongoing	ELT/SLT
				Movement systems are monitored by the leadership team to ensure compliance.		Phase leaders	HA/ZP/AM

13	Current policies and procedures have not been adapted/updated to take account latest government guidance	Staff Pupils	Low	Fire procedures have been reviewed and revised Lewhere required.  Staff and pupils have been briefed on evacuation procedures.  SLT and Fire Marshalls have been trained/ briefed appropriately.	<b>.</b> OW	NA as per ZP	
14	Staffing levels are reduced due to vulnerability or illness	Staff Pupils		An audit of staffing is conducted to determine Lavailability in light of vulnerability inc: SLT / ELT / DSL / Deputy DSL / first aiders / site manager / premises (cleaning staff).  Risk assessments have been conducted where staff have known vulnerabilities such as pregnant women, new mothers, older staff, disabled staff and BAME staff.  All staff will adhere to stringent infection control / prevention methods outlined in this risk assessment.  Staff wellbeing will be supported in order to reduce absenteeism.	-OW		HA/ZP ELT/SLT

				Deployment of supply staff will take place if needed.		
15	Pupils that fall within the DfE definition of 'Vulnerable' at heightened risk when not in school for an extended period as a result of ill health.	Families	Medium	The school will seek to support any children whom we believe may have challenging circumstances at home and therefore be vulnerable, however not in statutory systems.  When a vulnerable pupil is absent from school for an extended period as a result of ill health::  • The school will notify the social worker (if they have one), for looked-after children, the local authority virtual school head.  • The school will agree with the social worker the best way to maintain contact and offer support  The school will ensure:  • The school will ensure the vulnerable pupil has access to remote education support  • Put necessary provision in place for them to access remote provision (as far as possible)  • Regularly check that the pupil is accessing remote education  • Keep in contact with the pupil to check on their wellbeing and refer onto other services if additional support is required	NC, ongoing	HA/ZP
16	Pupils from 'lone parent' families could become vulnerable	Families	Low	Pupils who live with a lone parent could become vulnerable if their parent was to become ill. These will become a SENDCo priority, with lone parent families identified, communicated with and monitored to ensure any vulnerabilities are addressed.	NC, ongoing	HA/ZP

17	Behaviour of pupils puts others at risk	Staff Pupils	Medium	Expectations from pupils:  Pupils are made aware of the aims highlighted at the start of this risk assessment and the associated procedures that have been implemented to maintain these. Where pupils choose to ignore these or put themselves / others at risk, the school's behaviour policy will be used to resolve any issues, to include liaising with parents when needed.  Expectations of parents:  Parents play a vital role in supporting the school by reinforcing the messages given by the school - as outlined in this risk assessment and all associated literature (to include updated behaviour / safeguarding policies).	Staff, Pupils, Parents - Ongoing	ELT/SLT
18	infections results in	Staff Pupils Parents	Med	The school and its community will adhere to the control measures identified at the start of this risk assessment at all times – including any updates provided by Public Health.  If there appears to be a sudden increase in the number of confirmed cases of respiratory infections (including COVID-19), rashes & skin infections (including Scarlet Fever) within the school setting, immediate action will be taken to liaise with the local Public Health team in order to take advice and implement any necessary measures.  The School will contact the Bolton Community Infection Prevention and Control Team (based at Bolton Hospital):  Tel: 01204 390 982 (Mon - Fri 9.00am to 5.00pm)	All adults – including parents - Ongoing  AM - Ongoing	ELT/SLT  HA/ZP

			The School can also contact the local Health Protection Team at Bolton Council for general enquiries:  Tel: 01204 337 221 (Mon - Fri 8.30am to 5.30pm)  Email: healthprotection@bolton.gov.uk  The UK Health Security Agency (UKHSA) North West can be contacted on the following numbers:  Tel: 0344 225 0562 (Mon - Fri 9.00am to 5.00pm)  Tel: 0151 434 4819 (Out of Hours)  The senior leadership team (SLT) will endeavour to ensure that any change in operating arrangements does not increase workload for staff whether working at home or at school.		
19	Medical care may be compromised due to a lack of trained staff	Low	Ensure at least one person with a current First Aid at Low Work or emergency Paediatric First Aid certification is on site at all times.  Medical First Aid kits are readily accessible across the school site	NA with support from AM - Ongoing	HA/ZP
20	The risk assessment Staff is deficient and does not sufficiently cover the requirements of updated safety guidance	Low	Encourage staff /parents to report any concerns Low should they come across deficiencies in the risk assessment process by emailing admin@theolivetreeprimary.com  Review the risk assessment each time changes are introduced by the government / public health and bring these to the attention of staff / parents by updating the risk assessment and sharing it via the	AM with support from SLT – Ongoing	HA/ZP

				home page of the school website.  Ensure the version number / date of review for the risk assessment is communicated clearly so that staff know which is the most up to date version.		
21	Visitors to the school - including contractors - are unaware of the school's respiratory infections risk assessment	Visitors Contractors	Medium	Make accessible, via the school website, the school's 'Respiratory Infections rashes & skin infections risk assessment.  Ensure applicable safety measures are communicated to all visitors / contractors before they commence their business on-site so that they know how to keep themselves and others safe.  When visiting school, assurances are sought from visitors / contractors that they are in good health and that contractors have procedures in place to ensure adherence to the latest government guidance on living safely with respiratory infections, including Covid-19 when on / off the school premises.	AM / IP Ongoing	HA/ZP
22	The attendance at educational visits poses a risk from respiratory infections	Staff Pupils	Medium	Where the school considers booking an educational visit, whether domestic or international, efforts are made to ensure that any new bookings have adequate financial protection in place.  Before arranging any visits - including international - reference will be made to government advice / the travel list (and broader international travel policy) whilst remembering the list is subject to change and green list countries may be moved into amber or red. It is recognised that travel lists may change during a visit and as such the school will comply with international	Class teachers - Ongoing	EVCs/AM

Infections  Notes / comments:				aware of the school's respiratory infections, rashes and skin infections risk assessment.  The successful management of the above risks involves all staff, pupils, parents, visitors being committed to observing the control measures outlined on page 1 of this risk assessment.  The risk assessment will be reviewed regularly and updated as required.  Any questions / concerns regarding the school's arrangements for respiratory infections, rashes and skin infections should		
23	Breakfast Club / after school activities pose a risk from respiratory	Staff Pupils	Medium	All breakfast / after school club activities are planned Low and organised in conjunction with the control measures outlined on page one of this risk assessment. In line with school policy, emergency contact details are maintained and any external visitors are made	KI - Ongoing	AM/NC
				travel legislation and have contingency plans in place to account for these changes.  In such instances, the school will speak to either the visit provider, commercial insurance company, or the risk protection arrangement (RPA) to assess the protection available.  A full and thorough risk assessment (including the need to use various forms of travel) will be conducted prior to all educational visits and the school will 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).		