

Risk Assessment Form

For further info on risk assessment see: [BHCC Risk Assessment Guidance](#)

To calculate Risk Rating (R): assess the likelihood (L) of an accident occurring against the **most** likely impact (I) the accident might have, taking into account the control measures already in place. $L \times I = R$

Task / Activity Covered by the assessment	Model Risk Assessment for: Coronavirus Outbreak Updated 1 March 2022			Likelihood (L)	X	Impact (I)		
	Workplace	Date Assessment to be reviewed	Person Completing			Almost Impossible	1	Insignificant (minor injury, no time off)
Workplace	Brighton & Hove Montessori School			Unlikely	2	Minor (non-permanent injury, up to 7 days off)		
Date of Assessment	01/03/2022	Ongoing		Possible	3	Moderate ((injury causing more than 7 days off)		
Person Completing	PG	Manager/ Head teacher	Daisy Cockburn	Likely	4	Major ((death or serious injury)		
Staff involved in assessment				Almost Certain	5	Catastrophic (multiple deaths)		
				Low =1-3	Moderate = 4-7	Significant = 8-14	High = 15-25	

How to use this Risk Assessment:

- This RA is used to mitigate the risk from COVID-19 and should be used alongside any other risk assessment for the task being undertaken.
- To calculate Risk Rating (R): assess the likelihood (L) of a member of staff/others contracting COVID-19, taking into account the control measures that will be in place against the **most** likely impact (I) of contracting COVID-19 might have $L \times I = R$
- The circumstances of vulnerable staff and staff that live with a vulnerable person will be considered individually and an Individual COVID-19 RA is available to support these staff. The individual RA can be used to support all staff that have personal or domestic concerns about returning to or working in the workplace

What are the significant, foreseeable, hazards? (the dangers that can cause harm)	Who is at Risk?	Current control measures (What is already in place/done)	Risk Rating	What additional controls will be put in place to reduce the risk further?	Revised Risk Rating	Sign as done
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				L	I	R	Additional controls may vary depending on local levels of infection and individual risks identified in particular settings	L	I	R
1.	TRANSMISSION OF VIRUS									
1.1	Attendance of Children and Staff	Infection of staff, children and families	<ul style="list-style-type: none"> • Communicate to staff and parents/carers that they should: • Follow government guidance People with COVID-19 and their contacts if they have COVID-19 symptoms. There is no longer a legal requirement for people with COVID-19 to self-isolate, however if they have any of the main symptoms of COVID-19 or a positive test result, the public health advice is still to stay at home and avoid contact with other people. Therefore: • Symptomatic peoples should get a PCR test and are advised to stay at home and avoid contact with other people while waiting for the test result. • Staff and children with COVID-19 should stay at home and avoid contact with other people. Where 				<ul style="list-style-type: none"> • Plan short re-induction process for staff returning to the setting covering changes in setting. • Where a child routinely attends more than one setting on a part time basis, parents and carers encouraged to work through the system of controls with the other setting to address any risks identified to deliver appropriate care for the child. 			

