



Risk Assessment for Childrens' Services (Schools).

Assessment Title:	Managing Covid 19 in Schools from March 2022		Ref No :	V7.00
School Name:	Kerr Mackie Primary School	School Address:	Gledhow Lane, Leeds, LS8 1NE	
Date Assessment Undertaken:	Name of Assessor (print):	Assessor Signature:	Assessment Review Date:	
Mar-22	Katie Furlong		Aug-22	
Name of Head Teacher / Centre Manager (print):	Head Teacher / Centre Manager Signature:	Name of Chair of Governors (print):	Chair of Governors Signature:	
Katie Furlong		Shelagh Henderson		

Main Legislation and/or Information Source:

Health & Safety at Work Act 1974.
- Management of H & S at Work Regulations 1999.

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Guidance:

This is a sample risk assessment and will remain so unless the following criteria are satisfied:

1. The boxes highlighted in grey above must be completed with the required details.
2. The control measures in the risk assessment section must be either complied with **or** altered to reflect the establishment's control measures.
3. Once criteria 1 - 2 have been satisfied, you should remove 'SAMPLE' from the Title.

The purpose of this whole assessment is to assist in the management of Covid 19 on schools premises and as such the over-arching hazards being controlled are building safety, reducing the spread and likelihood of contracting Covid 19, cross contamination risks and managing staff and pupil wellbeing. In all cases the persons who could be harmed will be pupils, staff, visitors and parents/ carers. Therefore, the format of the risk assessment has been altered to reflect this and present the control measures that may assist in planning for the safe operation of the school in whichever form that takes.

Managing Covid 19 in Schools from March 2022

Risk Assessment Content List

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Section 1 - Overall Risk Assessment

1. Handwashing and hand sanitisers

2. Cleaning / Hygiene

3. Ventilation

4. Persons displaying Covid symptoms or testing positive for Covid.

5. Persons developing Coronavirus symptoms who have been on site previously or persons who develop symptoms whilst on site.

6. Outbreak Management

7. Close household contacts of positive cases

8. Controlling access into the school for staff, pupils and members of the public.

9. PPE for staff and pupils.

10. Staff and Pupil Wellbeing

11. Persons at Higher risk from Covid.

12. First Aid

13. Contractors, visitors, lettings and meetings.

14. Catering

15. Drop off of Essential Items Forgotten by Pupils

16. Marking / Handling School Work

17. Curriculum activities - music, dance, drama, PE, D&T, Science.

18. Educational Visits

19. Use of dedicated transport, school minibuses / transport e.g. for travel to school, visits, transfer between settings, etc.

20. Indoor and Outdoor Events - these should be followed in addition to the other controls in this risk assessment.

21. Asymptomatic Testing

22. School Sites Shared with other Users e.g. PFI Staff, Children's Centres

23. Record Keeping

Section 2 - Testing in SILC settings

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Managing Covid 19 in Schools from March 2022 - Risk Assessment

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Control Measures

Have hand wash stations or hand sanitisers at entrance points to the building and get staff, visitors and pupils to use them on entry.

Pupils and staff should wash their hands with soap and running water for at least 20 seconds on entering their allocated area and at regular intervals throughout the day, particularly after going to the toilet, touching faces, coughing or sneezing, learning outside and before and after eating. Paper towels or hand dryers should be available for drying hands. Hand sanitiser could be utilised where handwashing is not practicable or possible. Staff working with children and young people who spit uncontrollably may want more opportunities to wash their hands than other staff, or, children and young people who use saliva as a sensory stimulant or who struggle with 'catch it, bin it, kill it' may need more opportunities to wash their hands than children and young people who do not.

If sinks are not available close to or in classrooms / work areas then hand sanitiser must be provided.

All persons should wash their hands or use hand sanitiser before leaving the premises or changing work areas.

Tissues should be available in all group areas and should be single use only and binned after use.

Any waste products used by staff or pupils that start to show symptoms whilst in school should be double bagged and kept (securely) for 72 hours before being disposed of via the usual waste route. NB the virus cannot survive on a surface for more than 72 hours according to current guidance.

In addition staff are to wash hands or use hand sanitiser on entry to staff rooms, before and after preparing food and drinks, and before leaving.

Identify if supervision of hand sanitiser use is necessary given the risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative.

Sanitising products should be non alcohol based in areas where there may be sparks or naked flames e.g. science labs, kitchens and some D&T rooms.

General Cleaning

Regular cleaning plays a vital role in limiting the transmission of COVID-19. Reducing clutter and removing difficult to clean items can make cleaning easier. Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. As a minimum, frequently touched surfaces should be wiped down twice a day, and one of these should be at the beginning or the end of the working day. Cleaning should be more frequent depending on the number of people using the space, whether they are entering and exiting the setting and access to handwashing and hand-sanitising facilities. Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens. Guidance is available in <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

Have a dedicated provision of cleaning products in each classroom / work area in use containing hand sanitisers, anti – viral wipes / sprays, paper towels, soap, tissues e.g. in a container like a storage box, workbox etc. so it is easy to pick up and move around the space as required. These should be stored out of reach of pupils.

Where pupils are able to (based on their ability) it is acceptable for pupils to assist with wiping down dining tables, desks, chairs, equipment etc. at the beginning and / or end of a day or at regular points throughout the day. Cleaning is especially important if other groups will be using the equipment in the next 2 days. They should be supervised to ensure it is done properly and safely. If pupils or staff have allergies to the products they should not use them or they could use non latex gloves (for contact allergies).

Malleable materials for messy play can be used provided they can be used and cleaned - including being replaced - regularly in accordance with the manufacturer's instructions, where applicable. Children and staff should wash their hands thoroughly before and after messy play. Frequently touched surfaces, equipment, tools and resources for messy play should be thoroughly cleaned and dried before they are used by a different group.

Staff undertaking wider cleaning should wear disposable gloves and aprons.

Resources shared between groups - for lessons that use resources that are shared between groups, such as sports, art and science equipment staff and pupils should regularly wash or sanitise hands and equipment / resources that have been handled should be cleaned between groups or rotated to allow them to be left unused for a period of 48 hours.

General classroom resources - Classroom based resources, such as stationary, books and games, that are used by one group can be used and shared within this group and these should be cleaned regularly. Pupils can take resources e.g. library books, home and these should be wiped down on return. Staff handling these should sanitise or wash hands before and after handling them

Soft Furnishings / Therapeutic equipment - Consider how soft furnishings can be cleaned and ensure this is carried out on a regular basis. Steam cleaning may be required. Settings will need to make an assessment of the cleanability of equipment used in the delivery of therapies (for example. physiotherapy equipment, sensory equipment), to determine whether this equipment can withstand cleaning and disinfection between each discrete group of users / user (and how easy or practical it would be to do so) before it is put back into general use. Where cleaning or disinfection is not possible or practical, resources will have to be restricted to one use / group of users, or be left unused for a period of 48 hours between use by different individuals / discrete groups of users. The exception to this would be a piece of equipment such as a weighted blanket that is required for a specific sensory need. The risks generated by removing this support could potentially be greater than the risk of infection. Such equipment should remain solely for the use of a limited number of pupils and be washed at regular intervals.

Staff Rooms - shared resources such as fridges, milk, tea, coffee etc. Computers etc can be used. Staff should wash / sanitise hands before and after handling shared resources and follow the 'If you use it - Wipe / Clean it' principle.

Play equipment - Indoor and outdoor play equipment should be more frequently cleaned. This would also apply to resources used inside and outside by wraparound care providers. Strict hand hygiene is essential if equipment is shared and users must wash / sanitise their hands before and after using outdoor play equipment.

Toilets

<p>Toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet. The use of hand sanitiser stations outside / inside toilets may assist with this.</p>
<p>For older pupils and staff toilets it is good practice for pupils and staff using the facilities to wipe down door handles, toilet seats and flush handles after use with an anti-viral wipe following a “If You Use It – Wipe It” principle. Signage to the backs of toilet doors and above sinks could be provided to remind pupils and staff to wash their hands and follow the “If You Use It – Wipe / Clean It” principle (for older pupils, staff and visitor facilities).</p>
<p>Areas used for Isolating persons displaying symptoms</p>
<p>Rooms used for isolating pupils or staff who display symptoms of Coronavirus could be left for 72 hours if possible and then normal cleaning resumed or a deep clean of that room should be undertaken.</p>
<p>Areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal. In other areas all surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as resources, door handles, seating etc. Details on how to clean these can be found in COVID-19: cleaning in non-healthcare settings outside the home - GOV.UK (www.gov.uk). When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.</p>
<p>Clothing</p>
<p>There is no need for anything other than normal personal hygiene and washing of clothes following a day in school.</p>
<p>Hygiene Suites / Intimate Care Facilities</p>
<p>Touch surfaces such as toilet seats, couches etc should be cleaned between use, including slings and hoists and control panels. This could follow the 'If you use it - Wipe it' principle.</p>
<p>Water fountains</p>
<p>Water fountains in shared pupil areas should continue to be taken out of use.</p>
<p>Water bottles can be filled up from the taps in classrooms so long as the water is potable (drinking) water. Sanitisation of hands before and after is required. For younger pupils self re-filling can be undertaken under supervision. Schools should take steps to limit the use of single-use plastic water bottles.</p>
<p>Biometrics, Lifts, electronic signing in / out systems and control panels / buttons. Shared IT.</p>
<p>Sanitisers should be used before touching biometrics or paper / electronic signing in systems if they cannot be cleaned between users.</p>
<p>Lift control panels should be cleaned at least twice a day in line with other frequent touch points.</p>
<p>IT equipment should be cleaned at least once a day if used by several persons and individuals should wash or sanitise their before and after use.</p>

