



Teignmouth Community School, Exeter Road

Covid-19 Guidance – January 2022	RA100 V19
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This risk assessment is a live document and will be continuously reviewed alongside the latest Covid-19 government guidance. It accompanies existing risk assessments and health and safety arrangements.

Support for confirmed cases of COVID-19 may be sought through the DfE Coronavirus helpline on 0800 046 8687 who will work with us to assess the risk and advice what actions to take. If necessary, the DfE helpline will escalate to the UKHSA SW Health Protection Team for further risk assessment. We will only call the UK Health Security Agency (UKHSA), SW Health Protection Team if the DfE helpline advises you to do so. Confirmed cases are reported to Devon County Council using this [smart survey link](#). If we have to close our setting, we will email the school priority alert mailbox.



	Establishment/Department: Teignmouth Community School Exeter Road	Establishment Risk Assessment	RA100 V19
	Address: Exeter Road, Teignmouth, Devon, TQ14 9HZ		
Person(s)/Group at Risk Staff, Pupils, Visitors and Contractors		Date assessment completed: 8.1.2022 This document will remain under constant review due to the fast-changing nature of DfE / Government guidance in response to the challenges posed by Covid-19.	
This risk assessment has been adapted from the DCC template and is specific to the TCS site and particular characteristics. We undertake to consult with staff regarding the risks and control measures being implemented. This risk assessment explains the actions we are taking and will take to minimise the risk of transmission of COVID-19 in TCS ER from January 2022. This includes measures and advice recommended by DfE/UKHSA SW or DCC Public Health.		Assessors: Lead Assessor: James O'Connell (Principal) Assessors and reviewers: Joab Forte (Lead Digital and Support Operations)	

Significant Hazard Section	Control measures in place	Optional: School's comments and actions
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	<p><i>Additional measures or actions not included in this column below are included in the assessor's recommendations at the end of this document</i></p> <p>Green – Actioned</p> <p>Yellow – To be completed</p> <p>Latest updates in red type.</p>	<p>completed or required regarding mitigations put in place</p>
<p>Keep occupied spaces well ventilated</p>		
<p>Poorly ventilated spaces leading to risks of coronavirus spreading</p> <p>Ventilation to reduce transmission</p> <p>Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak and CIBSE COVID-19 advice provides more information. DfE is working with the Scientific Advisory Group for Emergencies (SAGE) and NHS England on a pilot project to measure CO2 levels in classrooms and exploring options to help improve ventilation in settings where needed.</p>	<ul style="list-style-type: none"> • Ventilation and AC systems working optimally. • Heating used as necessary to ensure comfort levels are maintained when the building is occupied. • Keep windows open wide enough to provide some natural background ventilation and open internal doors to increase air flow. • Open windows fully when rooms are unoccupied for longer periods to purge the air (e.g. lunch times and before and after school). • Action taken to prevent occupants being exposed to draughts. For example, partially open high-level windows as opposed to low-level windows, close external doors and arrange the furniture if appropriate and possible. • Use fans for good air circulation. • Air conditioning systems that normally run with a recirculation mode set up to run on full outside air. • Ventilation system that removes and recirculates air to different rooms is turned off. • Ventilation system remains on at all times, even when the building is unoccupied. The system set to operate at lower ventilation rates during evenings and weekends. • Occupants encouraged to wear additional, suitable indoor clothing. (If they have to wear coats, scarves and other outdoor clothing the room would be considered too cold and the above steps must be considered). • Staff meetings and insets are in rooms with suitable and sufficient ventilation <p>A robust risk assessment process includes the following:</p> <ul style="list-style-type: none"> • How is each room in the establishment is being ventilated? • How many people are going to be using the room – more people greater the risk • What activities are being done in that room – lots of people talking, shouting, more risk • CO2 monitors are only a tool to identify poorly ventilated areas – they are not to be used as a mechanism to ‘<u>measure safe thresholds</u>’ and to be used with the HSE suitability chart. 	<p>Staff briefed over 2020-21 and again in Jan 22 inset and in Staff Bulletin (JPO). RW (Site Manager) checked all ventilation systems and reviewed each classroom and communal area again in Nov 21.</p> <p>Door stops provided; briefing to release doors in the event of evacuation. Fire evacuation policy has been adapted and takes account of need to close fire doors, as above (RW).</p> <p>CO2 monitors deployed to check ventilation levels in classrooms and areas where ventilation seems less free-flowing. (RW, Oct 21)</p>

