



Bishop Wilkinson Catholic Education Trust Risk Assessment and Management Principles

School pupils in the UK moved to home-learning based on an on-line curriculum. Re-engaging pupils with face to face education at a time that the CV-19 virus is still circulating is something that clearly has risk associated with it. It is highly unlikely that it will not increase the rate of infection. It is not, therefore, possible to guarantee that pupils or staff will not contract CV-19 through contacts with members of the school population whilst physically attending the school. What we can do is our best to minimise these chances. The risk assessment below uses the most up to date published statistics.

Risks	Probability	Impact	Comment	Treatment	Mitigation Details/Comments
Opening School with R above +0.8, spread of CV-19 through school community.	4	5	At this level of R, opening the school remains very risky with potential serious impacts on staff, less on pupils.	Mitigate	Home - Learning for all but children of key-workers and vulnerable children. Schools take positive steps to improve quality of online delivery to include some webinar style input.
Infection of Pupils - R below 0.8	3	2	Opening schools can only increase R. However, there is a high degree of confidence that the severity of disease in children is lower than adults with moderate confidence that under 11 year olds are less susceptible to infection. For older children there is not enough evidence.	Mitigate	Serious health issues for children unlikely, but possible so social distancing should be in place in classrooms, and dining rooms. One-way systems in corridors and pupils geographically spread out in the school. Supervision of toilets to ensure lack of social contact. Pupils demonstrating any symptoms of respiratory based illness are quarantined and sent home. No children from households with CV-19 in them or members showing symptoms, should be in school.
Infection of Staff - R below 0.8	3	4	There is no compelling evidence that children do not transmit the virus. The older a person is who contracts CV-19, the more chance of a poor outcome.	Mitigate	Staff buy in is important. Social distancing measures for staff to be in place with younger staff covering the more risky areas, such as the dining room or indoor areas. No staff showing signs of illness or with CV-19 in their household to be in school.
Infection of Families - R below 0.8	3	3	Children going home with CV-19 may well pass it on to their families.	Mitigate	Clear guidance, derived from official sources such as PHE, the NHS and Government, to be communicated to pupils and their families.

Information from National Datasets and Research

The graph on the left shows the number of CV-19 related deaths within hospital trusts in the BW CET region, it therefore only gives an indication of the rate of infection within the area, which will be lagging around two weeks behind initial infection.

There is a sustained drop in CV-19 related deaths since the high point around 7 April 2020. This pattern follows the national picture and will need to be reviewed before opening the schools as lockdown has been eased a little since 11 May. Increased numbers of deaths due to CV-19 would begin to show up around 25 May 2020.

The IFR [Infection Fatality Rate] is 0.0002% for under 14-year olds and 0.002% for 15-19 Year olds. Pupils with no underlying medical conditions are almost certain to make a full recovery. FR is 0.013% for people aged 25 - 44 and 0.28% for those above 45 still working in our schools. This level of risk will be considered too high for many more mature staff with a small but significant number of potentially long and difficult illnesses for staff infected with CV-19.

This information is taken from government briefing documents and research by Cambridge University & Public health England.

General Summary of Risk

- Younger pupils are highly likely to have mild symptoms and children without underlying medical conditions are not at significant risk.
- There is no consensus about whether children are good transmitters of the virus, we therefore must treat them as if they are.
- For young adults, up to 25 years old, the risk of adverse outcomes is slightly greater but still very low.
- For adults above 25 the risk of adverse outcomes increases and above 45 becomes appreciable.
- Risk increases if the rate of infection increases, this will occur if people infectious with CV-19 are on the premises and if there are high numbers of social interactions between people.

General Aims of Reopening Schools

- To improve the quality of the education of all pupils, especially the vulnerable and disadvantaged, with direct teacher input and especially for those in Y10 and Y12.
- To safeguard the mental health of pupils.

Principles Behind Plans

- To allow some pupils to attend school periodically without increasing the rates of infection with CV-19 locally.
- To take sensible steps to ensure the safety of pupils and staff, in particular those with a vulnerability to the virus due to underlying medical conditions.