Identify any poorly ventilated spaces as part of this risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration to activities such as assemblies or events where visitors such as parents are on site, for example school plays and parents evenings. A simple way to do this is : a) look for areas where people work / occupy spaces and where there is no mechanical ventilation or natural ventilation such as open windows, doors, or vents, b) check that mechanical systems provide outdoor air, temperature control, or both. If a system only recirculates air and has no outdoor air supply, the area is likely to be poorly ventilated, c) identify areas that feel stuffy or smell bad. Schools can use the CO2 monitors provided by the DfE to help identify poorly ventilated areas. Where teaching areas (and staff rooms in SEND settings) are identified as poorly ventilated and this cannot be resolved through simple measures such as opening doors and windows, or other remedial works then air cleaning units should be considered. State funded schools that met the eligibility criteria can apply for funded air cleaning units.
<https://drive.google.com/file/d/1K9jZhghH1fjbBvYKg2b4sjlMiVWrQK1vH/view>

Once the school is in operation, it is important to ensure it is well ventilated and a comfortable teaching environment is maintained. External opening doors may also be used (as long as they are not fire doors and where safe to do so) Safeguarding and health and safety must be assessed to see if this is appropriate, especially for younger children and pupils with SEN needs and fire procedures will need to be altered to ensure those doors are closed should the fire alarm sound.

Where possible open windows to classrooms, offices, staff rooms etc. In cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space. As social distancing, mask wearing and bubbles are no longer in place, consider if corridors and other communal areas where staff and pupils may congregate temporarily can be ventilated.

You can continue using most types of air conditioning system as normal. If you use a centralised ventilation system that removes and circulates air to different rooms it is recommended that you turn off recirculation and use a fresh air supply. Air conditioning systems that mix some of the extracted air with fresh air and return it to the rooms, individual room systems or portable units do not need adjusting. Ventilation to chemical stores should remain operational. Mechanical ventilation systems should be adjusted to increase the ventilation rate wherever possible, and checked to confirm that normal operation meets current guidance (if possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply. Heating systems that utilise warm air should follow the same principles. Guidance from HSE is available at <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm>.

To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures should also be used as appropriate: a) opening high level windows in preference to low level to reduce draughts, b) purging or airing rooms by opening all the doors and windows fully to maximise the ventilation in a room when they are unoccupied (e.g. between classes, during break and lunch, when a room is unused), c) seeing if there are trickle vents that can be opened, d) providing flexibility to allow additional, suitable indoor clothing, e) rearranging furniture where possible to avoid direct drafts. Lower temperatures and windy weather conditions in the winter months will increase natural ventilation through openings. This means windows and doors do not need to be open as wide. Increased ventilation may make school buildings cooler than usual over the winter months. Consider allowing additional, suitable indoor items of clothing to be worn during the winter period in addition to the school's current uniform. Where this occurs, schools should ensure that no extra financial pressure is placed on parents.

Heating should be used as necessary to ensure comfort levels are maintained particularly in occupied spaces. Fan conductor heaters can be used in well ventilated areas if your electrical system is suitable.

All persons who are displaying symptoms or who have tested positive for Covid should not come into school and should follow the current Government guidance on self isolating. In most cases, parents and carers will agree that a child with symptoms should not attend the setting, given the potential risk to others. If a parent or carer insists on a child attending a setting, settings can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection with COVID-19. Decisions need to be carefully considered in light of all the circumstances and current public health advice.

Routine vaccinations may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless COVID-19 is suspected. Whilst teething can cause some known side effects such as flushed cheeks and sore gums, NHS guidelines state that fever is not a symptom of teething. If COVID-19 is suspected the child should start isolating and get tested.

Staff or pupils on site when they develop symptoms should be sent home as soon as possible. All staff and pupils who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus. Settings have been provided with a small number of home testing kits that they can give directly to parents/carers collecting a pupil or to staff members who have developed symptoms at their setting where they think providing one will significantly increase the likelihood of them getting tested.

Whilst awaiting collection persons should be left in a room on their own if possible and safe to do so. Pupils will need to be supervised whilst this takes place. A window should be opened for fresh air ventilation if possible. Consider if you can set aside a separate room to be available for potential isolation of staff and pupils. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

An IIR face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then gloves, an apron and a IIR face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.

Where the **initial** child, young person or staff member with symptoms tests **negative**, they can return to their setting.

If a member of staff has helped someone who was unwell with Covid symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

A separate sanitary facility should be provided for individuals who display symptoms. These should be cleaned and disinfected using standard cleaning products before being used by anyone else as should any areas they are isolated in.

Consider if possible the provision of an additional sterile classroom/space which could be used to move a group to where a member of that group has displayed symptoms. This may enable cleaning and disinfection of the potentially contaminated area.

UK Health and Safety Agency (UKHSA) is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19).

Follow the guidance in 2021 Bulletin 09 - COVID 19 and CF50 if you have reasonable evidence that a member of staff has contracted Covid-19 through their work activities.

Follow the guidance in the simple flowchart for cases - these are all available on Leeds For Learning.

There should be a school specific outbreak management plan in place, relevant staff should be aware of the thresholds for potential outbreaks and should be monitoring positive cases in the school. If settings think they may have an outbreak and require support they should contact **DfE COVID-19 helpline** for advice. In some cases, measures such as re-introducing bubbles, LFD testing, masks and social distancing may be recommended. In addition schools may be contacted by the Local Health Protection Team and / or LCC HSWT if their records indicate there may be an outbreak. Inform DCS Alert using form PCIF 01.

Notify LCC of positive cases in your setting via DCS Alert using form PCIF 01.

If there are unvaccinated clinically vulnerable pupils and staff within a setting schools may need to put temporary additional protective measures in place in earlier in certain circumstances. These could include wearing face coverings (unless exempt), limiting contact and mixing with those identified as clinically vulnerable, and increasing hygiene and cleaning routines. Any decision to take additional precautions should be based on the schools specific circumstances and the needs of the clinically vulnerable children and young people within the setting. Schools should weigh up what impact additional precautions may have on education and wellbeing.

People who live in the same household as someone with COVID-19 are at the highest risk of becoming infected because they are most likely to have prolonged close contact. People who stayed overnight in the household of someone with COVID-19 while they were infectious are also at high risk.

Adults who live with, or have stayed overnight in the household of, someone who has COVID-19, are advised to: a) work from home if they are able to, b) limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces, c) avoid contact with anyone known to be at higher risk of becoming severely unwell if they are infected with COVID-19, especially those with a severely weakened immune system, d) wear a well-fitting face covering made with multiple layers or a surgical face mask in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people, e) pay close attention to the main symptoms of COVID-19. If they develop any of these symptoms, they should order a PCR test. They should stay at home and avoid contact with other people whilst awaiting the test result.

This advice should be followed for 10 days after the day the first person they live or stayed with symptoms started (or the day their test was taken if they did not have symptoms).

Children and young people who usually attend an education or childcare setting and who live with someone who has COVID-19 should continue to attend the setting as normal.

In general, to assist in reducing potential transmission, where possible operationally and / or where there are health and safety / operational benefits aside from Covid, consider: a) keeping staggered starts / finishes (staggered start and finish times should not reduce the amount of overall teaching time), b) continuing to open as many access points into the school grounds during drop off and pick up as possible, c) keeping separate access and exit points into the building for different groups of pupils and staff as close as possible to their designated classroom / work areas, d) accessing rooms / work areas directly from outside, e) asking parents / carers not to congregate outside / inside the school grounds for prolonged periods of time.

Parents and carers should be informed they should only come into the school building via the office reception area and by prior arrangement where possible.

Inform suppliers, contractors, visitors as far as possible of the times the school is open and the procedures for accessing the site if these have changed.

Travelling from Abroad - the guidance for persons travelling from abroad is updated regularly. Staff and pupils returning from abroad should follow the government guidance. This can be found at <https://www.gov.uk/guidance/travel-abroad-from-england-during-coronavirus-covid-19>

The legal requirement to wear a face covering no longer applies. However, the government suggests that people continue to wear a face covering in crowded and enclosed spaces where they may come into contact with people they do not normally meet. Pupils, staff or visitors may choose to wear face coverings in any setting. Schools can also choose to ask their staff or visitors to wear a face covering, even though they are not legally required.