	<ul style="list-style-type: none"> • DfE guide Ventilation - Google Drive • Risk assessment video link https://youtu.be/hkK_LZeUGXM • Simple resource to support schools with ventilation and CO2 monitoring: CoSchools - tools for healthy schools <p>Temperatures will be monitored where opening windows and doors is being used as a mechanism to aid ventilation. For more information on suitable workplace temperatures see HSE: Guidance on temperature in the workplace</p>	
Maintain appropriate cleaning regimes		
You should put in place and maintain an appropriate cleaning schedule.	<ul style="list-style-type: none"> • Reduced clutter and removing difficult to clean items to make cleaning easier. • 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. • Surfaces that are frequently touched and by many people in common areas to be cleaned twice a day. • Avoid sharing work equipment by allocating it on a personal basis or put cleaning regimes in place to clean between each user. • Identify where you can reduce people touching surfaces, for example by leaving doors open (except fire doors) or providing contactless payment. • Keep surfaces clear to make it easier to clean and reduce the likelihood of contaminating objects. • Provide more bins and empty them more often. • Toilets and communal areas to be cleaned regularly, with a process of recording – displaying cleaning schedules. • Sanitising spray and paper towels to be provided in classrooms for use by members of staff. If using cloths – disposable or appropriate washing and drying process. <p>Thorough cleaning of rooms at the end of the day. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces. PHE has published guidance on the cleaning of non-healthcare settings</p>	<p>Cleaning schedules in place and cleaning staff rotas and plans reviewed by RW in Aug 21 and ongoing (Nov 21).</p> <p>Staff briefed on continued sanitising routines and minimal sharing of equipment over 2020-21 and again in Jan 22 inset and in Staff Bulletin (JPO).</p>
Ensure good hygiene for everyone		
Hand & Respiratory hygiene	<p>Whilst DfE guidance removes the need for schools to use ‘bubbles’ PHE advice is if you can keep mixing to a minimum, it does reduce transmission along with:</p>	<p>Good hygiene procedures and TCS systems communicated to parents</p>

	<ul style="list-style-type: none"> • COVID-19 posters/ signage displayed. • Frequent and thorough hand cleaning is regular practice. • Pupils and staff to clean their hands when they arrive at school, when they return from breaks, when they change rooms and before and after eating. • Sufficient handwashing facilities are available. • Where there is no sink, hand sanitiser provided in classrooms. • Skin friendly skin cleaning wipes used as an alternative to hand washing or sanitiser. • Staff help is available for pupils who have trouble cleaning their hands independently (e.g. small children and pupils with complex needs). • Use resources such as “e-bug” to teach effective hand hygiene etc. • Adults and pupils are encouraged not to touch their mouth, eyes and nose. • Adults and pupils encouraged to use a tissue to cough or sneeze and use bins for tissue waste (‘catch it, bin it, kill it’). • Tissues to be provided. • Bins for tissues provided and are emptied throughout the day. <p>Respiratory hygiene The ‘catch it, bin it, kill it’ approach continues to be very important. The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene. N.B. please note that face covering guidance has changed due to Devon becoming an ‘Enhanced Response Area’, the following points describe the situation outside of ERA status.</p> <ul style="list-style-type: none"> • Although from Step 4, face coverings will no longer be advised for pupils, staff and visitors, persons choosing to wear face coverings as a precaution will not be deterred when outside the classroom. • Where staff are in crowded spaces, face masks may be recommended (but not required). <p>Face Coverings in Classrooms</p> <p>From 04 January 2021, additional recommendation for schools, colleges and other settings for school staff and pupils/students in year 7 and above to wear face coverings in communal spaces and pupils in year 7 and above to also wear, face coverings in classrooms and teaching spaces.,. This does not apply in situations where wearing a face covering would impact on the ability to take part in exercise or strenuous activity, for example in PE lessons. This will also be a temporary measure.</p>	<p>in letters, website and on social media (2.1.22, JPO).</p> <p>Pupils reminded on procedures, prompted and reminded from first days of term – 6 Jan 22. First session of year, extended tutor time – covers Covid-prevention measures (JPO, tutors and all staff).</p> <p>Face coverings requested (where possible) for all pupils, staff and visitors in all communal areas, communicated via above means and increased to include classrooms in Jan 22 in light of new variant and transmission rates(JPO).</p>
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	<p>DfE would not ordinarily expect teachers to wear a face covering in the classroom if they are at the front of the class, to support education delivery, although settings should be sensitive to the needs of individual teachers.</p> <p>There are good hygiene measures that can be used in:</p> <p>https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/spotty-book-2021.pdf</p> <p>https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/schools-and-nurseries-guidance/</p> <p>DCC Health and Safety Arrangements: - Infection Control HS26</p>	
<p>Conditions for use of fluid resistant face mask and other equipment when dealing with a symptomatic child are clear and understood by staff.</p>	<p>If a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home a face mask should be worn by the supervising adult if a distance of 2 meters cannot be maintained.</p> <p>If contact with the child or young person is necessary, then gloves, an apron and a 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. Fluid resistant face masks are available and a supply is maintained.</p> <p>https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</p>	<p>Measures already in place as of 2020-21. Student Services briefed, trained and equipped (JM).</p>
<p>Staff use of PPE</p>	<p>Pupils whose care routinely already involves the use of PPE due to their intimate care needs will continue to receive their care in the same way. Follow guidance</p> <p>https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe</p>	<p>Not applicable in our setting currently.</p>
<p>Staff related issues</p>		
<p>Accessing testing arrangements for all staff</p>	<p>Guidance on the new asymptomatic testing programmes taking place in schools are on a shared document platform hosted by DfE, including FAQ, webinars and step-by-step 'how to guides.</p> <p>For secondary schools - Resources - Google Drive.</p>	<p>Accessed and training completed and repeated with pupils (Jan 22 - JF, tutors)</p>

Symptoms	Deliver strong messaging about signs and symptoms of Covid-19, isolation advice and testing to support prompt isolation of suspected cases	Signage and messaging already in place. Reviewed and updated where required (Aug 21 – RW).
Vaccination	Where staff are not fully vaccinated, they would be required to self-isolate for 10 days if they have close contact with a positive case during their isolation period to prevent potential transmission. Staff who are not vaccinated encouraged to take up the offer of vaccination (contact details for staff in the NHS who can offer supportive conversations with anyone who is hesitant are included in the PH Devon Schools toolkit).	Done in briefings and Staff Bulletin (2021-22, ongoing, JPO).
Dealing with confirmed case/cases and outbreak.	<p>Case (possible vs confirmed case)</p> <p>Possible: anyone with either a high temperature, a new, continuous cough or a loss of, or change to, your sense of smell or taste (and awaiting a test)</p> <p>Confirmed: PCR or LFD test positive case of COVID-19 with or without symptoms. For asymptomatic positive LFD results, confirmatory PCR tests are to be temporarily suspended from Tuesday 11 January. This will mean that anyone who receives a positive LFD test result will be required to self-isolate immediately and will not be required to take a confirmatory PCR test.</p>	Communicated to staff in bulletin and briefing (10 Jan 22, JPO)
Who to isolate	<p>Possible case: (Isolate and send home to take a PCR test if still at your setting) if they have a new continuous cough and/or high temperature and/or a loss of, or change in, normal sense of taste or smell (anosmia)</p> <p>Confirmed case: LFD or PCR COVID-19 positive person with or without symptoms</p> <p>Partially or unvaccinated close contacts Aged over 18 years and 6 months of age (unless medically exempt from vaccination)</p> <p>10 days isolation from onset of symptoms (or positive test if asymptomatic). You can take an LFD test from 6 days after the day your symptoms started (or the day your test was taken if you did not have symptoms), and another LFD test on the following day. The second LFD test should be taken at least 24 hours later. If both these test results are negative, and you do not have a high temperature, you may end your self-isolation after the second negative test result. These LFD results should be reported to the NHS here Report a COVID-19 rapid lateral flow test result - GOV.UK (www.gov.uk) 2 x</p>	Discussed and confirmed with Student Services who advise pupils and liaise with parents (10 Jan 22, JPO)

	<p>consecutive negative LFDs are required 24 hours apart to end isolation before the 10 days period.</p> <p>In the case of a close contact for unvaccinated adult – self-isolate 10 days from last contact with a case</p>	
Close Contact requirements	<p>NHS Test and Trace will interview cases and will contact individuals who have had close contact where they have contact details to let them know that they have been identified as a contact and check whether they are legally required to self-isolate.</p> <p>If you are a fully vaccinated (two doses) and a contact of someone who tested positive for Covid, you do not have to self-isolate, but should take daily lateral flow tests (LFTs) for seven days. This also applies to people under the age of 18 years and six months.</p> <p>If one of the lateral flow tests is positive, person need to self-isolate.</p> <p>Close contacts of a positive case who are not double-jabbed have to isolate for the full 10 days immediately.</p> <p>The school will continue to support the identification of staff-to-staff close contacts and establish vaccination status to ascertain whether self-isolation is required.</p>	<p>Communicated to staff in Inset and Staff Bulletin and to parents in letter (3.1.22, JPO).</p>
Cases - staff	<p>Schools no longer routinely need to report contacts to the self-isolation hub where cases are able to identify these to NHS test and trace. However, to support staff to access support payments this may still be necessary if self-isolation is needed and cases are not able to identify close contacts to NHS Test and Trace (e.g., temporary staff, supply contractors etc who may not have contact details of people in school).</p> <p>Schools should report only these to the NHS Test and Trace self-isolation hub on 0203 7436715. NHS Test and Trace will follow-up directly with contacts to provide testing and isolation advice. You will need to have the 8-digit CTAS number sent to your positive case / member of staff</p>	<p>SLT and Student Services briefed (6.9.21, JPO).</p>

	<p>As the LFDs pick up current infection and people can be reinfected, the guidance now says once you have ended 10-day isolation regular asymptomatic testing can start again – and no longer wait 90 days.</p> <p>All individuals who receive a positive result on the LFD test should self-isolate and follow national guidance. The national guidance for confirmatory PCR is under review and schools should continue to follow published guidance.</p>	
Cases - pupils	<p>Children who are unwell should not attend the setting and should remain at home until their acute symptoms resolve (+24 hours for a fever).</p> <ul style="list-style-type: none"> • IF these symptoms develop into cough, temperature, changes to taste and smell, should isolate and test. • IF test negative to COVID-19, still need to remain at home until at least 24 fever free and acute symptoms resolved. <p>Parents and settings should not try and ‘second guess’ diagnosis – if have the key symptoms, isolate and test.</p> <p><i>Examples of acute symptoms with which children should not attend school/nursery include fever, muscle aches, hacking cough.</i></p> <p>Follow public health advice on managing confirmed cases of COVID-19 see Schools COVID-19 operational guidance - GOV.UK (www.gov.uk)</p> <ul style="list-style-type: none"> • Ensure the case isolates for 10 days • Household of the case isolates for 10 days (unless fully vaccinated or aged under 18 years and 6 months) • If positive case came from an LFD test, case should take a confirmatory PCR test within 48hrs of the LFD • Following a pupil PCR positive NHS Test and Trace will speak to the case (or parent/carer) to identify close contacts and advice on isolation as required and to get a PCR test • Staff and pupils who do not need to isolate should continue to attend school as normal • Clean and disinfect rooms the case was in, using appropriate PPE • Case and any isolating contacts can return once isolation period is completed, as long as they are well <p>Escalation criteria: If you have any infection control concerns or questions call the DfE Coronavirus helpline on 0800 046 8687 for advice. If your setting meets the following thresholds for extra action (outlined in the Contingency Framework), the DfE helpline will escalate to the SW PHE Health Protection Team when a risk assessment is required. DCC Public Health Team can also assist.</p>	Communicated to parents in letter (2.9.21, JPO). Student Services and relevant staff clear and trained in procedures (JPO).

<p>Case Thresholds Report and liaise following latest guidance.</p>	<p>For most education and childcare settings:</p> <ul style="list-style-type: none"> • 5 children, pupils, students or staff, <u>who are likely to have mixed closely</u>, test positive for COVID-19 within a 10-day period. • 10% of children, pupils, students or staff <u>who are likely to have mixed closely</u> test positive for COVID-19 within a 10-day period. • There are any admissions to hospital for COVID-19. • You are having problems implementing the control measures OR you have applied the control measures and are still seeing a significant rise in cases. <p>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</p> <ul style="list-style-type: none"> • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. 	<p>Student Services and relevant staff clear and trained in procedures and continue to report and liaise with LA and PHE following latest guidance (1.11.21, JPOI).</p>
<p>Contingency framework and outbreak control measures</p>	<p>Schools are required to update their contingency plan (or outbreak management plan) and describe how they will respond if children, pupils, or staff test positive for COVID-19, how they will operate if they are advised to reintroduce any measures to help break chains of transmission. Such measures should be considered in addition to the day-to-day control measures being implemented by schools, UKHSA SW Health Protection Team have defined 4 levels: Contingency framework: education and childcare settings Actions for schools during the coronavirus outbreak</p>	<p>TCS ER Outbreak Management Plan updated on 4.9.21 with relevant advice and considerations (JPO).</p> <p>TCS ER already adapted RA in light of ongoing situation and rise of transmission in Devon - additional mask wearing put in place. Vaccine and extra LFD testing encouraged. (29.10.21, JPO)</p>
<p>Visitors to the school</p>	<p>Schools are strongly encouraged to ask parents and other visitors to take a lateral flow device (LFD) test before entering the school.</p>	<p>Noted and applied; communicated to all staff ((9.1.22, JPO)</p>
<p>Pupil /staff related issues</p>	<p></p>	<p></p>
<p>Vulnerable groups who are clinically, extremely vulnerable.</p>	<p>All CEV children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their GP or clinician not to attend. Further information is available in the guidance on supporting pupils at school with medical conditions.</p> <p>Whilst attendance is mandatory, we recommend that leaders in education work collaboratively with families to reassure them and to help their child return to their everyday activities. Discussions should have a collaborative approach, focusing on the welfare of the child or young person and responding to the concerns of the parent, carer or young person</p> <p>FAQ</p>	<p>Communicated to parents in letter (2.9.21, JPO). Close support for key families and individuals has been in place since Mar 20 from HoYs, Welfare and Student Services – continuing.</p>