		<p>possible, staff should let people who they have been in close contact with know about their positive test result.</p> <ul style="list-style-type: none"> • If PCR/LFD is positive staff may still need to stay at home for up to 10 full days (or longer if they still have a high temperature). However, they can take an LFD test from 5 days after symptoms started (or the day a PCR test was taken if they did not have symptoms) followed by another LFD test the next day. If both these test results are negative, and they do not have a high temperature, they may return to the setting. If the day 5 LFD test result is positive, they should continue to take LFD tests until they receive 2 consecutive negative test results. • Those who end their self-isolation period before 10 full days are also strongly advised to: <ul style="list-style-type: none"> • limit close contact with other people outside their 				
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		<p>household, especially in crowded, enclosed or poorly ventilated spaces</p> <ul style="list-style-type: none"> • wear a face covering in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people • limit contact with anyone who is at higher risk of severe illness if infected with COVID-19 (including not visiting those in care homes or hospitals) <p>This advice should be followed until 10 full days from when their self isolation period started. Settings should consider whether these conditions can be met, and if they cannot, it is recommended that the staff member carry out the full 10 days isolation period</p> <ul style="list-style-type: none"> • Children may also end their isolation early, if the same conditions apply, however LFD testing is at parental or guardian discretion (and the government states that regular LFD testing is not suitable for under 5s) therefore if LFD tests are 				
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		<p>not carried out, it is recommended that children isolate for the full 10 days</p> <ul style="list-style-type: none"> • If staff live in the same household as someone with COVID-19 and are not symptomatic/unwell, are fully vaccinated, they do not need to self-isolate. However they are still advised to minimise contact with the person who has COVID-19, work from home if they able to do so, avoid contact with anyone who is higher risk of becoming severely unwell if they are infected with COVID-19, limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces and wear a face covering in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people • Children who live with someone who has COVID-19 can continue to attend the setting as normal (if not symptomatic or unwell) 				
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		<ul style="list-style-type: none"> • If (as a close contact), a staff member or child develops symptoms while they are isolating, they should arrange to have a PCR test. If the test result is positive, they should follow the advice for people with COVID-19 to stay at home and must start a new self-isolation period. • Parents and staff asked to inform the setting immediately of the results of a positive test. • Information given to all parents/carers. Accessible leaflets, posters and online materials widely shared and visible. Consider contacting EMAS for support for parents with English as an additional language. • Parents and carers closely monitor children for signs of Covid-19 symptoms in line with guidance. NB. Vaccines can cause a mild fever in children. This is a common and expected reaction and isolation is not 				
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		<p>required unless Covid-19 is suspected. Whilst teething can cause some known side effects such as flushed cheeks and sore gums, NHS guidelines state that fever is not a symptom of teething. Parents and carers should monitor side effects from a vaccination or teething, and if their child has a temperature or displays other symptoms they should consider seeking medical advice before returning to the setting.</p> <ul style="list-style-type: none"> • Staff in EY settings are no longer expected to undertake twice weekly asymptomatic testing unless in specialist SEND settings 						
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What are the significant, foreseeable, hazards? <i>(the dangers that can cause harm)</i>	Who is at Risk?	Current control measures <i>(What is already in place/done)</i>	Risk Rating			What additional controls will be put in place to reduce the risk further? Additional controls may vary depending on local levels of infection and individual risks identified in particular settings	Revised Risk Rating			Sign as done
			L	I	R		L	I	R	

1.2	<p>Protecting shielded and clinically vulnerable adults and children, and people with particular characteristics who may be at risk.</p>	<p>Infection of staff, children and families</p>	<ul style="list-style-type: none"> • Shielding advice has now been ended. All CEV or CV children should attend their setting unless they are one of a very small number of children under paediatric or other specialist care and have been advised by their GP or clinician not to attend. CEV children returning to a setting should have an Individual Risk Assessment in place. • Clinically Extremely Vulnerable staff are advised to follow medical advice and latest government Guidance. CEV & CV staff and those who live with someone who is CEV will attend work subject to agreed Individual Risk Assessment in place/reviewed • Pregnant staff should follow the government guidance for pregnancy & be subject to individual risk assessments. They are advised to take particular care to practise frequent, thorough hand washing, and cleaning of frequently touched areas in their home or workspace—taking particular care when they are 28 weeks pregnant and 			<ul style="list-style-type: none"> • Staff are offered an individual risk assessment before returning to work. For clinically vulnerable staff who have continued to work, managers may wish to discuss flexibilities to support them, such as staggered start times to reduce travel during rush hour and offering and where possible offering on-site roles that enable them to stay 2m away from others. • Consider continuing to take care to socially distance from other adults including older children and adolescents wherever possible 			
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		<p>beyond. Further advice is available from the Royal College of Gynaecologists.</p> <ul style="list-style-type: none"> • If people with possible risk factors are concerned, settings discuss their concerns and explain the measures the setting is putting in place to reduce risks. Setting leaders should try as far as practically possible to accommodate additional measures. • Staff and the families of children who have been travelling abroad should follow the rules on arriving in England following international travel • Settings support and encourage vaccine take up and enable all staff who are eligible for a vaccination to attend booked vaccine appointments, where possible. 					
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							infection and individual risks identified in particular settings					
1.3	Physical distancing and grouping	Infection of staff and children	<ul style="list-style-type: none"> Adult: child ratios specified by the Early Years Foundation Stage are maintained If required, attendance patterns are reviewed to allow for-consistency of smaller groups of children and key staff where possible. It is recommended settings keep a record of children and staff in each group, and any close contact that takes places between children and staff however contact tracing has now ended Learning opportunities and time spent outdoors maximised. 				<ul style="list-style-type: none"> If settings are experiencing staff shortages please refer to current DfE guidance regarding flexibility with ratios and grouping of children 					