Outbreak Management - Schools also have discretion in whether they consider pupils and staff should continue to wear face coverings and this is a decision which can be taken by considering the individual context of the school and the number of cases the school is experiencing. The use of face masks in individual settings will continue to be one of the measures that can be taken to reduce transmission in the case of significant outbreaks as per your Outbreak Management Plan. **Transport** - it is recommended face coverings are still worn by staff and pupils over 11 on public and dedicated transport.

Close contact - if staff have to work in close contact with pupils e.g. to supervise science experiments, D&T or Art activities, speech and language work, feeding, etc .. face shields or Perspex screens may still be appropriate. **Choice / IPRA or WASP** - Staff or pupils may still make an individual choice to wear an appropriate face covering or face mask they provide for themselves in areas outside those recommended by local or government guidance. Face coverings should still be worn where it has been identified in an employee or pupil risk assessment as a necessary control measure for that individual.

FFP2 / 3 masks are not generally necessary in a school setting. Face shields may offer staff an additional level of protection when working in places where face masks are not recommended by the government. Alternatively other transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can be worn. There is currently very limited evidence regarding the effectiveness or safety of transparent face coverings, but they may be effective in reducing the spread of coronavirus (COVID-19).

Intimate Care - Activities such as close intimate care e.g. nappy changing, invasive medical procedures, assisting with feeding necessitate closer contact with pupils. Staff carrying out these activities should wear disposable gloves and aprons and may need IIR masks and eye protection. This would need to be assessed on a case by case basis.

If PPE is identified as necessary for certain activities or staff through a risk assessment then this should be provided by the school.

Reusable eye protection / face coverings should be thoroughly cleaned between each individual person being assisted.

Advise staff who may get bodily fluids, including spit, on their clothes from pupils to bring a change of clothes to work.

As staff working in the school reception area are likely to have contact with a wider range / number of visitors / people they do not work with, it is recommended that staff working in the reception area / office continue to be protected from face to face contact e.g. via the use of screens. Staff in open reception areas should wear face coverings (and face shields) if screens cannot be provided.

Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. Pupils must be instructed not to touch the front of their face covering during use or when removing it and they must dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin) or place reusable face coverings in a plastic bag they can take home with them.

It is recommended that staff and pupils using face coverings have at least two available, in individual sealable plastic bags, to enable them to be changed throughout the day and be replaced if they become damp. Re-usable face coverings should be cleaned / washed regularly.

Consult with and involve staff in the setting up of individual school plans and systems as far as possible and discuss and share this risk assessment with them as part of this consultation process. As staff may feel anxious about being in school and the number of pupils on site arrange staff and 1:1 meetings where necessary to discuss concerns. School staff should be inducted / become familiar with new working practices as soon as possible.

Identify which staff have employee risk assessments that need to be amended and if there are any new ones required for staff now experiencing physical or mental health issues. Be mindful that some staff may be experiencing more anxiety with the removal of many of the previous restrictions and as whole school control measures have changed. A WASP is available via Leeds for Learning.

It is recommended that regular staff meetings are undertaken with staff on site and that regular telephone, skype etc. communication is held with staff who are not present to maintain contact and assist wellbeing.

Identify Mental Health First Aiders. Inform staff about support via Education Support Partnerships and HELP Assist (for Community, VC and schools with a HR or H&S SLA).

Consider that staff may still be supporting remote learning of pupils and / or a mixture of face to face and remote learning and that additional PPA time / time may be needed on staffing rotas to support this or support amended learning plans.

Guidance on Staff Wellbeing is available on Leeds for Learning. There are a number of free drop in wellbeing sessions for staff run throughout the year. In addition there are modular and bespoke wellbeing courses, Mental Health First Aider courses and WASP courses. Details of these are available on the Schools Health, Safety and Wellbeing Team pages on Leeds for Learning.

Guidance is available on Leeds for Learning for pupil wellbeing on the Health and Wellbeing Team pages. In addition the Health and Wellbeing Team run free support sessions for children/young people and details are also available on their Team pages.

Persons at higher risk (formerly called Clinically Extremely Vulnerable persons, Clinically Vulnerable persons and including BAME, staff over 60, pregnant staff).

Staff - Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. If staff were previously identified as being in one of these groups, they are advised to continue to follow Guidance for people previously considered clinically extremely vulnerable from COVID-19. Staff with a weakened immune system should follow Guidance for people whose immune system means they are at higher risk from COVID 19. Government guidance is that for most people who were CEV, they are no longer at substantially greater risk than the general population, and they are advised to follow the same guidance as everyone else on staying safe and preventing the spread of coronavirus (COVID-19). In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. WASPs or employee risk assessments already in place for staff at higher risk should be reviewed following the recent changes to guidance to ensure it is as safe as possible within the remit of the guidance. This should include considering if additional control measures are still required. For example : a) can certain activities / tasks be carried out at home to reduce time on site ? b) can a lower risk role be carried out for all / some of the time ? c) is their work area well ventilated, can ventilation reasonably be increased or are there other areas where they could work that have better ventilation ? d) travelling at non peak times if using public transport, e) face masks / face shields / Perspex screens in class, f) additional PPE such as aprons / gloves.

Schools can seek advice from Occupational Health if there has been a significant change in an individual's health and medical advice is required. The progress of the vaccination programme, along with additional treatments for some staff at higher risk are all additional control measures that are now in place. This should be reflected in the individual risk assessment. It is recommended staff are encouraged to take part in the vaccination and applicable LFD testing programmes if they are able to.

Pupils - following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. Children and young people who were previously identified as being in one of these groups are advised to continue to follow Guidance for people previously considered clinically extremely vulnerable from COVID-19. Children and young people over the age of 12 with a weakened immune system should follow Guidance for people whose immune system means they are at higher risk from COVID-19. Children and young people previously considered CEV should attend school and should follow the same COVID-19 guidance as the rest of the population. In some circumstances, a child or young person may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. IPRA's must be reviewed for such pupils following the recent changes to guidance to ensure it is as safe as possible within the remit of the guidance. This should include considering if additional control measures are still required.

Pregnant Staff and Pupils - The Royal College of Obstetricians and Gynaecologists (RCOG) says: "**Studies from around the world show that pregnant women are no more likely to get COVID-19 than other healthy adults. Roughly, two-thirds of pregnant women with COVID-19 have no symptoms at all, and most pregnant women who do have symptoms only have mild cold or flu-like symptoms. But people who are pregnant and unvaccinated or not fully vaccinated are at increased risk of becoming severely unwell if they catch COVID-19, which can lead to them needing intensive care and their baby being born prematurely. Those who are pregnant, as a minimum, should follow the same guidance on COVID-19 as the general population (for example about vaccination, testing or self-isolation).**" Some pregnant staff may be at higher risk including those who are BAME, have a BMI of 30 or above, have pre-pregnancy co-morbidity, such as pre-existing diabetes and chronic hypertension, have a maternal age 35 years or older or who are over 26 weeks pregnant.

With the above in mind : a) all pregnant staff should have an employee risk assessment carried out when you are informed they are pregnant taking into account if they are at higher risk, b) pregnant staff over 26 weeks, or with underlying medical conditions that place them at increased risk must have their employee risk assessment reviewed before they reach 26 weeks and any additional control measures should be in place before they continue in work after 26 weeks. Be mindful that stress and anxiety can also have a negative impact on pregnant staff and their unborn children. Taking into account if staff have been vaccinated, additional control measures for all pregnant staff should be considered and implemented if they are reasonably practicable following the hierarchy below: a) whether it is possible for the individual to work from home if their role means they cannot distance easily, b) what reasonable adaptations to their role would mean they could work from home for some or all of the time, c) can certain activities / tasks be carried out at home to reduce time on site, d) can a lower risk role e.g. working with older pupils where distance can be achieved be carried out for all / some of the time, e) can the groups of pupils / staff they work with be restricted to reduce mixing, f) identify times when the member of staff / pupil can distance in school and inform others of the need to distance at those times, g) is their work area well ventilated, can ventilation reasonably be increased or are there other areas where they could work that have better ventilation, h) can they travel at non peak times if using public transport, i) the use of face masks / face shields / Perspex screens in class and communal areas, j) additional PPE such as aprons / gloves. This will be in addition to the general control measures contained in the overall Covid-19 assessment. Advice can be sought from Occupational Health. The same principles should be applied to pregnant pupils when completing their IPRA.

Some pupils or staff who are no longer required to shield, but are still generally under the care of a specialist health professional may need to discuss their care with their health professional before returning to school in September (usually at their next planned clinical appointment). Any advice must be considered in an IPRA or WASP. Schools can seek advice from Occupational Health if there has been a significant change in an individual's health and medical advice is required. If there are **unvaccinated clinically vulnerable pupils and staff** within your setting, you may consider temporary additional protective measures if they are in close contact with another pupil or member of staff who is a household contact of a positive case. These could include the household contact wearing a face covering (unless exempt), limiting contact and mixing with those identified as clinically vulnerable, and increasing hygiene and cleaning routines. Any decision to take additional precautions should be based on the specific circumstances of the individual close contact and the clinically vulnerable children and young people within the setting, and you should weigh up what impact additional precautions may have on education and wellbeing. No pupil or student should be denied education based on their compliance with any additional precautions.