Assessment of all staff, including high risk staff with vulnerable / shielding family member, underlying health conditions or other risk factors	A risk assessment should be undertaken with clinically extremely vulnerable and clinically vulnerable. A risk assessment should also be undertaken (or reviewed/updated if one was previously undertaken) with staff who may be anxious about returning to school and/or due to the increased numbers. The 'Risk assessment for all staff including vulnerable groups' can be used to aid and record this assessment - https://devoncc.sharepoint.com/:w/s/PublicDocs/Education/ESoXeZkAQyILupPG5VVG6yQB2iEFDD4pgkko5qBbtOSEkw?e=040Qiy	Risk assessments for all CEV and CV staff in place from Sep 20 where required (JPO). All updated by 10.9.21 (Line managers and JPO).
Pregnant staff	Coronavirus (COVID-19): advice for pregnant employees - GOV.UK (www.gov.uk) - should have a risk assessment in place: Coronavirus (COVID-19) infection and pregnancy (rcog.org.uk) can support risk assessment. - a more precautionary approach advised for those >28 weeks pregnant or for individuals with underlying health conditions that place them at greater risk.	Risk assessments in place for pregnant staff. (1.11.21, JPO)
Transport		
Travel and quarantine	Where pupils travel from abroad to attend a boarding school, you will need to explain the rules to pupils and their parents before they travel to the UK. All pupils travelling to England must adhere to travel legislation , details of which are set out in government travel advice . Additional guidance has been issued on the quarantine arrangements for boarding school pupils travelling from red-list countries to attend a boarding school in England .	Not applicable in our setting.
Transport to/from school	Following discussions with colleagues at Public Health Devon and the Department for Education, and with the aim of minimising disruption to education in the Autumn term, we are asking that students aged 11 and over continue to wear face coverings when travelling on school transport until further notice . We recognise that some medical conditions or additional needs may make this not possible - exemption passes are available - please contact the school directly who will be able to issue these. We would also ask that: <ul style="list-style-type: none"> • Students should wash/clean their hands before boarding home to school transport, and when arriving at school or home. • Students should respect the driver's personal space and hold back from entering the vehicle until the driver has indicated it is safe to do so, they should then board one by one in an orderly manner. 	Communicated to parents in letter (2.9.21, JPO).

	It is still recommended that face coverings are worn by all passengers, unless exempt (www.gov.uk/ guidance/coronavirus-covid-19-safer-travel-guidance-forpassengers#face-coverings)	
Curriculum considerations		
Educational visits	You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. <u>General guidance</u> about educational visits is available and is supported by specialist advice from the <u>Outdoor Education Advisory Panel (OEAP)</u> .	Robust procedures in place and latest advice considered (1.11.21, JPO and RW).
Resources		
	<p>DfE daily email- DfE - COVID daily email subscription service (office.com)</p> <p>Posters and promotional material - https://coronavirusresources.phe.gov.uk/back-to-school/resources/</p> <p>NHS resources and videos</p> <ul style="list-style-type: none"> 🕒 Handwashing for teachers 🕒 Handwashing for children 🕒 Coronavirus factsheet for kids 🕒 PPE Donning and Doffing advice <p>Other resources and videos</p> <ul style="list-style-type: none"> 🕒 COVID-19: the facts Scouts 🕒 eBug https://e-bug.eu/ 🕒 PHE webcast - Breaking the chain of infection 	
Oversight of the governing body		
Lack of governor oversight during the COVID-19 crisis leads to the school failing to meet statutory requirements	The governing body continues to meet regularly via online platforms or face to face. The governing body agendas are structured to ensure all statutory requirements are discussed and school leaders are held to account for their implementation. The Principal's report to governors includes content and updates on how the school is continuing to meet its statutory obligations in addition to covering the school's response to COVID-19. Regular dialogue with the Chair of Governors and those governors with designated responsibilities is in place.	Robust and regular support from LGB in place. LGB conducting termly in-school RA monitoring visits. Principal has weekly call with LGB Chair and risk assessment reviewed by LGB on at least monthly basis (1.11.21, JPO and MM).

	Minutes of governing body meetings are reviewed to ensure that they accurately record governors' oversight and holding leaders to account for areas of statutory responsibility.	
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Section	List Actions / Additional Control Measures	Date action to be carried out	Person Responsible

Signed: Headteacher/Head of Department: 

Date: 8.1.2022

The outcome of this assessment should be shared with the relevant staff and Governing Body.
 A copy of the completed assessment to be kept on file and copied to the Health & Safety Co-ordinator.