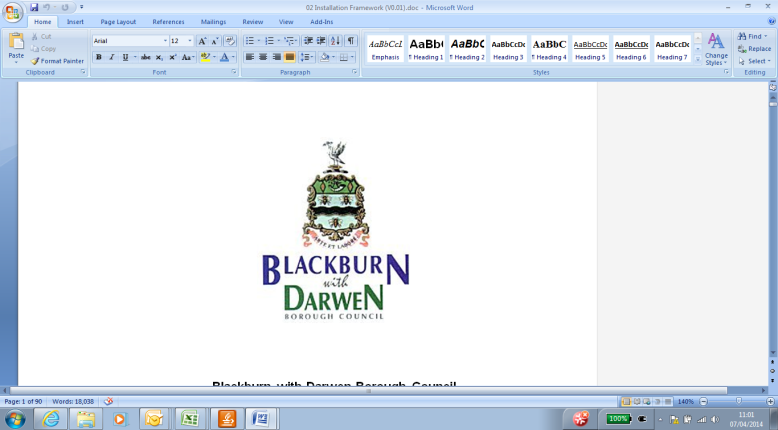
**Blackburn with Darwen Covid-19 Risk Assessment v003 13/05/2020**



A risk assessment is simply a careful examination of what, in your area of work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm and to control the risks. The purpose of this risk assessment is to address the additional risk of Covid-19 infection as schools open to more pupils It should be updated in line with guidance from the UK Government:

<https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-and-other-educational-settings>

**This is a generic risk assessment, which should be edited to suit your venue. All actions should be immediate and reviewed in line with guidance updates.**

Adults includes local authority, multi agency visiting staff, parents, volunteers and essential maintenance workers. Visitors should be only those necessary for the safe operation of the establishment.