Ensure adequate first aid provision for the numbers of staff and pupils on site, this is likely to include staff with Full FAW qualifications and paediatric first aiders for early years settings.

Paediatric first aiders must be available at all times that children up to the age of 5 are on site or on educational visits.

Contractors and lettings should provide their risk assessments and discuss additional needs with the school prior to visiting. Contractors, visitors, and lettings should adhere to the schools risk assessment when on site including wearing face coverings if required.

Contractors, lettings and visitors should carry out regular handwashing or hand sanitising, especially on arrival at the school and throughout their time on site.

Contractors, lettings and visitors should follow the current Government advice on self isolating if they have Covid symptoms or have tested positive. It is recommended schools do not allow contractors or visitors on site if they are not following the isolation guidance and are displaying symptoms or have tested positive.

If contractors, lettings or visitors display any symptoms whilst on site they should be asked to leave immediately and any areas / equipment they have been working in / on isolated for 72 hours or thoroughly cleaned prior to admitting other persons / being used.

If contractors, lettings or visitors are on site for long periods of time when the school is open to pupils a separate toilet facility could be identified for their sole use and cleaned after their work has ceased and before being used by the school again. If this can't be established then inform contractors of the **"If You Use It – Wipe / Clean It"** principle.

Support groups for parents and children, such as for breastfeeding, postnatal, and baby and toddler groups, can meet indoors and outdoors. The activities should ensure that a) everyone maintains good hand hygiene and cleans their hands regularly, including as they arrive, between activities, and as they leave, b) adults are asked to wear face coverings where settings have identified this is advisable, c) indoors the areas used are well ventilated with fresh air (see the section on ventilation), d) any rooms used by these groups are cleaned after each use, e) activities take place outside where safely possible.

In Early Years settings parents are more likely to come into the premises to drop off / pick up children, settle new children and to help their children adapt to their new environment. It is recommended that for meetings / contact with visitors, including parents / carers, that staff : a) continue to socially distance from visitors where possible, b) ask visitors to wear face coverings during such contact in enclosed / crowded spaces, c) ensure parents / carers avoid close contact with other children where possible.

Inform catering staff of any changes made from this risk assessment e.g. to entry / exit points, fire safety procedures, safeguarding etc.. Catering staff should observe the school risk assessment whilst on site. LCC catering staff are allowed to use alcohol based hand sanitisers.

Tables / seating set out by catering staff should be cleaned before pupils and staff use them and between sittings.

A system should be put in place for the potential drop off of essential items a pupil may have forgotten e.g. medication, packed lunch. Staff doing this should thoroughly wash or sanitise hands before and after handling the items.

Staff and pupils can take books and other shared resources home. For marking work, staff can wash hands or sanitise before handling / marking work, at regular intervals throughout and after completing handling / marking. If pupils or staff have been displaying symptoms any work or resources they have handled during that time should be left for at least 48 hours or cleaned.

Singing and playing wind and brass instruments do not currently appear to represent a significantly higher risk than routine speaking and breathing at the same volume. However, there is now evidence that additional risk can build from aerosol transmission with volume and with the combined numbers of individuals within a confined space. This is particularly evident for singing and shouting loudly, but with appropriate safety mitigation and consideration, singing, wind and brass teaching can still take place. Indoor and Outdoor performances in front of a live audience should follow the latest advice in the working safely during COVID-19 for events and attractions, which provides details of how to manage audiences.

If activities are carried out indoors, it is important to ensure good ventilation and where possible use a room with as much space as possible. In addition rooms with high ceilings are expected to enable dilution of aerosol transmission. Where there is continuous talking or singing, or high levels of physical activity (such as dancing, playing sport or exercise), providing ventilation sufficient to keep CO₂ levels below 800ppm is recommended.

Position pupils and staff back-to-back or side-to-side when playing or singing where possible (rather than face-to-face). Position wind and brass players so that the air from their instrument does not blow into another player and use microphones where possible or encourage singing quietly. Additionally, schools should keep any background or accompanying music to levels which do not encourage persons to raise their voices unduly.

Avoid sharing instruments and equipment wherever possible. If instruments and equipment have to be shared, disinfect regularly (including any packing cases, handles, props, chairs, microphones and music stands) and always between users. If equipment such as props, scripts, scores and microphones need to be shared or passed hand to hand ensure good handwashing or sanitising before and after this takes place. Instruments should be cleaned by the pupils playing them, wherever possible.

Agree whose responsibility cleaning hired instruments is with the suppliers. Clean hire equipment, tools or other equipment on arrival or before first use. Equipment and instruments should be stored in a clean location if you take delivery of them before they are needed, if this is less than 48 hours they should be cleaned before first use and before returning the instrument.

For PE ensure particular attention is paid to cleaning and hygiene. This is particularly important in a sports setting because of the way in which people breathe during exercise. Sports equipment that has been handled should be cleaned between groups and pupils and staff should clean their hands before and after activities. Alternately you can rota use so it is not used for 48 hours between groups. Hand sanitiser would be useful to use regularly during sporting activities.

Schools have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls. Follow guidance issued by national governing bodies for team sports for any additional control measures that may be recommended.
<https://www.gov.uk/guidance/coronavirus-covid-19-grassroots-sports-guidance-for-safe-provision-including-team-sport-contact-combat-sport-and-organised-sport-events>. Both outdoor and indoor competition between different schools can take place and should be organised in line with the above guidance.

PE, sport and physical activity provided by schools to their own pupils under their systems of control can continue. This includes sports clubs or activities before or after school, in addition to their regular PE lessons. Schools are able to work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that it is safe to do so. Schools should consider carefully how such arrangements can operate within their wider protective measures.

To minimise time spent in changing rooms if they are poorly ventilated settings may wish to consider allowing pupils to wear PE kits on the days they are doing PE or coming to school / going home in PE kits if lessons are near the beginning or end of the day. Where this is not possible / practicable e.g. cold weather, other activities on the same day that require more of the body to be covered, ensure pupils have cooled down prior to changing to minimise changing whilst still sweating / breathing heavily.

CLEAPSS have extensive guidance on lesson delivery with Covid 19 controls (which is being updated at present) <https://www.cleapss.org.uk/>

Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place. Schools should refer to the Foreign, Commonwealth and Development Office travel advice and the guidance on international travel before booking and travelling. Schools should be aware that the travel list (and broader international travel policy) is subject to change and travel lists may change during a visit. Schools must comply with international travel legislation and should have contingency plans in place to account for these changes.

Visits should be done in line with protective measures, such as good hygiene and ventilation and the COVID-19 safe measures in place at the destination. Evolve and relevant risk assessments have been altered to reflect this. For domestic day visits schools should complete the Day Visits risk assessment along with any venue specific assessments.

Some organisations and settings may still request that face coverings are worn when on their premises. Discussions should take place when planning visits to see if this is the case and the risk assessments amended accordingly.

The approach to minibus / coach / private vehicle transport should align as far as possible with the principles underpinning the system of controls set out in this document and with the approach being adopted for your setting. It is important to consider: a) additional cleaning of vehicles, b) passengers cleaning their hands before boarding and after disembarking (putting sanitiser on whilst on board could cause spillages and slip hazards), c) drivers and escorts regularly hand sanitising throughout the journey and after tasks such as helping a child board or handling a child's belongings, d) maximising the ventilation of fresh air particularly through opening windows and vents, e) avoiding the use of face to face seating on home to school transport wherever possible. Children should be encouraged to carry tissues on home to school transport. These will need to be disposed of in a covered bin. Where it is not possible to have a bin on board, schools should have a suitable disposal process on arrival, in line with their process for disposing of face coverings.

If using private vehicles or car sharing the following should be considered : a) sharing the transport with the same people each time, b) minimising the group size at any one time, c) opening windows for ventilation, d) travelling side by side or behind other people, rather than facing them, where seating arrangements allow facing away from each other, e) cleaning the touch points between journeys using standard cleaning products.