- The rate of infection is related to the number of interactions between people that occur. The number can be limited by considering density of people within a school and the risk per interaction limited by social distancing.
- Reducing risk to its lowest possible level is highly dependent on people showing symptoms of CV-19 or from households with CV-19 not coming into school.

Miscellaneous Points

- Guidance based on scientific advice states that teachers do not require PPE as they will be with a small consistent group. This is unlikely to be the case in secondary schools, however teachers are likely to only mix with one or two small groups of children a day that they teach in Y10 or Y12 for a limited period of time and therefore will not require PPE in the normal course of the day.

Public Health Advice (18th May 2020)

Reducing transmission:

Minimise contact with individuals who are unwell by ensuring that those who have coronavirus symptoms, or who have someone in their household who does, do not attend school/work

Clean hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitizer ensuring that all parts of the hands are covered. Having staff to supervise this would be desirable at both Primary and Secondary level.

Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Clean frequently touched surfaces often using standard products, such as detergents and bleach

Minimise contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

PPE:

The wearing of a face covering or face mask in school is not recommended.

Schools should not require staff or children to wear face coverings. Face coverings should not be worn in any circumstance by those who may not be able to handle them as directed as it may inadvertently increase the risk of transmission. Face covers are not necessary if staff and pupils are well.

School should have a stock of PPE on site for use by first aiders/teachers/cleaning staff/caretakers.

PPE is required for intimate care needs (and does not apply to all schools)

PPE is needed if a child becomes unwell with symptoms of coronavirus while in school and needs personal care until they can return home. A fluid-resistant surgical 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 disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. Contaminated PPE must be disposed of in-line with guidance.

Vulnerable children and adults

A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

‘Clinically extremely vulnerable’ individuals are advised not to work outside the home. They must rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work.

‘Clinically vulnerable’ individuals who are at higher risk of severe illness have been advised to take extra care in observing social distancing and should work from home where possible.

If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they must spend time within 2 metres of other people, schools must carefully assess and discuss with them whether this involves an acceptable level of risk.

If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend school/work.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable it is advised they only attend school/work if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing.

Class sizes

Early years and primary age children cannot be expected to remain 2 metres apart from each other and staff.

Implementation of the following will lower the risk of transmission:

- avoiding contact with anyone with symptoms
- frequent hand cleaning and good respiratory hygiene practices
- regular cleaning of settings
- minimising contact and mixing

Where settings can keep children and young people in those small groups 2 metres away from each other, they should do so.

Brief contact such as passing in corridors is low risk. This includes lifts; however, this is not advised in case of mechanical breakdown.

Each setting’s circumstances will be slightly different. Any school that cannot achieve these small groups at any point should discuss options with their local authority or trust.

Control measures

Ensure that children and young people are always in the same small groups each day, and different groups are not mixed during the day, or on subsequent days

Ensure that the same teacher(s) and other staff are assigned to each group and, as far as possible, these stay the same during the day and on subsequent days

Ensure that wherever possible children and young people use the same classroom or area of a setting throughout the day, with a thorough cleaning of the rooms at the end of the day.

Cleaning and hygiene

Cleaning an area with normal household disinfectant after someone with suspected coronavirus has left will reduce the risk of passing the infection on to other people.

Materials would be:

- either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron whilst cleaning.

Household cleaner, such as Milton, to be used to clean toys etc

Staff and children must clean their hands-on arrival at the setting, before and after eating, and after sneezing or coughing.

Spaces should be well ventilated by opening windows and doors where appropriate.

Normal personal hygiene and washing of clothes following a day in school will mitigate any risk. Schools are not sterile environments and there is a level of expectation that this is the case.

Contact tracing

Traditional methods of contact tracing will be implemented if a member of staff falls ill with Covid-19.

Pupils who have been in contact with the staff member will be sent home until the results of the test can be confirmed.