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1.4	Face Coverings	Infection of staff	<ul style="list-style-type: none"> Face coverings are no longer a legal 								
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		and children	<p>requirement however the government recommends they are still worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This may apply in settings at arrival and leaving times. In addition, if staff wish to still wear them in other circumstances, this will be supported</p> <ul style="list-style-type: none"> • Reusable face coverings safely stored by wearers in individual, sealable plastic bags between use 							
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1.5	Health and hygiene	Infection of staff and children	<ul style="list-style-type: none"> • All adults and children clean their hands according to guidance on hand cleaning • Handwashing facilities are available. Where a sink is not nearby an appropriate hand sanitiser is provided. 								

			<ul style="list-style-type: none"> • All adults and children clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing. • Help is given to children who have trouble cleaning hands independently. • Good hygiene is promoted: 'catch it, bin it, kill it' approach shared. Children reminded not to put hands/fingers in mouth/nose/eyes. • Lidded bins for tissues emptied regularly throughout the day. 					
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1.5		Infection of staff and children	<ul style="list-style-type: none"> • Spaces well ventilated using natural ventilation (opening windows, preferably one at each end of a room to allow clear air flow) or ventilation units (adjusted to increase the ventilation rate wherever possible and only fresh outside air is circulated). In colder weather, windows should be opened just enough to provide constant background ventilation and 				<ul style="list-style-type: none"> • To balance the need for increased ventilation while maintaining a comfortable temperature, the following measures should also be used as appropriate: <ul style="list-style-type: none"> - opening high level windows in preference to low level to reduce draughts - increasing the ventilation while 		
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		<p>periodically opened more fully where possible (e.g. between room uses)</p> <ul style="list-style-type: none"> Poorly ventilated areas identified and steps taken to improve fresh air flow – extra consideration when holding events/others on site Use of fans discouraged, as can spread contaminated air from one person onto another – and only used after considering other ventilation and heat reducing measures. Sited (e.g. under/in an open window) so drawing and pushing fresh air around a room and not directed/blowing air from one person to another. Doors propped open, where safe to do so to. Cleanliness habits reinforced through games, songs, visuals, adult support and repetition. 			<ul style="list-style-type: none"> - spaces are unoccupied - re-arranging furniture where possible to avoid direct draughts - Heating should be used as necessary to ensure comfort levels are maintained, particularly in occupied spaces <ul style="list-style-type: none"> • Use of CO2 monitors provided by DfE if required <p>how to use a CO2 monitor</p>		
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1.6	Cleaning	Infection of staff and children	<ul style="list-style-type: none"> • Where any part of the premises has been closed, ensure all required H&S checks are carried out before reopening to staff and children. • Surfaces that children touch, such as toys, books, tables, chairs, doors, sinks, toilets, cleaned regularly (e.g. twice a day) using standard detergents. (If standard detergents become unavailable, bleach can be used where COSHH risk assessment demonstrates it is safe to use) • Materials that have been mouthing by young children are disinfected immediately. • Any shared items and surfaces cleaned and disinfected frequently. • Hands cleaned thoroughly before and after use. • Clear procedures and processes for cleaning food preparation areas, dining areas and table coverings 		<ul style="list-style-type: none"> • Additional deep cleans can be arranged if required if the setting has positive cases 	
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			<ul style="list-style-type: none"> Different groups do not need to be allocated their own toilets, but toilets will need to be cleaned regularly and children must be encouraged to clean their hands thoroughly after using the toilet 						
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1.7	PPE and cleaning supplies	Risk of infection if supplies run out	<ul style="list-style-type: none"> An adequate supply of essential supplies is available. A monitoring system for PPE and cleaning supplies ensures that a supply of stock is available to all who require 								
1.8	Arrivals and departures	Infection of staff, children and families	<ul style="list-style-type: none"> Process/communication for safely removing face coverings when staff (who use them) arrive at setting. Temporary face coverings are disposed of in a covered bin and reusable face coverings placed in a plastic bag to be taken home. Hands are washed again before or on entry to the learning environment. 								