**Title / Activity:**

**Date completed 15/05/2020**

**Completed by:**

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| --- | --- | --- | --- | --- | --- | --- |
| **What is the hazard?** | **Who might be harmed?** | | **What are you doing about it?** | **RAG** | **Comment** | **Complete?** |
| **Children** | **Adults** |
| **1) Spread of infection from frequently touched surfaces** | **✓** | **✓** | * Follow the [Covid-19: cleaning in non-healthcare settings guidance;](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings) * **All staff** should know how to safely put on and take off PPE, please see PHE links to [donning](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878677/PHE_11606_Putting_on_PPE_062_revised_8_April.pdf) and [doffing](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878678/PHE_11606_Taking_off_PPE_064_revised_8_April.pdf). * All staff should complete the [MeLearning](https://blackburn.melearning.university/user/login) course ‘**Infection Prevention Control for Frontline Workers’.** * Appropriately trained and designated staff clean frequently touched surfaces before the start of each day using the children centres standard cleaning products. These surfaces include- door handles railings, chairs, desks, IT equipment, mobile phones, toilet doors, flush handles, taps, bin lids, dining tables, etc. * Cleaning materials ordered by children centre and issued by centre assistants, ***staff inform when they need more but before they run out***; Senior Business Officer to check on this weekly * Managers/staff mirror this cleaning regime (including personal mobile phones and tablets) throughout the day during transition times e.g. break, lunch, changing from one type of activity to another; * Evidence cleaning routine – use tick sheet signed and dated by the person carrying out the cleaning for each area (Senior business officers to check daily) * Scripts to be created that each reception will be able to use to encourage and remind adults to socially distance. |  |  |  |
| **2) Infection brought into centre**  ***Parents, carers and settings do not need to take children’s temperatures every morning. Routine testing of an individual’s temperature is not a reliable method for identifying coronavirus.***  **Hierarchy of Measures:**   * Avoid contact with anyone with symptoms; * Frequent hand cleaning and good respiratory hygiene practice; * Regular cleaning of the setting; * Minimise contact and mixing. | **✓** | **✓** | * **Staff** notify centre ***immediately*** if either they or someone in their home is displaying symptoms of Covid-19 infection and follow the PHE [stay at home guidance](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) * **Parents/carers** notify centre ***immediately*** if either their child or someone in the child’s household is displaying symptoms of Covid-19 and follow the PHE “Stay at Home” guidance as above. **This includes the children of key workers**; * **Adult or child if they display symptoms need to be taken to a separate room until parent collects** * Ensure any essential visitors/contractors to the centre are aware of changes to protocols and follow the government guidance on [Staying Alert and Safe (Social Distancing](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing)); * Plan to split rooms into smaller groups; * For pre-school children in early years settings, the staff to child ratios within [Early Years Foundation Stage](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2) (EYFS) continue to apply, and this should be used to inform group size; * Staff and children should stay in the same consistent group “room bubble” – same early years workers/teacher with same group) and stay away from other people and groups; * It is recognised that early years children cannot be expected to remain 2 metres apart from each other and staff, and so staff should ensure that the “Hierarchy of Measures” in Section 2 to the left is followed at all times. **The adults must social distance** * Staggered start and finish times to be planned (see each centre nursery plan) * Footprints outside nursery bathrooms to remind children to wait while handwashing etc. * Marking outdoors for children returning from outdoor play. * Coat pegs separated, use one peg then miss 2 etc. * Wake and Shake in small groups – **Plan to be shared with all staff** * Centre assistant and cooks cannot enter the rooms with food trolley, the trolley must be left at the door and EYW will bring into the nursery. They knock, step back and inform staff the trolley is there. * Lunchtime set up- staff to place children’s cups and plates in their designated seats. |  |  |  |
| **3) Risk of infection in centre**  **Keep in mind the following hierarchy of measures at all times:**   * Avoid contact with anyone with symptoms; * Frequent hand cleaning and good respiratory hygiene practice; * Regular cleaning of the setting; * Minimise contact and mixing. | **✓** | **✓** | **3.1 General Principles** / **at all times**   * Allocate each nursery room their own toilet block where possible to ensure effective test, track, trace if necessary; * Reinforce frequent hand hygiene through staff modelling good practice (see PHE guidance “[six steps to hand-washing](https://campaignresources.phe.gov.uk/schools)” and [NHS video](https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public) ); * Frequent hand washing (during transitions – use hand sanitizer). **Do not ‘water’ down hand sanitiser.** * Hand washing staggered within each group and supervised following guidance for 20 seconds * Have prominently displayed hand washing posters throughout the setting; * Access to soap, warm water, paper towels and sanitizer – **centre assistants to monitor and ensure they are never empty** * Bins emptied regularly – Centre assistants to monitor. Bins without lids. Senior business officers to oversee. * Respiratory hygiene – all rooms to have tissues, cough/sneeze in elbow, see [PHE Campaign resources](https://campaignresources.phe.gov.uk/schools) and [**catch it, kill it, bin it**](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf)– * Reminders to avoid touching eyes, mouth, nose; * Adults must remind colleagues and building users to adhere to social distancing – ‘Don’t stand so close to me!’ * Cleaning of frequently touched surfaces in rooms – all staff to monitor and to clean their work space * Waiting areas at CDS * Staggered breaks and lunch with time spent outdoors; * Access to play equipment, which can be evidenced to have been cleaned. * Cleaning rotas to be shared * Outdoor resources – cleaned at the end of sessions * Climbing equipment – children use hand sanitiser before and after a climb. Supervised by staff * Physio – vulnerable appointments only, they will wit in their cars until called by a physio * Access to physio appointment will be around the buildings and avoid receptions * Physios will supervise client’s entering and leaving building * Physios will clean the resources and equipment after use. Centre assistant will clean at the end of the day * Centre assistant/ Cook uniforms – must be put into the children centre washing machines at the end of every day and washed at 60 degrees. Uniforms must be worn to safeguard the member of staff. * Reception – each reception will have separation screen. They must be cleaned regularly. * Evidenced cleaning of WC facilities throughout the day with tick sheet record;   **3.2 Arriving and departing from the centre.**  Staggered drop off/pick up times for children communicated to parents/carers; - SEYW to set times per group of children e.g.- 15 children at 8.15, 15 at 8.30 OR designated time slot per child (3 children arrive 8.15, 3 at 8.20)   * Specific drop off/pick up zones - marked 2 m spaces for parents/users to stand and wait as they move into centre – personalise for each centre. * Health drop in – * Midwifery app – designated waiting areas in place for mothers that are clearly marked. Midwives to assess how they book their appointments to ensure there is no cross over * CDS appointments - * Parents, children and staff enter building using a **designated entrance** if there is more than one way into the building; * Car parking – all staff to be aware of where they park and to avoid cross over with other colleagues as they arrive and depart. * Signing in – reception staff will **🗸** BwD staff/visitors. Nursery staff will record arrival and departure in the nursery. Health staff will tick in their room space * Fire evacuation – fire marshal operates a clear process – high Vis will need to be purchased and placed in health rooms * Children met on arrival by a member of staff – door wedged open, staff maintain 2m distance from the child, parent/carer and the doorway; **staff to supervise** * Consider using fire exits as entrances into the building to minimise numbers on corridors if to do so would not compromise the functioning of the fire alarm system or safeguarding. Ensure any fire exits are closed properly once everybody is in the building; * Maintain social distancing by following guidance issued by the DfE and PHE on [staying alert and safe (social distancing](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing)) and [implementing protective measures in education and child care settings](https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-social-distancing-in-education-and-childcare-settings/coronavirus-covid-19-implementing-social-distancing-in-education-and-childcare-settings) * Cigarette breaks – staff who wear a uniform must change to their own clothes for a cigarette break. Staff who do not have a uniform for work must wear a plastic apron and remove/dispose on their return. * Communicate to children/parents/carers/users regarding expectations through appropriate communication of new routines and procedures; * Younger children maintain social distancing by waiting with one parent/carer in designated place – consider individual **time slots for arrival** and footsteps/lines to wait on until it is their time or until they are called by staff; * Children wash hands for 20 seconds after entering nursery with staff following PHE guidance see “[six steps to hand-washing](https://campaignresources.phe.gov.uk/schools)” and [NHS video](https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public) If hand washing is not feasible, use hand sanitizer on entry; * Staff wash hands for 20 seconds on arrival at the centre, after all the children are in and at regular intervals throughout the sessions * Clean door handles and any other frequently touched surfaces once all in and evidence that this has been done. SEYW (nursery) and SBO (centre) to check.   **3.3 Movement around the centre**   * Stagger movement times around the centre and only move from identified locations if necessary. * Use clear markings (signage/tape) to help maintain social distance – consider lines/footsteps * Consider markings on corridor floors to help maintain a safe 2m distance (similar to the chevron markings on motorways) * Use appropriate signage to show the direction of flow in one way systems; one way traffic if possible. * Avoid movement of whole groups where possible – in nursery, have the staff rather than the children move around where possible * Use tape/barriers down the centre of corridors to separate the flow of children/staff if a one way system ***isn’t possible***; * Have appropriate signage reminding parents and staff of social distancing throughout the setting; * Marshalling – to support centre users getting used to flow   **3.4 Office spaces/waiting areas**   * All Staff to sit in a **v** format in every office. Desk space will be organised and taped off in this format. * All desks and hardware to be cleaned before and after sitting. * Anti bac wipes, tissues and hand sanitiser in place at every bank of desks. * Anti bac wipes and hand sanitiser In place where centre users may wait eg waiting area for midwifery. * Other designated areas to ensure adequate space will be identified. * Staff rooms – staff need to be aware of staff room space and other areas will be allocated to ensure lunch times are socially distanced. * Walls and desks to be clear of clutter/paperwork * All bags and resources on floors to be moved. * Room bookings – we need to allocate clinic space for Dr’s that is not changed.   **3.5 Nursery Spaces**   * Ensure nursery is set up in such a way as to allow for 2m separation of pupils; * Use other space to ensure 2m separation is in place e.g. crèche rooms. * Use of outdoor space – marking in play areas to plot stop and wait’ areas to ensure there is not a bottle neck during busy times for example going back into nursery). Staff are deployed 2 m apart from each other when outside with the children. * Remove unnecessary items from nursery rooms and other learning environments where there is space to store it elsewhere; * Remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts); all other soft furnishings must be washed daily/weekly and be on a rota. If they cannot be washed, **THEY MUST BE REMOVED** * Have a routine for cleaning shared resources and ensure this is evidenced; SEYW to check twice a day * Decide on a regular frequency for hand washing – every change of activity with use of hand sanitizer ever hour, always after going to the toilet, after sneezing or coughing and before eating; * Ensure hand washing is supervised where appropriate and that help is given to children who need it; * Have easy access in all rooms to hand washing facilities/hand sanitizer/tissues/bin (emptied at the end of each session). SEYW/ Teacher/users to monitor and inform site Centre assistants when levels are low and before they run out; * Stagger use of WC facilities (specific WCs for each group where possible); * Evidenced cleaning of WC facilities throughout the day with tick sheet record; SEYW to check * Plan activities that allow for social distancing, designate areas for activities and mark out.   **3.5 Break/lunch times**   * Ensure effective supervision of children at all times and ensure numbers using WC facilities at any one time allow for social distancing guidelines to be followed; * Break and lunch times are staggered; * Aim for consistency of staff who cover for to support ratios’s * Stagger use of staffrooms and other communal areas and ensure cleaning is carried out between groups of staff. Ensure this is evidenced. SBO to have checklist in place for C/A to complete. |  |  |  |
| **4) Risk to children/staff with existing medical conditions**  **There are two categories of people at heightened risk:**  ***Clinically Vulnerable*** people are at a higher risk due to a pre-existing medical condition. People in this group should work from home where possible or in school where they are less at risk and able to remain 2m distant from others. This must be risk assessed on an individual basis.  ***Clinically Extremely Vulnerable*** due to a pre-existing medical condition. People in this category are at a **very high risk** of severe illness from coronavirus. They will have been asked to **shield** and should not attend the setting.  . | **✓** | **✓** | * **Staff** who are at increased risk of severe illness from coronavirus (**clinically vulnerable category**) should work from home where possible. The parents/carers of **children** who are at increased risk from severe illness from Coronavirus will follow medical advice as to whether their child should attend the setting. If any are in school, staff and the children themselves must rigorously follow social distancing (see [Staying Alert and Safe](https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing#clinically-vulnerable-people)). Full details of the relevant underlying medical conditions can be found [here](https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others). * Guidance for staff/children attending centre where they have vulnerable people including grandparents at home can be found [here](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/guidance-for-households-with-grandparents-parents-and-children-living-together-where-someone-is-at-increased-risk-or-has-symptoms-of-coronavirus-cov). * Risk assess on an individual basis and consider additional measures. * Staff or children with serious underlying health conditions (**clinically extremely vulnerable category**), who have received a letter from NHS England to advise them to rigorously follow **shielding** measures, are at **very high risk of severe illness from coronavirus (COVID-19)**. **Staff or children in this position must not attend the setting.** Full details on shielding can be found [here](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19). * If a **child** or member of **staff** lives in a household with someone who is in the clinically extremely vulnerable as set out in the guidance on shielding in the link above, they should only attend an education or childcare setting if **stringent social distancing** can be adhered to, **and in the case of a child, is 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. |  |  |  |
| **5) Risk to children with additional needs** | **✓** | **✓** | * Risk assess needs on an individual basis in line with the SEND risk assessment guidance found [here](https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance/coronavirus-covid-19-send-risk-assessment-guidance); * Ensure children understand the need to follow social distancing requirements; * Plan activities they can engage with while observing social distancing requirements. * Ensure adequate supplies of normal PPE. |  |  |  |
| **6) Risk to children and staff due to allergies/ intolerances** | **✓** | **✓** | * Ensure up to date information is collected from parents/carers regarding any allergies, including allergies to cleaning products, anaphylaxis triggers and seasonal allergies e.g. hay fever. * As centre meals should be available to all children, ensure up to date information is collected from parents/carers regarding school meals requirements; * Review with your catering supplier the provision of food with reference to individual preference, allergies, cultural requirements and intolerances; * Share information with catering and other relevant staff where appropriate; * Qualified first aider on site (including Paediatric First Aid where appropriate); * Up to date emergency contact list. |  |  |  |