General Controls

Carry out events outdoors wherever possible. If indoors, use a large well ventilated space.
In line this risk assessment, it is recommended that for events involving contact with large numbers of visitors, including parents / carers, that : a) staff wear face coverings and visitors are asked to wear face coverings during events in enclosed / crowded spaces, b) visitors are asked to avoid close contact with pupils who are not part of their household where possible.
Enhanced cleaning should take place to ensure the frequency of cleaning surfaces is increased, especially those that are being touched frequently / by numerous persons.
Ensure staff, pupils and attendees maintain good hand hygiene through frequent hand washing or the use of hand sanitiser. Provide facilities at regular points e.g. hand sanitiser dispensers / sinks, to enable this to take place.
Consider how you can make any visitor interaction areas i.e. reception areas, safer, e.g. with increased cleaning, keeping the activity time as short as possible and considering the addition of screens between attendees and school staff / pupils.
Visitors to all school settings can be asked to wear a face covering when in school premises.
Ensure attendees are informed of the need to be mindful that individuals may still wish to socially distance.
Dancing is permitted. However, due to the increased risk of transmission it is recommended such activities take place outside or in a larger well ventilated space where possible.
Risk assess whether staff, especially those who are at higher risk need additional control measures for any large events or those involving large numbers of visitors. Be mindful that staff may be anxious about mixing with larger groups of people than throughout their normal school activities.
Minimise contacts around transactions, for example by using online booking and pre-payment and encouraging contactless payments wherever possible.
Arrival, departure and movement around the premises.
Consider if a staggered arrival and departure of attendees or a timed entry is possible, as well as looking at the flow and dispersal across the event site of attendees to assist in preventing large numbers of people do not congregate in any one area of the site.
Consider the use of multiple entrances / exits to the site or buildings for larger events to minimise crowding at entrances/ exits.
Where possible, create one way systems for entry / exit and movement around the site / buildings and bring attendees in / out by the shortest route e.g. by direct access to the hall / performance space/ playground.
In line with 18.2 above visitors should use separate toilets to those used by staff and pupils if the event takes place during the normal school day where possible.
Provide allocated seating where possible and consider deploying marshalling staff to manage crowding before and after events. Marshalling may also be needed at key pinch-points, such as entrances, exits and toilet facilities, and care should be taken to remove any barriers at exits that might cause crowding.
Asymptomatic mass testing is no longer recommended for staff (and pupils where relevant) in mainstream settings.

Staff and pupils in **specialist SEND settings, AP and SEND units in mainstream schools or equivalent in FE colleges**, (for example those completing courses which are specifically for students with disabilities and/or learning disabilities such as Supported Learning courses and Foundation/SEND courses), are currently advised to continue regular twice weekly testing. Staff, and pupils and students of secondary school age and above, should continue to test twice weekly at home, with lateral flow device (LFD) test kits, 3 to 4 days apart. **There is no need for primary age pupils (those in year 6 and below) to test.**

These settings should maintain an on-site asymptomatic testing site (ATS) where possible. Even if it is appropriate for the majority of pupils or students to test at home, we recommend settings retain a small ATS so that they can offer testing to pupils or students unable to test at home. In some settings, the on-site ATS may need to maintain more capacity if a large number of pupils or students cannot take advantage of the home testing offer.

Sections 2 of this risk assessment is being followed by the school and staff / pupils taking part.

Where applicable, ensure arrangements that impact on other site users e.g. opening times, access / egress routes, changes to fire practices, cleaning regimes, use of shared areas etc. ...are discussed / information provided to users who share the school site.

Schools who operate a children's centre on other premises (fund holder) should implement the schools Covid 19 risk assessment in that setting.

Good record keeping is key to managing any potential positive cases and / or outbreaks. Records of positive cases should be kept and the sample spreadsheet can be used for this.

A record should be kept of which staff have assisted pupils or staff who are displaying symptoms. This could be via first aid records or could be added to the simple Covid case spreadsheet.

ent - V7.00 - Section 1 - Overall Covid Controls

electronic means or otherwise, without the written permission of the owner, is prohibited.

Additional / altered measures / notes	Implemented by : Initial	Date Completed
Previously Section 2 - 9.1	Site Superintendant	March 22 and ongoing
Previously Section 2 - 9.2	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.3	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.4	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.5	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.6	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.7	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.8	SS and All staff	March 22 and ongoing
Previously Section 2 - 9.9	Site Superintendent	March 22 and ongoing
Amended - previously Section 2 - 10.1.1	Site Superintendent	March 22 and ongoing

Previously Section 2 - 10.1.2	Site Superintendent	March 22 and ongoing
Amended - previously Section 2 - 10.1.3	Site Superintendent	March 22 and ongoing
Amended - previously Section 2 - 10.1.5	All staff	March 22 and ongoing
Amended - previously Section 2 - 10.1.6	Cleaning Team/SS	March 22 and ongoing
Amended - previously Section 2 - 31.1	All staff	March 22 and ongoing
Amended - Previously Section 2 - 31.5, 31.7	All staff	March 22 and ongoing
Amended - Previously Section 2 - 31.2	All staff	March 22 and ongoing
Previously Section 2 - 31.3	All staff	March 22 and ongoing
Previously Section 2 - 31.4	All staff	March 22 and ongoing

Previously Section 2 - 31.8.1, 31.8.2	Site Superintendent	March and ongoing
Amended - previously Section 2 - 31.8.3 and 31.8.4	Office team	March and ongoing
Previously Section 2 - 10.2.1	Site Superintendent	March and ongoing
New	Site Superintendent	March and ongoing
Previously Section 2 - 10.3.1		
Amended - previously Section 2 - 10.4.1	Site Superintendent	March and ongoing
Previously Section 2 - 14.4.1	N/A	
Previously Section 2 - 14.4.2	All staff	March and ongoing
Amended - previously Section 2 - 13.2	Site Superintendent	March and ongoing
Amended - previously Section 2 - 13.3	Site Superintendent	March and ongoing
Amended - previously Section 2 - 13.5	Site Superintendent	March and ongoing

Previously Section 2 - 14.1.1.	Site Superintendent	March and ongoing
Amended - previously Section 2 - 14.1.2	All staff	March and ongoing
Previously Section 2 - 14.1.3	All staff	March and ongoing
Previously Section 2 - 14.1.4	All staff	March and ongoing

Previously Section 2 - 14.1.5	Sire Superintendent	March and ongoing
Previously Section 2 - 14.1.6	Site Superintendent	March and ongoing
Amended - previously Section 2 - 6.1	SLT and attendance team	Ongoing and regular communication
Amended - previously Section 2 - 6.2	SLT and attendance team	Ongoing and regular communication
Amended - previously Section 2 - 7.1	SLT	Ongoing and regular communication
Previously Section 2 - 7.2	All staff	Ongoing and regular communication
Previously Section 2 - 7.3	All staff	Ongoing and regular communication
Amended - previously Section 2 - 7.4	SLT and attendance team	Ongoing and regular communication

Amended - previously Section 2 - 7.7	SLT and attendance team	Ongoing and regular communication
Previously Section 2 - 7.9	Cleaning Team/SS	Ongoing and regular communication
Previously Section 2 - 7.10	Cleaning Team/SS	Ongoing and regular communication
Previously Section 2 - 7.11		
Amended - previously Section 2 - 7.5, 7.6	HT/SBM	March 22 and ongoing
Amended - previously Section 2 - 7.5, 7.6	SLT/Attendance lead	
New	SLT/Inclusion Team	March 22 and ongoing
New	All staff	March 22 and ongoing
New	All staff	March 22 and ongoing

New	All staff	March 22 and ongoing
New	All staff	March 22 and ongoing
Previously Section 2 - 8.1	SLT	Ongoing communication
Previously Section 2 - 8.3	SLT - however not always possible to just use the main reception area	Ongoing communication
Previously Section 2 - 8.4	Office Team/SS/Catering Team	
Previously Section 2 - 11.7	SLT and attendance team	Ongoing communication
Amended - previously Section 2 - 16.1	SLT	March 22 and ongoing

Amended - previously Section 2 - 16.1 and 16.2	SLT	March and ongoing
Previously Section 2 16.3	All staff	March 22 and ongoing
Previously Section 2 -16.4	SLT	March 22 and ongoing
Previously Section 2 -16.5		
Previously Section 2 -16.6	SLT	March 22 and ongoing
Previously Section 2 - 11.3	Office staff	March 22 and ongoing
Previously Section 2 -16.7	All staff	March 22 and ongoing
Previously Section 2 -16.8	All staff	March 22 and ongoing
Previously Section 2 - 17.1, 22.1	SLT/Inclusion Team	March 22 and ongoing
Amended - previously Section 2 - 17.4	SLT/SBM	March 22 and ongoing
Previously Section 2 - 17.5	SLT	March 22 and ongoing
Previously Section 2 - 17.6, 17.7	SLT	March 22 and ongoing

Amended - previously Section 1 - 2.5	SLT	March 22 and ongoing
Amended - previously Section 2 - 5.1.1	SLT/SBM	March 22 and ongoing

Amended - previously Section 2 - 5.1.1	SLT/Inclusion Team	March 22 and ongoing
Amended - previously Section 2 - 5.1.1	SLT/SBM	March 22 and ongoing

Amended - previously Section 2 - 5.1.1	SLT/SBM	March and ongoing
Amended - Previously Section 2 - 5.1.2	SLT/Inclusion Team	March 22 and ongoing
Previously Section 2 - 12.1	SBM/DM	March 22 and ongoing
Previously Section 2 - 12.2	SBM/DM	March 22 and ongoing
Amended - previously Section 2 - 18.2, 19.1	Site Superintendent/Office Team	March 22 and ongoing

Previously Section 2 - 18.3	Site Superintendent/Office Team	March 22 and ongoing
Amended - previously Section 2 - 18.4	Site Superintendent/SBM	March 22 and ongoing
Amended - previously Section 2 - 18.5	Site Superintendent/SBM	March 22 and ongoing
Amended - previously Section 2 - 18.6, 19.2	Site Superintendent/SBM	March 22 and ongoing
Amended - previously Section 2 - 19.3	Site Superintendent/Inclusion Team	March 22 and ongoing
Amended - previously Section 2 - 19.4	EYFS Staff	March 22 and ongoing
Amended - previously Section 2 - 21.1	SBM/Catering Team	Mar-22
Previously Section 2 - 21.3	Catering Team/Lunchtime staff	Mar-22
Amended - previously Section 2 - 23.1	Office Team	March 22 and regular communication
Amended - previously Section 2 - 26.1	All staff	March 22 and ongoing

Amended - previously Section 2 - 28.1	All staff	March 22 and ongoing
Amended - previously Section 2 - 28.2	All staff	March 22 and ongoing
Previously Section 2 - 28.3	All staff	March 22 and ongoing
Amended - previously Section 2 - 28.4	All staff	March 22 and ongoing
Amended - previously Section 2 - 28.5	SBM/Music Lead	March 22 and ongoing
Amended - previously Section 2 - 29.1	All /PE lead	March 22 and ongoing
Previously Section 2 - 29.2	SLT/PE lead	March 22 and ongoing

Previously Section 2 - 29.3	SLT/PE lead	March 22 and ongoing
Previously Section 2 - 29.4	SLT - Pupils continue to come to school in PE kits	
Previously Section 2 - 30.1		
Amended - previously Section 2 - 15.1	SLT	Mar-22
Previously Section 2 - 15.2	All staff	March 22 and ongoing
Previously Section 2 - 15.3	All staff	March 22 and ongoing
Amended - previously Section 2 - 24.1, 33.1	SLT	March 22 and ongoing
Amended - previously Section 2 - 33.2	SLT	March 22 and ongoing

Previously Section 2 - 35.1.1	All staff	March 22 and ongoing
Amended - previously Section 2 - 35.1.2	All staff	March 22 and ongoing
Previously Section 2 - 35.1.3	All staff	March 22 and ongoing
Previously Section 2 - 35.1.4	All staff	March 22 and ongoing
Previously Section 2 - 35.1.5	SLT/Office team	March 22 and ongoing
Amended - previously Section 2 35.1.6	SLT/All staff	March 22 and ongoing
Previously Section 2 - 35.1.7	All staff	March 22 and ongoing
Previously Section 2 - 35.1.8	All staff	March 22 and ongoing
Amended - previously Section 2 - 35.1.9	SLT/SBM	March 22 and ongoing
Previously Section 2 - 35.1.10	Office team	March 22 and ongoing
Previously Section 2 - 35.2.1	SLT - no staggered times needed	March 22 and ongoing
Previously Section 2 - 35.2.2	SLT - All entrances and exits used	March 22 and ongoing
Previously Section 2 - 35.2.3	SLT - Not one way system but shortest entry and exit routes	March 22 and ongoing
Previously Section 2 - 35.2.4	All staff - Please make sure visitor toilets are used.	March 22 and ongoing
Previously Section 2 - 35.2.5		March 22 and ongoing
Amended - previously Section 2 - 34.1	All staff	March 22 and ongoing

New	N/A	
Amended - previously Section 2 34.5	All staff	March 22 and ongoing
Previously Section 2 - 25.1	N/A	
Previously Section 2 - 25.2	N/A	
Amended - previously Section 2 - 32.1	Attendance Team	March 22 and ongoing
Previously Section 2 - 32.4	Office Team	March 22 and ongoing



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Area of control

SILC schools - staff and secondary age pupils

	1.1
	1.1.1
	1.1.2
	1.1.3
	1.1.4
	1.1.5
	1.2
	1.2.1
	1.2.2

ST 1. Setting Up the Testing Area.	1.2.3
	1.2.4
	1.2.5
	1.2.6
	1.2.7
	1.2.8
	1.2.9
	1.2.10
	1.2.11
	1.2.12
	1.2.13

ST 2. Training / competency	2.1
	2.2
	2.3
	2.4
ST 3. Storage and management of Testing Materials / Supplies for the Testing area.	3.1
	3.2
	3.3
ST 4. Waste Disposal	4.1
ST 5. PPE	5.1
	5.2
	5.3
	5.4
	5.5
	5.6
	5.7
	5.8

ST 6. Conducting the on site tests	6.2
	6.3
	6.4
	6.5
	6.6
	6.7
	6.8
	6.9
	6.10
	6.11
	6.12
	6.13
	6.14
	6.15
	6.16

	6.17
	6.18
	6.19
	6.20
	6.21
	6.22
ST 7. Test results action to take.	7.1
	7.2
	7.3
	7.4
ST 8. General	8.1
ST 9. Hygiene / cleaning	9.1
	9.2
	9.3
	9.4
ST 10. Record keeping / Reporting.	10.1
	10.2

	10.3
	10.4
ST11. Organising the home testing system.	11.1
	11.2
	11.3
	11.4
	11.5
	11.6
	11.7
	11.8
ST12. Storage and management of Testing Materials / Supplies for the Testing area.	12.1
	12.2
	12.3
	13.1

ST 13. Issuing tests	13.2
	13.3
	13.4
	13.5
	13.6
ST14. Conducting the Tests	14.1
	14.2
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Schools from March 2022 - Risk Assessment - V7.00

Section 2 - On site and Home Mass Asymptomatic

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Control Measures

ils - twice weekly home testing 3 / 4 days apart (where possible). Detailed gu

On Site Testing

Assessing and identifying the staff and area(s) to be used.

Identify which pupils have given consent for tests to be carried out and need testing on site. Persons should be encouraged to undertake testing as it is an additional control measure on top of those already in place, however, consent is voluntary and can be withdrawn by the individual or parent / carer at any time and they should not be directed to or forced to take the tests. Pupils attending school who do not consent to the test can still attend school as normal if they do not have symptoms of Covid-19.

Identify the number of testing bays and testing personnel likely to be needed. Use the data obtained from step 1.1.1 in the workplace toolkit. This can then be used to identify the personnel and space required for a testing area.

Identify appropriate staff / volunteers to carry out the roles required. Consideration should be given to their suitability for the role e.g. underlying health conditions, vulnerable family members.

Staffing levels should be sufficient to allow breaks for staff and to reduce risk of errors due to fatigue.

Identify 1 / more than 1 suitable dedicated testing area(s) in the school. Testing areas require :

a. Adequate space to follow the layout requirements for the testing areas, bays each bay and associated support stations in the " How to Guide ". This includes allowing for safe movement between registration desks, testing bays, a one way system, entry and exit points and a socially distanced waiting area (if required). You may be able to use a space adjacent to and connected to the testing area for the registration desk.

b. Adequate ventilation (in line with Section 2 of this risk assessment) and lighting. Consider if additional task lighting is required for those processing the tests and at other stations in the testing area.

c. A non porous floor and readily cleansable surfaces. Temporary floor coverings could be used e.g. installing temporary hardcovers on carpets, to facilitate cleaning.

d. Privacy - it should not be possible for passers by / staff and pupils in other areas to see persons visiting the testing area whilst they are being tested.

Setting up the Testing Area.

Set up the testing area in accordance with the "How to Guide ". If more than 1 bay , it is recommended bays are numbered and the bay number is written on the test kit and entered on the school records so that any issues with high numbers of inconclusive tests e.g. faulty batches, staff training issues can be identified and rectified.

It is recommended signage and floor marking is used to identify the entrance and exit, one way system and the outline of the bays (if screens are not used). It is also recommended the floor is marked in front of each testing bay where the person being tested can stand whilst waiting to be called forward / being given instructions.

Testing bays should be set up and provided with the facilities outlined in the How to Guide.

Suitable seating should be available if persons taking the tests need to or wish to do the test in a seated position. Any seating provided must be readily cleansable and be cleaned before and after each use.

Consider if alternative tables / facilities are required for persons in wheelchairs.

Fixed or standing mirrors may be easier for some persons to use whilst taking the test. Consider the potential height of users in positioning fixed mirrors.

To provide a degree of privacy to persons undertaking the test consider the use of opaque or solid screens either side of the testing bay. Any screens used should be of adequate height / size to afford privacy and must be readily cleansable. Wipeable sheeting could be used to cover screens / dividers that you may already have in school that are not cleansable.

Closely located toilets and wash basins for the sole use of staff working in the testing area should be available. Staff using these should still follow social distancing, hand hygiene and the 'Use it Wipe It' principle.

Depending on the time of day / length of time the testing area is in operation, a separate break area for the sole use of staff working in the testing area may be needed so they do not need to go into the main school staff rooms whilst they are involved in testing. This should be cleaned regularly in line with the enhanced cleaning programme in school.

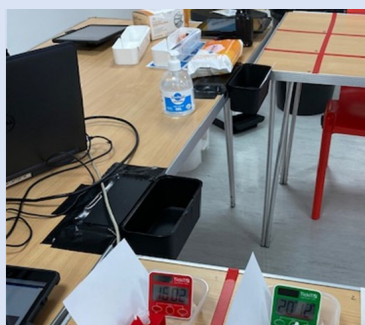
In addition to or instead of timers in each bay, it may be useful to provide a large clock visible to the processing staff to assist in the timing of the test development. Processing staff should write the time of the test on the test vial or the LFT device.

It is recommended bins are provided in each bay and at each station in the testing area to ensure waste is easily and correctly disposed of. Bins should be unlicked or foot operated. See also Waste disposal below.

Consider pre-making up testing kits / processing kits and placing in individual containers. It may also help to mark up processing desks to keep tests separate whilst they are processing. For example:



Consider the use of separate containers for the sheets for test results awaiting entry onto the DHSC log and school log and those that have already been entered. For example :



All staff / volunteers involved in the testing process must complete the online training accessed via the schools portal for the roles they will be / are undertaking. In order to provide flexibility to the process of testing and opportunities for rotation it is recommended persons train for multiple roles e.g. registration, sample processing, data entry. Only staff who have passed the assessments should commence testing and schools/colleges are responsible for ensuring this is the case.

Carry out several dummy runs before starting the testing for real. This will enable testing staff to gain competency / confidence before the actual testing takes place. This is especially important as the Orient Gene and other tests are carried out / processed differently to the Innova tests.

Consider that pupils who have never swabbed before may take longer to undertake the swabbing process at first start compared to staff that are now familiar with it. This may impact on how many tests can be carried out each day and the rota for pupils attending to take their tests.

Staff competency at their roles should be assessed at regular intervals throughout the process e.g. weekly. The checklists on the school portal could be used to assist with this. Any areas for improvement should be addressed.

Testing kits should be stored between 2°C and 30°C and the antigen LFD devices and reagents must be between 15 °C and 30 °C during use.

Storage areas should be lockable and access restricted to authorised personnel only.

Checks of supplies should be undertaken at the end of each session to ensure there are adequate supplies of all relevant materials for the testing area before testing commences for the next session e.g. at the end of each day for the following day.

Waste generated by the testing area can now all be disposed of as general waste your mainstream waste disposal routes. It no longer needs to go in yellow / clear or 'tiger' bags and be disposed of as healthcare waste.

Staff working in the testing area must don and doff PPE in line with the guidance in the Schools and Colleges "How to Guide" available on the DfE Schools Portal.

Staff working in the testing area should wear and change PPE as identified below. A session is considered to end when a worker leaves the setting i.e. at break or end of shift. New PPE should be worn for each session. In addition PPE should be changed if protective properties are compromised or contaminated from secretions.

Staff processing / handling the tests should wear IIR masks and eye protection / face shields, disposable glove and aprons. Gloves must be changed after each test and the rest changed at the end of each session including after breaks.

Staff undertaking cleaning of the area should wear IIR masks and eye protection / face shields, disposable gloves and aprons. This should be changed at the end of each session including breaks and immediately after cleaning up spillages.

All other staff working in the testing area e.g. co-ordinating supplies and queuing, registering and recording should wear IIR masks at all times and use and replace these in line with Point 17. PPE in Section 2 of this RA and at the end of each session including breaks.

Persons taking the test should wear a face mask / face covering at all times except when they are physically carrying out the test on themselves / being assisted to carry out the test.

Staff directly assisting persons to undertake tests should wear IIR masks and eye protection / face shields, and disposable aprons and gloves These should be changed between each person being assisted.

All Testing centre staff must not leave the testing area without removing and disposing of their PPE appropriately or before donning any new PPE required in areas of the school outside of the testing area.

Before the Test

<p>To inform pupils and to alleviate anxiety around the testing process it is recommended pupils and their parents /carers are provided with information about the process and the chance to raise any specific questions / concerns. Consider using the videos and materials on the schools portal, the videos / photographs from other schools on Leeds for Learning, producing your own video / photographs of the process / testing area. If pupils have higher anxiety it is possible to carry out 1 : 1 controlled walk through of the area. All pupils / parents / carers should be provided with the privacy statement.</p>
<p>Ascertain if pupils need assistance with administering the test or taking part in the process e.g. pupils with SEN who may need emotional / reassurance support. Trained staff can assist individuals with the test if they are unable to conduct the test themselves. Assisted swabbing (such as performing the swab for someone who is unable to self-swab) does not need to be done by a clinician. There is training and guidance on how to perform assisted swabbing on the DfE schools portal. Any staff carrying this out should be appropriate i.e. known and trusted, for the person being assisted and be familiar with the process and the person they are assisting. There may also be circumstances where staff may need assistance / practice on site initially before they are comfortable with home swabbing. This should be carried out in the testing area. If a pupil cannot swab their nostrils an Innova test with just a throat swab can be used instead of one of the nasal only tests.</p>
<p>Inform pupils / parents and carers to notify a named person in school if they have any particular concerns / issues relating to the taking of the test that they may require assistance with e.g. conducting the test when no-one else is if they have a strong gag reflex.</p>
<p>Consent to be tested can be withdrawn at any stage including during the test. This includes verbal withdrawal. No pupils should be forced or coerced in any way to undertake the tests.</p>
<p>Where a school feels it may not be appropriate or safe to test a pupil who has parental / carer consent they should discuss this with the parent / carer (and pupil where possible).</p>
<p>All pupils can be part of the on site or home testing programmes. Staff carry out twice weekly home testing.</p>
<p>Pupils that have had a positive PCR test in the last 90 days are now advised to take part in twice weekly LFD tests within the 90 day period after the PCR test but should not re-commence taking part until day 28. Staff and pupils that have had the Covid-19 vaccine can still take part in the LFT programme.</p>
<p>It is recommended that pupils to be tested are given an appointment time / time slot to attend or (if the number of bays and waiting space allows) this may be a group time.</p>
<p>All persons taking tests should be advised in advance not to attend if they have any symptoms of COVID 19, or live with someone who is showing symptoms of COVID 19 (including a fever and/or new persistent cough).</p>
<p>Due to the nature of the activity in the test centre social distancing should still be followed inside the centre.</p>
<p>Where possible, testing should be carried out in the morning to limit the potential contact time that persons who test positive will have had with other staff / pupils and to allow the re-taking of inconclusive tests as soon as possible.</p>
<p>During the Test</p>
<p>Access to the testing area should be controlled and social distancing between those taking the tests and testing area staff should be observed wherever possible.</p>
<p>Persons being tested should wash their hand / sanitise immediately before / upon entering the testing area.</p>
<p>Persons undertaking the test should be informed they must sanitise their hands before / after they carry out the test. If pupils are wearing face coverings they should also sanitise before and after re-donning their face coverings. Removal / re-donning of face coverings should be carried out in the testing bay and not whilst they are waiting to enter the bay or after they have exited.</p>
<p>Persons being tested should be asked to read the testing instructions and / or have them explained to them prior to taking the test. This should be done before they remove any face coverings.</p>

It is recommended that the processing staff open the correct end of the swab package and peel it down a short distance before handing the swab package to the persons being tested. This will help avoid the wrong end of the swab being handled. Where possible a combined nose and throat swab should be taken. However, a person-centred approach should be used to assess which sample to take from each child or young person. A child or young person may find it difficult to take a throat swab due to their having difficulty in understanding instructions, needing to keep their mouth open during the period of swabbing or they are having a strong gag reflex. In such cases, where a combined nose and throat swab is not possible, a nose swab from both nostrils can be taken. Similarly, if for some reason a nasal swab is not feasible, a throat swab alone will suffice.
Once the test swabbing has been undertaken it is recommended the processing staff place the rack with the test vial in onto the table in front of the person carrying out the test for them to place the swab into swab end down. Holding onto the rack whilst they place the test swab into it may prevent accidental spillages and the need for the swab to be re-done.
If, at any point during the test, the swab end touches any surface apart from the vial it is being deposited into, or any part of the person being tested other than those required for swabbing, the swab should be discarded and a new one issued.
Once the processing staff have confirmed the swab is safely in the vial the person being tested can leave the testing bay / area and await their results.
Tests should be handled and processed in line with the guidance in the How to Guide.
Results should be actioned as below in 7.
Positive result - individual should be sent home and start self isolation following current government guidance straight away. Close household contacts should follow the advice in https://www.gov.uk/government/publications/covid-19-people-with-covid-19-and-their-contacts . The parent or carer should be contacted to make arrangements for the pupil to journey home as soon as possible. They may walk or cycle if it is possible for them to do so and they are able to keep a safe distance from others. They must not travel on public transport. In exceptional circumstances, where it is not possible for the parent or carer to make arrangements for the pupil's journey home, home to school transport may be provided.
Negative result - individual and household can continue as normal.
Invalid result - the individual should re-take a LFT as soon as possible with a new test kit and relevant action should then be taken when a positive / negative result is obtained.
If the problem persists, the individual may take a different type of test through the NHS COVID-19 app, by visiting: gov.uk/get-coronavirus-test or, by calling the customer contact centre on 119.
Regular reviews and quality assurance checks should be carried out of the testing area and procedures to ensure they are effective and the correct procedures are being followed.
After taking the test the individual should wipe down the table, mirror and any areas touched with an anti-viral wipe. This should be overseen by the processing staff or staff assisting with test administering. If persons taking the test are not capable of doing this / there are doubts as to the thoroughness of the cleaning these areas should be cleaned / wiped by testing centre staff wearing the appropriate PPE as identified above.
Cleaning should be carried out regularly following schools cleaning procedures, especially frequent touch points as detailed in Section 2 of this risk assessment. Cleaning should be undertaken at the end of each session.
Spillages – any spillages should be cleaned up immediately and thoroughly by staff in appropriate PPE. Testing in the affected area should be paused until it is safe to continue.
Once the area has had the final thorough clean of the day it should be secured and access restricted to authorised persons only.
Schools must keep records of : a) the consent forms and any withdrawal of consent, b) their own records of the results of tests, c) when a child or young person has required assistance with swabbing and a parent or member of staff has assisted or performed the swabbing.
Records must be kept in accordance with GDPR requirements. The test results register should be kept for a month after the last entry.