			<ul style="list-style-type: none">• Settings can make their own arrangements for drop off and collection of children which suits the layout of their buildings and individual premises. Face coverings may still be advised to be worn in communal areas if parents are entering the building, or arrangements can remain in place to drop off children outdoors or in garden areas.								
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1.9	Visitors	Infection of staff, children and visitor	<ul style="list-style-type: none"> If a decision has been made to require face coverings for staff in certain situations where social distancing is difficult, such as in communal areas, the arrangements should also be communicated to visitors. Essential delivery workers and suppliers are informed not to enter the setting if they are displaying any symptoms of coronavirus All essential maintenance and building work are completed outside of operational hours where possible Any visitors to the setting are informed of health and safety procedures. A record is kept of all visitors 								

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1.10	Sickness at the setting	Infection of staff and children	Covid-19 sickness procedure. Adult: <ul style="list-style-type: none">• If a member of staff fell ill whilst at the setting they would return home immediately and arrange a test. Child: <p>A procedure is in place to be followed if a child began to show symptoms of coronavirus. This includes:</p> <ul style="list-style-type: none">• The child being moved to a designated 'safe zone' (preferably a separate room, where the door can be closed, but a window can be opened for ventilation. If this is not possible, an area at least 2 metres from others) Elementary bathroom or Office shower room)• One adult to stay with the child• The child to leave the building with parent/ care via the shortest route• If the child needs the bathroom while waiting to be collected, they will be				Consider the following: <ul style="list-style-type: none">• Ensuring a duplicate PPE kit, including a face mask is available and accessible				

		<p>taken to a separate bathroom if possible and the bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else.</p> <ul style="list-style-type: none"> • After any contact with someone unwell, staff must wash their hands thoroughly and the area around the person with symptoms should be cleaned with normal household disinfectant after they have left <p>Personal Protective Equipment</p> <ul style="list-style-type: none"> • A face mask will be worn by the supervising adult if two metres cannot be maintained with the child. If contact or personal care for the child is necessary, gloves, an apron and a face mask will 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 will also be worn. • Additional cleaning will be carried out if there is a 				
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		<p>suspected/confirmed case of Covid-19, following government advice</p> <ul style="list-style-type: none"> • The Confidentiality Policy is followed at all times – this includes withholding the names of staff, volunteers and children with either confirmed or suspected cases of coronavirus • Settings should not request evidence of negative test results or other medical evidence before welcoming children back after a period of self-isolation, however if a parent or carer insists on a child attending the setting, and the setting has concerns that the child has not fully recovered or completed the full isolation period, the setting can take the decision to refuse the child if, in their reasonable judgement, it is necessary to protect their children and staff from possible infection with coronavirus Any such decision would need to be carefully considered in the light of all the circumstances and current public health advice 				
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1.11	Local outbreak within setting (5 or more confirmed cases within 10 days,)		<ul style="list-style-type: none"> • Aware of and follow the <u>Contingency Framework</u> for managing local outbreaks of COVID-19 and the thresholds used as an indication for when to seek public health advice. For most education and childcare settings, these include: • A higher than previously experienced and/or rapidly increasing number of staff or pupil absences due to COVID-19 infection • Evidence of severe disease due to COVID-19, for example if a child or staff member is admitted to hospital due to COVID-19 • A cluster of cases where there are concerns about the health needs of vulnerable staff or children within the affected group. • Settings can seek advice and support from BHCC Education & Skills and Local Public Health Team. 								

