

Amesbury : Testing for COVID-19 Risk Assessment

A Risk Assessment for COVID-19 Testing in Schools

Introduction

This should be read in conjunction with the COVID 19 Risk assessment for Amesbury which can be found on the website and in the staff handbook.

The UK Government has pledged to keep schools open so as to provide “a full educational experience for children”. The core obligation to ensure “so far as is reasonably practicable the health, safety and welfare of staff, pupils and visitors” remains as does the obligation to risk assess and implement relevant control measures.

This updated Risk Assessment aims to set out the risks associated with testing **asymptomatic** (producing or showing no symptoms) staff and pupils in secondary schools and colleges from January 2021.

- Teachers and other staff will be able to have **routine testing** once a week.
- Two tests (3 – 5 days apart: minimum 3 days) for pupils returning to school.
- Pupils and staff will be liable to ‘**serial testing**’ if one of their contacts test positive- from 20th January this has been stopped.

The additions to this risk assessment are mainly taken from:

https://www.isc.co.uk/media/7166/schools_colleges_testing-handbook_version-33.pdf
NHS Test and Trace document – Appendix C (Template for Risk Assessment)

All employers are required by law to protect their employees, and others, from harm. Under the Management of Health and Safety at Work Regulations 1999, the minimum employers must do is:

- Identify what could cause injury or illness in the organisation (hazards).
- Decide how likely it is that someone could be harmed and how seriously (the risk).
- Take action to eliminate the hazard, or if this isn't possible, control the risk.

Running the School - Assessing the Risk

Assessing COVID-19 is particularly awkward as the outcome of the risk assessment for one group within a school will have an impact on another: teaching staff, support staff, visitors and contractors (if these groups are allowed access) and pupils of varying age groups and class size.

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There is a legal requirement for schools to revisit and update their risk assessments, building on the learning to date and the practices already developed, and to consider the additional risks and control measures to enable a return to full capacity in the autumn term. Some risk assessments may require daily revision and should include but not be limited to answering questions relating to:

- A. Updating Safeguarding policy and procedures and ensuring staff and pupils feel safe.
- B. Is government advice being regularly accessed, assessed, recorded and applied?
- C. Are changes regularly communicated to staff, their unions, pupils, parents and governors?
- D. Are changes and the testing training, process and details reviewed by governors?
- E. Are changes and the testing training, process and details shared with insurers?
- F. Is it understood that the Secretary of State has a statutory power to order schools remain open?
- G. Is there active engagement with the local Health Protection Team (HPT).
- H. Is the advice of HPT sought and implemented?
- I. Are there sufficient systems and staff in place to support training, testing and contact tracers?
- J. Do staff, parents (and pupils) understand and follow NHS Test and Trace procedures?
- K. Are testing activities sufficient to provide reassurance including feedback and Q&A?
- L. Is DfE advice to keep groups separate (in “bubbles”) being implemented?
- M. Is each group’s health analysed and risk assessed to consider switching to remote learning?
- N. Are there contingency plans for self-isolation of individuals, multiple pupils and / or staff?
- O. Is contact minimised and distance maximised between all those in school, wherever possible?
- P. Are the definitions of “close contact” and the trigger for a pupil/staff to self-isolate understood?
- Q. Are appropriate Social Distancing (SD) and other hygiene rules regularly communicated, understood, applied and checked?
- R. Has the cleaning regime been enhanced, regularly re-assessed and, if necessary revised?
- S. Are high-risk areas being regularly monitored (including boarding areas) for hygiene?
- T. Are contract providers suspended or unable to attend school?
- U. Is access to school controlled effectively and are visitor (if allowed) details recorded?
- V. Are there sufficient supplies of hygiene materials and are they well placed?
- W. Are contingency plans in place for operational changes such as re-closing, loss of catering or teaching staff, local tier lockdown?
- X. Are all the hazards identified properly mitigated and regularly re-assessed?

In addition to the above, the following will need to be considered for pupils, parents and staff:

- Y. Are face coverings being worn appropriately according to age and circumstances?
- Z. Dependent on risk assessments staff (and pupils) may be equipped with PPE for certain activities including Testing. PPE may include:
 - a. Face coverings.
 - b. Gloves.
 - c. Eye protection.

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- d. Shields (for lecterns, desk separators, staff desks, reception, servery).
- e. Sanitisers (gel and tissues).
- AA. Enhanced cleaning arrangements to:
 - a. Toilets, door handles, knobs, locks, entry devices, taps, plugs, switches, handrails and regularly used hard surfaces.
 - b. Shared teaching equipment: keyboards, pens, remotes, copiers, printers
 - c. Musical instruments, balls, bats, bails, batons etc
 - d. Kettles, biscuits tins, milk containers, Aprons, towels (if used) cloths, mops etc
 - e. Note: remove where possible soft toys, spare furniture and items that are hard to clean.
 - f. Testing site / area including process for spillages and waste disposal.
- BB. Consideration of how to reduce contact and maximise distancing between those in school, where ever possible, and minimise potential for contamination by:
 - a. Using outdoor space.
 - b. Altering classroom layout with desks facing the front.
 - c. Staggering timetables for drop-off, assemblies, breaks, lunch, playtime, pick-up times.
 - d. Consistent groups (bubbles) of pupils that do not mix unless absolutely necessary.
 - e. SD in spaces such as halls and dining areas and groups are staggered through spaces.
 - f. Recording groups and bubbles compositions in case pupils need to self-isolate.
- CC. Medical.
 - a. Are ill staff and pupils or those tested positive in the last 10 days staying at home?
 - b. Pre-existing medical conditions are fully declared?
 - c. Have all vulnerable pupils, parents and staff been identified and recorded?
 - d. Are extremely clinically vulnerable and clinically vulnerable able to return to school?
 - e. Are those that have tested positive for COVID-19 recorded? (for elimination purposes)
 - f. Who has come into contact with anyone tested positive to COVID-19?
 - g. Who has travelled where (and when): other than home and school?
 - h. Have those who have been abroad self-isolated / quarantined for 2 weeks: if required?
- DD. Have all adhered to the external socialising rules set by the school for shopping, parties, day trips, games, play, activities and travel (other than home to school and return)?
- EE. Are plans for school events including plays, parent and teacher meetings re-assessed?

Test and Trace (T&T) process

- FF. Have explanatory T&T letters / emails be sent to parents / pupils, staff and governors?
- GG. Has the school a "COVID-19 Testing Privacy statement" and is it fully communicated to staff, parents, pupils and governors?
- HH. Has T&T data been recorded securely, and consideration been given to deletion after 14 days?

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- II. Do those that have had “close contact” with someone tested positive for COVID-19 know they are able to return to school if they agree to a test once a day for 7 days, and the test is negative?
- JJ. Have all those tested completed an age-appropriate consent statement (under / over 16)?
- KK. Are test instruction posters, booklets, FAQ and briefings readily available and apparent?
- LL. Is the test supervised by trained staff?
- MM. Is the testing area controlled to limit access to testers, those being tested and supervisors?
- NN. Is the process maintaining social distancing where possible, good hand and respiratory hygiene and keeping occupied spaces well ventilated?
- OO. Is the social distancing advice between testing staff and those being tested including distances between desks, chairs etc being observed or supervised?
- PP. Are the key layout requirements including staff (see grid below) met?
- QQ. Are those staff assisting with taking the swab wearing appropriated PPE?
- RR. Has the process of swabbing followed the guidance and training?
- SS. Is the tested sample handled safely throughout the process and disposed of correctly?
- TT. Is the process for informing parents / pupils / staff understood and implemented?
- UU. Is the process of barcoding, recording and communicating test results accurate and supervised?
- VV. Is there adequate supervision / checking to ensure equipment handled correctly and not shared?
- WW. Is the process of lost LFD, failed scans or damaged barcodes understood?
- XX. Whilst the extraction solution with lab test kit does not have a hazard label (there are no manufacture anticipated hazards) are they appropriately handled, stored and disposed?
- YY. Does the training reflect hazards identified with testing and are these communicated to testing and cleaning staff?
- ZZ. If a test is positive are those waiting for a Polymerase Chain Reaction (PCR) test self-isolating?

A grid, to record the hazards, control measures and outcomes, is at Annex A.

System of Controls

DfE/PHE has a set of actions schools must take. They are grouped into ‘prevention’ and ‘response to any infection’ and build on the hierarchy of protective measures. When implemented with a “revised risk assessment, these measures create an inherently safer environment for pupil and staff where the risk of transmission of infection is substantially reduced”.

Amesbury has:

- ensured that all staff understand the system of controls and how they are applied in the setting - time should be taken for staff to review the actions in the system of controls and ask questions;
- ensured that parents and carers are aware of the system of controls, how this impacts them and their responsibilities.

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Prevention

- 1) Minimise contact with individuals who are unwell by ensuring that those who have COVID-19 symptoms, or who have someone in their household who does, do not attend school.
- 2) Where recommended, the use of face coverings in schools.
- 3) Clean hands thoroughly more often than usual.
- 4) Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.
- 5) Introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents.
- 6) Minimise contact between individuals and maintain social distancing wherever possible.
- 7) Where necessary, wear appropriate personal protective equipment (PPE).
- 8) Always keeping occupied spaces well ventilated.

Response to any infection

- 9) Engage with the NHS Test and Trace process.
- 10) Manage confirmed cases of coronavirus (COVID-19) amongst the school community.
- 11) Contain any outbreak by following local health protection team advice.

Numbers 9 to 11 must be followed in every case where they are relevant.

DfE Guidance on Closures

Schools are expected to comply with their usual H&S duties as employers and within the context of current DfE Guidance. Despite the limited resources available to schools, they will risk criticism by the DfE if they close a year group or an entire site without exhausting supply options to make up for staff absences due to the pandemic.

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Given the above, schools will in general be more resilient to H&S based claims from staff and pupils if they follow DfE advice: but they should challenge the specific advice of the local health protection team and/or local or central government if it does not rationally address the particular H&S situation in their school and document the outcome carefully. Ultimately a decision to close the school is for the headteacher to make (having obtained the agreement of governors or trustees): but any decision to close the school if this is not supported by advice from the relevant health protection team should be considered carefully and legal advice may be needed.

Conclusion

Many different stakeholders of varying ages and health will bring a multiple of shifting risks that must be considered on a daily basis for the safety of pupils, staff, parents, visitors and contractors (if allowed). The leadership team will need to analyse and co-ordinate identified measures. Generating confidence in governors, staff, parents and pupils is paramount to the process of re-opening.

Ultimately, it is the school and its governing body that carry the responsibility for ensuring, so far as is reasonably practicable, the health and wellbeing of their staff, pupils, and others on site, including visitors and contractors. Therefore, decisions may have to be made that cannot appease everyone (and if that is the case the reasons for any divergence ought to be recorded).

**Annex A to
ISBA COVID-19
Risk Assessment**

Overall Risk Assessment in the COVID-19 Environment

	Hazard	Control measures	Outcome	Remarks / Re-assessment
A	Safeguarding policy and procedures not updated and / or staff and pupils not feeling safe.	See Main RA		
B	Government advice not being regularly accessed, assessed, recorded and applied.	See Main RA		
C	Staff and parents do not know or understand the 'system of controls' (see explanation above) and how they are applied.	See Main RA		
D	Changes not regularly communicated to staff, their unions, pupils, parents and governors	See Main RA		
E	Changes to assessments, procedures and other important matters not reviewed by Governors	See Main RA		

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F	Insurers and / or brokers not updated with school's amended plans	See Main RA		
G	Not appreciating that Secretary of State has a statutory power to order schools to remain open.	SLT and Governors aware	Noted in meetings	None
H	Insufficient liaison with local authority and health protection team over testing and actions.	Testing team aware	Lead testers aware of LA and HPT numbers and guidance	
I	Active engagement with NHS Test and Trace not implemented and the procedures not understood by all staff and parents.	All understood	Testing team aware	
J	Insufficient systems and staff to support training, testing and contact tracers.	Training completed 4/1/21	Testing team allocated and trained	
K	Staff, parents (and pupils) do not understand and follow NHS Test and Trace procedures.	Communication from Head/ Bursar	Heads webinar, parent letter and staff meeting.	
L	Training and testing activities insufficient to provide reassurance including feedback and Q&A?	No issues to date	All trained and aware of processes	
M	DfE advice to keep groups separate (in "bubbles") not being fully implemented where appropriate.	Bubbles defined and allocated to spaces	All bubbles being adhered to.	
N	Each group's ("Bubble") health not properly analysed and risk assessed to consider switching to remote learning.	Remote learning in process	DFE instruction for Remote learning in place	
O	The definitions of "close contact" and the trigger for a pupil/staff to self-isolate not understood.	Education of testing team and staff/ pupils/ parents completed	All understood	
P	Record of names of pupils / staff in their groups / bubbles, locations visited, seating arrangements (via App / spreadsheet etc) not updated on a regular basis.	All key worker and children on site have bubble groups seating plans	Updated daily.	
Q	Insufficient information to identify close contacts of symptomatic individuals and support contact tracing.	See Main RA		

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R	No contingency plans for self-isolation of individuals, groups, multiple pupils and or staff.	See Main RA		
S	Insufficient preparation (letters, Whatsapp etc) to communicate with parents, carers, staff and pupils in case of infection and groups needing to self-isolate.	See Main RA		
T	Insufficient consideration to minimising contact and maximising distance between all those in school where ever possible.	See Main RA		
U	Social Distancing (SD), hygiene and ventilation rules not sufficiently robust, understood, communicated, applied or checked.	See Main RA		
V	SD rules and safety precautions for activities (play, games, drama, music) not understood or adhered to?	See Main RA		
W	Unsuitable enhanced cleaning regime, not regularly re-assessed or revised for high-risk areas such as toilets, door handles, keypads, switches, hand rails and frequently used hard surfaces.	Cleaning regimes reviewed on weekly basis	All upto date and adequate	
X	High-risk areas not being regularly monitored for hygiene.	Daily review of high risk areas	All upto date and adequate	
Y	Contract providers and services suspended or unable to attend school.	If none critical contractors have been suspended	Some contractors- fire assessors and legionnaires still allowed on site under strict conditions	
Z	Access to school not controlled effectively and visitor (if allowed) details not recorded.	Reception still manned and visitor policy followed- temperature, T and T, mask etc	All details recorded	
AA	Insufficient supplies of hygiene materials and not readily available, suitably stored or located.	See Main RA		
BB	Inadequate contingency plans for changes to school operation: local or national lockdown, re-closing, loss of catering or teachers?	See Main RA		
CC	Insufficient contingency plans in case of medical need for self-isolation of individuals, multiple pupils, staff or local outbreaks?	See Main RA		

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DD	Risk assessments and protective measures for holiday clubs, after-school clubs and other out-of-school clubs not regularly updated.	N/ A	Not happening at the moment	
EE	Are all Risk Assessments regularly reviewed and updated based on feedback and lessons identified from all those in school including pupils and support staff, visitors and contractors.	Reviewed each half term	Regularly reviewed	
FF	All hazards identified properly mitigated and regularly re-assessed?	All hazards reviewed by facilities manager	Completed.	

Risk Assessment for COVID-19 Test and Trace Process

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
1	Explanatory T&T letters / emails not sent to parents / pupils, staff and governors.	All parties have upto date knowledge of procedures for T and T	Clear guidance given to all	
2	No school "COVID-19 Testing Privacy statement".	COVID 19 testing Privacy statement is on website	Completed	
3	"COVID-19 Testing Privacy statement" not communicated to staff, parents, pupils and governors.	This has been communicated via letter and staff meeting and on school website	Completed	
4	T&T data not recorded securely with consideration given to deletion after 14 days.	T and t date securely recorded	Completed	
5	Those that have had "close contact" with someone tested positive for COVID-19 do not know they are able to return to school if they agree to a test once a day for 7 days, and the test is negative.	Now amended per government guidance – no 7 day testing	Completed	
6	Age-appropriate consent statement for testing (under / over 16) not properly completed.	Consent requested and received accurately	Completed	
7	Test instruction posters, booklets, FAQ and briefings not readily available and apparent.	All available and distributed	Completed	

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8	Tests not supervised or conducted by trained staff.	All staff trained per PHE guidance and certificates on file.	Completed	
9	Testing area not sufficiently controlled to limit access to testers, those being tested and supervisors	Medical centre used for testing and access restricted	Completed	
10	Test process not maintaining social distancing where appropriate, good hand and respiratory hygiene or keeping occupied spaces well ventilated.	Test centre controlled for SD and hygiene requirements	Completed	
11	Social distancing advice between testing staff and those being tested including distances between desks, chairs etc not being observed and supervised.	All SD advice is appropriate	Completed	
12	Staff assisting with taking and processing swabs not wearing appropriated PPE.	PPE worn at all times by testers	Completed	
13	Process of swabbing not following training and / or updated guidance.	Swabbing undertaken per advice and testers all trained	Completed	
14	Tested sample incorrectly handled safely during the process including disposal.	Guidance followed accurately	Completed	
15	Process for informing parents / pupils / staff not understood and implemented.	All understood per the PHE guidance	Completed	
16	The process of barcoding, recording and communicating test results is not accurate and supervised	All supervised and accurate. Recording done by 2 members of test team	Completed	
17	Inadequate supervision / checking to ensure equipment handled correctly and not shared.	Testing process supervised and checked to ensure equipment is handled per instructions	Completed	
18	Process of lost LFD, failed scans or damaged barcodes not understood or properly implemented.	All understood	Completed	
19	Extraction solution with lab test kit (there are no manufacture anticipated hazards) are inappropriately handled, stored and disposed.	All test kits are handled per instructions	Completed	
20	The training does not reflect hazards identified with testing and these are not communicated to testing and cleaning staff?	Hazards have been reviewed and highlighted by testing team.	Completed	

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21	Those tested positive not confirming the positive result with a Polymerase Chain Reaction (PCR) test and either failing to self-isolate pending the confirmation test or self-isolating unnecessarily after a confirmatory PCR test might have cleared them as having a false positive.	No positive tests to date- all aware of need for PCR confirmation test	Completed	
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Risk Assessment for COVID-19 Test Sites

	Hazard	Control Measures	Outcome	Remarks / Re-assessment
22	Insufficient staff available (depending on throughput: Team Leader, Test Assistant, Processor, Coordinator, Registration Assistant, Results Recorder, Cleaner)	Allocation of team roles allocated. Cover team roles also allocated in case of illness	Completed	
23	Training time and content inadequate (3 hrs with introduction video, on-line training and assessment plus rehearsal.)	Training completed by all – 4/1/21	Completed	
24	Consent forms are not available and properly completed?	No test given without consent form	Completed	
25	Test site flooring is not non-porous.	Non-porous floor used	Completed	
26	Test site is not well lit with a good airflow	Good airflow and well lit in medical room	Completed	
27	Test site Registration, Swabbing, Recording and Processing Desks and waiting areas not on a one-way system.	One way system in operation	Completed	
28	Test chair in the swabbing bay not a minimum of 2m apart.	All chairs in the test room are at least 2m apart	Completed	
29	Each swabbing desk and associated processing desk not more than 1m away and Recording desk not located close by.	Suitable distancing for all desks in testing site	Completed	
30	No clear division and demarcation between swabbing and processing area.	Clear demarcations in medical centre	Completed	

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31	Non-authorized people and test subjects able to enter the processing area	Processing area on accessible by authorised members of team	Completed	
32	Inadequate evidence of quality assurance, guidance and supervision.	Team Leader reviews process every day of testing to ensure adequate controls	Completed	
33	Processing bays not properly cleaned, and waste (including clinical waste) is not properly disposed.	Thorough cleaning of test	Completed	
34	Disorderly entry, processing, social distancing and exit movement.	The overall process is organised and efficient.	Completed	
35	Manual handling of testing kits, pallets, boxes, packages and waste not considered in terms of bulk, weight and access.	All manual Handling considerations have been undertaken	Completed	
36	Testing kits not stored at 2 - 30°C and tests not given in the appropriate ambient temperature of 15 - 30°C.	Temperature of room is adequate and checked weekly	Completed	
37	Inadequate provision of a quiet space to talk with the pupil mindful of the need for social distancing / PPE / wellbeing.	Suitable quiet space and area for pupils who are anxious with regard to SD, PPE and Wellbeing.	Completed	