There is an example register on the School Portal. Schools can amend and tailor this to their own needs provided they still contain the data identified in the samples.

All positive results should also be reported as usual via the PCIF 01 Form to DCS Alert (DCS.alert@leeds.gov.uk).

Home Mass Testing

Staff and pupils should be provided with the school amended letter for staff and pupils and privacy notice (on the schools portal), information leaflet, time to watch the how to test video and access to the relevant materials on the schools portal to enable them to make an informed decision regarding consent for weekly home testing. It is recommended this is done as a group in staff meetings / class time for those pupils in school to give a consistent message and it could be done via a virtual staff meeting with time during / after for staff / pupils to ask questions / raise any issues or concerns.

Staff and pupils should be informed that if they consent to testing they must carry out the testing at the time agreed with the school, follow the instructions in the test kit, must not give the test kits to anyone else and must upload their results and inform the school as soon as possible

Identify and record which staff and pupils have given consent to carry out twice weekly testing. Staff should be encouraged to undertake testing as it is an additional control measure on top of those already in place, however, consent is voluntary and can be withdrawn by the individual at any time and they should not be directed to or forced to take the tests. Staff attending school who do not consent to the test can still attend school as normal if they do not have symptoms of Covid - 19.

Set up a system of recording the distribution of test packs and the results of testing carried out.

One or more COVID-19 co-ordinators school be identified and they may need to be supported by a separate Registration Assistant. The roles each person will carry out should be identified and should include :

a) who is communicating with staff and pupils and addressing any personal issues / concerns with regards to testing they may have.

b) who is distributing the correct number of kits to staff and pupils, ensuring they have the right instructions and are signing for the test kits.

c) who is the point of contact for staff and pupils if they have incidents whilst testing at home and who is reporting any incidents and overseeing the process. The incident form in the "How to Guide - Primary Schools EY LFD Testing" document could be used.

d) who is receiving, recording and collating tests results including reporting any positive results to DCS Alert via the PCIF 01 form.

e) who is managing the storage, stock control and re-ordering of test kits.

It is recommended staff (and pupils if relevant) undertaking testing are made aware of who has responsibility for each of these roles so they can report results and raise any issues / questions with the appropriate person.

Set up a collection point in school for the distribution of the test packs / decide how to distribute packs. Any space used should be able to be secured to prevent unauthorised access e.g. the staff room. The temperature of the area should be between 2°C and 30°C . For schools with a screened reception desk with a secure office space this may be a suitable option so kits can be handed out via the screen.

The lot numbers of the testing kits provided should be recorded on arrival.

Testing kits should be stored between 2°C and 30°C.

Storage areas should be lockable and access restricted to authorised personnel only.

Checks of supplies should be regularly undertaken to ensure there are adequate supplies of all relevant materials for the testing to be undertaken and stocks re-ordered as required.

Staff and pupils are expected to sign for the receipt of their test kits.

If you have regular contracted staff, therapists, volunteers on site e.g. cleaners and caterers, peripatetic teachers etc.. you could include them in your testing offer if the amount of kits you have been provided with allows for this. This would need to be done in consultation with the contractors / managers and test results would need to be shared between both parties. Those persons would be expected to follow the same procedures as your own staff.

All staff and pupils consenting to testing should test twice a week as the tests work best when there is a high viral load. This will apply to part time and full time staff.

It is recommended staff and pupils are given time slots for the collection of their test kits to avoid people congregating in the area. You may wish to allocate staff to deliver the testing kits to staff in areas where they are based and pupils directly during the registration process in classrooms. Staff distributing / collecting test kits must hand sanitise before / after handling kits.

When issuing test kits the issuer must complete the test kit log - see record keeping below.

Test kits should be issued with the most up to date Instructions for Use leaflet (at this current time test kits may not have the most up to instructions included) . It is recommended staff and pupils are also sent a copy of this electronically and it is placed on the schools internal system (if there is one) so staff and pupils can still access the instructions if they lose the leaflet.

When testing at home, pupils aged 18 and over should self-test and report the result, with assistance if needed. Pupils aged 12-17 should self-test and report with adult supervision. The adult may conduct the test if necessary. When testing at home children aged 11 (who attend a secondary school) should be tested/swabbed by an adult.

Tests should be taken twice a week at intervals of 3 or 4 days apart e.g. Sunday and Wednesday or Thursday. Consider identifying set days for staff and pupils to undertake their tests. It is recommended one of the days is the first day they are in school each week / the day before. This may mean the same set day for all staff or different set days depending on the working patterns of staff.

Consider the time consenting staff and pupils will take the test. This may be : a) in the morning to minimise the chance of being exposed to Covid after taking the test or (b) late afternoon / evening to enable time for the school to take action to manage absences in the event of a positive result, and for staff and pupils to have the time to re-take a test if they get void results.

Staff and pupils that have had a positive PCR test in the last 90 days are now advised to take part in twice weekly LFD tests within the 90 day period after the PCR test but should not re-commence taking part until day 28. Staff and pupils that have had the Covid-19 vaccine can still take part in the LFT programme.

The LFD test kits should be stored between 2°C and 30°C. However the devices and reagents must be used between 15°C and 30°C during use so if they are stored somewhere colder than 15°C they should be moved to a room temperature area for around 30 minutes before use.

There are a number of different types of tests available / in circulation now. Staff and pupils should follow the relevant guidance that comes with the test kit they are using at the time including the safety instructions.

If a test result is Inconclusive / Void the individual should take another LFD test as soon as possible using a new test kit but not reusing anything from the first kit. If both tests are void the member of staff or pupil should arrange to have a PCR test.

The testing solution is not toxic in the quantities provided and any spillages should be cleaned with a paper towel. If the solution included the throat and nose sample, the area should be appropriately disinfected using household disinfectant.

As soon as possible after a positive or negative result staff and pupils should upload their results to the NHS online at www.gov.uk/report-covid19-result or by contacting 119. They must also inform the school via the identified route / at the identified time.

Staff and pupils should report any issues with testing to the school e.g. unable to take the test, missing / broken / damaged items, unable to log results with NHS, void results. The school can monitor and / or then raise this with DfE helpline or 119 as identified in the How to Guide.

Positive result - individual and their household if not exempt should start self isolation straight away. Close contacts who are exempt from isolation are strongly advised to carry out daily LFD tests for 7 days (unless under 5).

NHS Test and Trace will undertake any close contact tracing.

From 11th January 2022 individuals with a positive LFD tests are no longer required to get a PCR test to confirm the result and will be required to self isolate immediately. There are a few exceptions to this revised approach: a) people who are eligible for the £500 Test and Trace Support Payment (TTSP) will still be asked to take a confirmatory PCR if they receive a positive LFD result, to enable them to access financial support, and b) people participating in research or surveillance programmes may still be asked to take a follow-up PCR test, according to the research or surveillance protocol.

Negative result - individual and household can continue as normal unless they have symptoms of Covid-19.

Inconclusive / Void result the individual should take another LFD test as soon as possible using a new test kit but not reusing anything from the first kit. Relevant action will then be taken when a positive / negative result is obtained. If the problem persists, the individual may take a different type of test through the NHS COVID-19 app, by visiting: gov.uk/get-coronavirus-test or, by calling the customer contact centre on 119.

Schools must keep records of : a) the consent forms and any withdrawal of consent, b) the test kits distributed (a test kit log) including staff and pupil signatures on collection and c) their own records of the results of tests.

Records must be kept in accordance with GDPR requirements.

The test kit log and the test results register / log must be separate documents. There are samples of each in the templates section of the School Portal. Schools can amend and tailor these to their own needs provided they still contain the data identified in the samples.

The data in the LFD test kit log should not be kept in the log for longer than 12 months from the date on which it is collected. Please note that the Department of Health and Social Care may request data from the test kit log at any time within the 12 month period. The test results register should be kept for a month after the last entry.

All positive results (even where a confirmatory PCR test is negative) should be reported as usual via the PCIF 01 Form to DCS Alert (DCS.alert@leeds.gov.uk).

Tests can be disposed of in the waste bags provided in the test kit and then put in with the general household waste.

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Testing for SILC settings.

Electronic means or otherwise, without the written permission of the owner, is prohibited.

Additional / altered measures / notes	Implemented by : Initial	Date Completed
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Guidance is available on the DfE Schools Portal.

Amended		
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