		<ul style="list-style-type: none"> • Follow any additional local measures/restrictions recommended by the local authority (BHCC), Director of Public Health and/or local Health Protection Team (as part of their local outbreak management responsibilities). • Procedures in place for local Outbreak Management considerations to include: • Informing DfE Helpline DfE (call helpline on 0800 046 8687 and select option 1 for advice on the action to take in response to a positive case), and contacting publichealth@brighton-hove.gov.uk • If you think you may need to close the setting contact the DfE Helpline first to discuss the public health perspective. • Review of setting's Covid-19 RA and arrangements and any additional controls required. 				
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			<ul style="list-style-type: none"> • Communications to staff and parents/carers on any changes etc. • Provision of wellbeing support. • Induction/updates for all to explain the latest site COVID-19 RA, required controls and safety arrangements. 								
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1.12	Nappy changing and hazard waste removal		Staff may be exposed to the virus		L	I	R		L	I	R
				<ul style="list-style-type: none"> • Children whose care routinely already involves the use of some PPE due to their intimate care needs continue to receive their care in the same way. • Guidance in the setting's current H& S procedure is followed for nappy changing. • Additional government guidance is followed on waste removal 				<ul style="list-style-type: none"> • Staff to think about their position - change side on at all times. 			

1.13	Reception areas, offices and staff rooms	Staff exposed to the virus through shared equipment	<ul style="list-style-type: none"> • Reception areas are clear and clutter free. • Staff should clear workspaces and remove their own waste and belongings from the work area at the end of a shift. • Ensure that white goods, microwaves, kettles and taps are cleaned with anti-viral sanitiser as part of the daily clean by cleaning staff. • All tables, keyboards, desks, chair arms and telephones to be cleaned before and after use, between shifts, and at the end of the day with antibacterial cleaner • Provide antibacterial wipes in kitchen areas to enable staff to clean the handles of white goods/ cupboards etc and encourage staff to provide their own crockery/ mugs and to remove them from kitchens, and lunch boxes from shared fridges daily. 				
1.14	Trips to indoor and outdoor public places		<ul style="list-style-type: none"> • Settings can take groups of children on trips to indoor and outdoor public places educational or childcare 			•	

		<p>purposes and the EYFS ratios are maintained. A risk assessment is carried out for each trip which includes relevant public health advice, such as hygiene and ventilation requirements. Good hygiene measures are followed and hand washing takes place before and after the trip. The use of private outdoor space should be maximised</p> <ul style="list-style-type: none"> • In indoor places (such as soft play centres), the guidelines for that location are followed and in addition, setting leaders should remain with the children in their group, children and staff should wash hands thoroughly on arrival and before leaving. Adults may also need to follow the face covering policy for the indoor space. 				
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WELLBEING										
2.1	Staff wellbeing	Staff are worried and feel stressed because of the pandemic and fear of the risk of infection	<ul style="list-style-type: none"> • Staff made aware of the measures in place to reduce infection and involved with these, as specified in the RA. • Staff can raise concerns/implement additional measures. • Staff have access to free eLearning on Infection Control • Staff have access to BHCC information and well-being support • CPD and training accessed via eLearning when possible. • Ensure changes of working practices do not lead to staff missing out on regular breaks 				Consider the following:			

							<ul style="list-style-type: none"> The government have compiled a list of mental health resources for staff, parents, carers and children: https://dfemedia.blog.gov.uk/2021/02/01/mental-health-resources-for-children-parents-carers-and-school-staff/ 		
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2.3 Children's wellbeing	Children off sick, anxious about returning or impact of Covid - 19	<ul style="list-style-type: none"> Encourage updates from home, via phone, current online systems or a 'More About Me' form. Find out about each child's experience of lockdown including positives, negatives, any experiences of separation and loss, anxiety about returning, confusion, bereavement. Update information on SEND, health and learning, with high priority given to wellbeing. 				Consider the following: <ul style="list-style-type: none"> Devising a virtual tour of the setting to share with children and families if needed Conducting a home visit via video link Sending photos of key people, the visual timetable and the altered environment to families for them to talk about before children start 				

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2.3	Children's wellbeing continued	Children anxious about returning or impact of lockdown	<ul style="list-style-type: none"> Plan for welcoming each child and settling them back personally, linking to specific needs and special interests. Reintroduce the child's Key Person. Use visual timetables to share the new structure and routines. Follow guidance on supporting children's mental health and wellbeing during the coronavirus pandemic 								
2.4	Staff home working	Staff may be injured as they are not used to working at home and have limited equipment	<ul style="list-style-type: none"> Ensure that staff have access to DSE equipment if needed, e.g. separate mouse and keyboard for laptop, or chair. 				Consider the following:				
							<ul style="list-style-type: none"> How staff can access guidance to working from home How to enable regular check-ins with home-working staff. Developing local guidance regarding expectations for working from home 				

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COMMUNICATION											
3.	3.1	Staff not up to date with PHE/Government/DfE & BHCC advice/guidance	Staff or children may risk exposure to virus if staff are not aware of relevant guidance	<ul style="list-style-type: none"> Managers to read, review and share PHE/DfE/Government information and advice from BHCC ensuring all staff are kept up to date, including emails from the Council & government guidance Designated staff member to check for Government / Council guidance changes daily and notify managers of any significant changes Emergency procedures to be regularly updated and shared with all staff following any updated guidance 				<ul style="list-style-type: none"> Consider whether any staff members may have language or literacy issues – how will you ensure that key information is shared and understood? 			

What are the significant, foreseeable, hazards? <i>(the dangers that can cause harm)</i>		Who is at Risk?	Current control measures <i>(What is already in place/done)</i>	Risk Rating			What additional controls will be put in place to reduce the risk further? Additional controls may vary depending on local levels of infection and individual risks identified in particular settings	Revised Risk Rating			Sign as done
				L	I	R		L	I	R	
3.1	Staff not up to date with PHE/Government/DfE & BHCC advice/guidance continued	Staff or children may risk exposure to virus if staff are not aware of relevant guidance	<ul style="list-style-type: none"> Agreed methods of communication – e.g. email, WhatsApp groups, website, staff contact numbers, text alerts, line manager contact and support etc. All staff to ensure that the school have an up to date mobile number Managers have updated contact list for all members of staff 								
STAFFING											
4.1	Reduced staffing structure/insufficient supervision ratios/trained paediatric first aiders/ qualified staff to work with children with complex behavioural/medical/emotional needs	Children may risk injury. Staff at work may suffer increased stress	<ul style="list-style-type: none"> Staff to notify manager as early as possible if they or any member of their household are presenting Covid-19 symptoms and to follow NHS/111 isolation/medical advice. 				<ul style="list-style-type: none"> If high levels of workforce absence means that setting needs to restrict attendance (for example, where a setting is oversubscribed, or unable to operate at full capacity) priority is given to children of critical workers and vulnerable children; then 3 and 4 year-olds, in particular those who will be transitioning to Reception; followed by younger age groups 				

What are the significant, foreseeable, hazards? <i>(the dangers that can cause harm)</i>		Who is at Risk?	Current control measures <i>(What is already in place/done)</i>	Risk Rating			What additional controls will be put in place to reduce the risk further? Additional controls may vary depending on local levels of infection and individual risks identified in particular settings	Revised Risk Rating			Sign as done
				L	I	R		L	I	R	
4.1		Children may risk injury. Staff at work may suffer increased stress	<ul style="list-style-type: none"> Manager to establish daily supervision levels and to ensure staffing requirements are met. Inform Ofsted and the Family Information Service if the setting needs to close. Manager to ensure that there are adequate paediatric first aiders in-line with HSE guidance, certificates extension periods and changes to paediatric first aid requirements under EYFS. See Paediatric First Aid risk assessment for further guidance Ensure trained staff available to support children with additional needs. 								

What are the significant, foreseeable, hazards? <i>(the dangers that can cause harm)</i>	Who is at Risk?	Current control measures <i>(What is already in place/done)</i>	Risk Rating			What additional controls will be put in place to reduce the risk further? Additional controls may vary depending on local levels of infection and individual risks identified in particular settings	Revised Risk Rating			Sign as done
			L	I	R		L	I	R	
6. EMERGENCY EVACUATION & FIRE										
6.1. Staff and children unable to evacuate the building safety	Injury to children or staff	<ul style="list-style-type: none"> • Staff to be informed of all changes to the fire evacuation procedures (if any changes have taken place) A fire drill is recommended, to practise the old/new routes • PEEPs that may be in place for children or staff who need assistance in evacuating the building should be reviewed, to ensure that they still function with any new arrangements or staffing changes 								

Government guidance is available [here](#).