| **7) Accidents and First Aid**   * **Click** [**here**](https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/) **for the Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings. Paediatric advice is given towards the end of the statement.** * **The HSE has announced a 3 month extension for First Aid at Work and Emergency First Aid at Work certificates which are due to go out of date from March 16th 2020. This also includes Paediatric First Aid.** * **There will remain a requirement for at least one person who has a current PFA certificate to be on the premises and available at all times when children aged below 24 months are present.** * **Where a provider has only children aged 2-5 in their care, they must use ‘best endeavours’ to have one person with PFA onsite.** * **Where schools are struggling for first aid cover, first aiders can be “pooled” to be deployed as required.** | **✓** | **✓** | * Minimise potential for accidents through good housekeeping and effective supervision of children; * PPE to be worn if required where there may be a risk of contact with bodily fluids - PPE includes gloves, mask, apron and eye protection. Minor first aid incidents including bumps/scrapes will not require any additional PPE than would normally be worn * Ensure first aiders have access to appropriate PPE kept in first aid boxes in line with [guidelines from BwD H,S&W team](file:///\\admmxi\users\users1\Julie_Hemingway\Coronavirus\BwD%20First%20Aid%20Guidance%20for%20employees%20during%20Covid%2019%20-%20Schools%20%20Early%20Years.docx); * Ensure first aiders complete training on donning and doffing of PPE and [MeLearning](https://blackburn.melearning.university/user/login) course ‘**Infection Prevention Control for Frontline Workers’.** * Manager to assess first aid needs depending on known medical conditions of staff and pupils on site. ***If there will be no trained first aider on site, the manager must be able to provide evidence of how and why this decision was reached***. There must be a trained Paediatric First Aider when EYFS children are on site; * Plan minimal risk activities where possible – avoid games where children might run around and fall or have other similar minor accidents; * Following treatment, ensure both parties wash hands thoroughly for 20 seconds; * Ensure the accident book is kept up to date and RIDDOR accidents are reported as per regulations. |  |  |  |
| **8) Risk of infection from materials used in nursery** | **✓** | **✓** | * Ensure shared resources (e.g. laminated sheets, gardening equipment, play equipment etc.) are included in the cleaning regime and that the regime is evidenced trough a tick sheet; * Remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts); * Inform parents that children should not bring their own toys to nursery, especially cuddly toys; * Remove unnecessary items from rooms and other learning environments where there is space to store it elsewhere; * If play equipment is used, ensure it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously. |  |  |  |
| **9) Risk of infection from staff or children who become symptomatic while at school** | **✓** | **✓** | * The symptoms of Coronavirus (Covid-19) are a new continuous cough and/or a high temperature (over 37.8ºC); * If it is a member of staff and they can drive themselves home, they should do so immediately; * All areas they have been should be cleaned down using Children centres usual cleaning materials following [PHE guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings); * Decide on rooms within the setting which can be used as isolation rooms and identify with appropriate signage if in use; * Where an adult needs to be collected, they should be removed to a room where they can be isolated with the door closed and a window open for ventilation. If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, **depending on the age of the child and with appropriate adult supervision if required.** A facemask 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 facemask should be worn by the supervising adult. They must follow the [donning](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878677/PHE_11606_Putting_on_PPE_062_revised_8_April.pdf) guidance. If a dynamic 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. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area that is at least 2 metres away from other people. If they need to use the toilet, a separate one to the rest of the nursery population should be used if possible. See [DfE and PHE guidance](https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19#what-to-do-if-someone-develops-symptoms-of-coronavirus-covid-19-whilst-at-an-educational-setting); * All PPE worn by the supervising adult should be removed as per the [doffing](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878678/PHE_11606_Taking_off_PPE_064_revised_8_April.pdf) guidance and thrown away. Any PPE which has been contaminated by bodily fluids should be double bagged, kept securely got 72 hrs then thrown away in the normal rubbish. * The supervising adult should wash their hands thoroughly for 20 seconds with soap and warm water. At this point, they do not need to go home. * In an emergency, call 999 if the person is seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital. * The isolation room, toilet and anywhere else the symptomatic person has been should be cleaned after they have left following [PHE guidance](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings); * Consider removing the rest of the children and staff to a different part of the centre while cleaning takes place. * The symptomatic child or adult should be tested for Covid-19; * Staff can access testing by following [this link](https://www.gov.uk/apply-coronavirus-test); * To access testing parents will be able to use the [NHS 111 online coronavirus service](https://111.nhs.uk/covid-19/); * Where the child, young person or staff member ***tests positive***, the rest of their class or group within their childcare or education setting ***should be sent home and advised to self-isolate for 14 days.*** The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms. See [here](https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#additional-questions) for further details. |  |  |  |
| **Emotional health and well-being of staff** |  |  | * All staff need to be aware of the risk assessments * Access to HR support/ABLE futures * Access to union membership and support * Communication huddles to be out in place by managers * 1-1 * Appraisals |  |  |  |

Signed: