

Athersley South Primary Risk Assessment Form



This risk assessment should be produced in conjunction with the current government guidance as highlighted below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999689/Schools_guidance_Step_4_update_FINAL.pdf

Date of Assessment:	Reviewed 02.09.2021 Reviewed again 29 th November 2021, then 9 th December 2021 (following two separate updates in Government guidance) Changes in blue. 3rd January 2022 further updates in red
Manager Responsible for Basic Activity:	Mrs E. Sanderson
Lead Risk Assessor for Basic Activity:	Mrs E. Sanderson
Risk Assessment Team Members ((e.g. employees, supervisors, managers, safety reps etc)	Mrs E. Sanderson, Mrs J. Boreham, Mrs S. Vajai and Mr J. Wheelwright

Amendments – Infection Control and Stepping Measures Up and Down (29.11.21)

Amendments – Tracing close contacts and isolation, ventilation, mandatory certification, school workforce 9.12.21

Amendments to isolation guidelines – applicable in school from January 2022

Hazard	Risks	Control Measures	Actions Required	Person Responsible and Target Date
Schools Premises	Personal injury Fire Legionella Infection of coronavirus	<ul style="list-style-type: none"> Undertake a workplace inspection to ensure adequate working environment, equipment, fire safety and emergency arrangements are in place. Fire Risk Assessment to be reviewed and the Fire log-book is up to date. Legionella checks are to be up to date. Electrical, gas and ventilation systems checks are up to date. Increased cleaning regime. 	<p>Regular Premises inspection Emergency Lighting check completed 7.1.2021</p> <p>Fire Assessment September 2020 Fire safety review 4.1.2021</p> <p>Completed in line with guidance</p> <p>Boiler service (twice a year) PAT testing – February 2021</p> <p>In place</p>	

Ventilation	Concentration of the virus in the air	<ul style="list-style-type: none"> • Good ventilation reduces the concentration of the virus in the air, which reduces the risk from airborne transmission. This happens when people breathe in small particles (aerosols) in the air after someone with the virus has occupied and enclosed area. • When school is in operation, it is important to ensure it is well ventilated and a comfortable teaching environment is maintained • These can be achieved by: <ul style="list-style-type: none"> - mechanical ventilation systems – these should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal as long as they are within a single room and supplemented by an outdoor air supply - natural ventilation – opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air - natural ventilation – if necessary external opening doors may also be used (as long as they are not fire doors and where safe to do so) <p>The Health and Safety Executive guidance on air conditioning and ventilation during the coronavirus outbreak and CIBSE coronavirus (COVID-19) advice provides more information.</p> <p>To balance the need for increased ventilation while maintaining a comfortable temperature, consider:</p> <ul style="list-style-type: none"> • opening high level windows in colder weather in preference to low level to reduce draughts • increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused) 	Windows to be opened where possible while maintaining an appropriate working environment	
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Infection Control	<p>Infection of coronavirus</p> <p>Dealing with direct transmission (e.g. close contact with those sneezing/coughing) and indirect transmission (e.g. touching contaminated surfaces)</p>	<p>Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case and/or their parent to identify close contacts.</p> <p>All individuals who have been identified as a close contact of a suspected or confirmed case of the Omicron variant of COVID-19, irrespective of vaccination status and age, will be contacted directly and required to self-isolate immediately and asked to book a PCR test. They will be informed by the local health protection team or NHS Test and Trace if they fall into this category and provided details about self-isolation.</p> <p>Further actions for educational settings may be advised by a local Incident Management Team (IMT) investigating a suspected or confirmed case of the Omicron variant of COVID-19. For everyone else, isolation rules are unchanged. Individuals are not required to self-isolate if they live in the same household as someone with COVID-19 who is not a suspected or confirmed case of the Omicron variant, or are a close contact of someone with COVID-19 who is not a suspected or confirmed case of the Omicron variant, and any of the following apply:</p>	<p>HT to ensure a log is kept of those who are not double vaccinated in order to identify when individuals would/would not be required to isolate.</p>	

		<ul style="list-style-type: none"> • they are fully vaccinated • they are below the age of 18 years and 6 months • they have taken part in or are currently part of an approved COVID-19 vaccine trial • they are not able to get vaccinated for medical reasons <p>Instead, individuals will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a LFD daily.</p> <p>Contacts from a school setting will only be traced by NHS Test and Trace where the positive case and/or their parent specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.</p> <p>School may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p> <p>Instead, individuals will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a <u>PCR test</u>. We would encourage all individuals to take a PCR test if advised to do so.</p> <p>Staff who do not need to isolate, and children and young people aged under 18 years 6 months who usually attend school, and have been identified as a close contact, should continue to attend school as normal. Face coverings should be worn in line with guidelines and it is expected and recommended that these are worn when travelling on public or dedicated transport.</p> <p>Schools will continue to have a role in working with health protection teams in the case of a local outbreak. If there is a substantial increase in the number of positive cases in a setting (see <u>Stepping measures up and down</u> section for more information) or if central government offers the area an</p>	<ul style="list-style-type: none"> • Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people. See the <u>COVID-19: cleaning of non-healthcare settings guidance</u>. 	
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		<p>enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.</p> <ul style="list-style-type: none"> • Clean hands thoroughly more often than usual. Coronavirus (COVID-19) is an easy virus to kill when it is on skin. This can be done with soap and running water or hand sanitiser. Schools must ensure that pupils clean their hands regularly, including when they arrive at school, when they return from breaks, when they change rooms and before and after eating. Regular and thorough hand cleaning is going to be needed for the foreseeable future • School to have sufficient hand washing or hand sanitiser 'stations' available so that all pupils and staff can clean their hands regularly. • Supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative. • Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach. • As with hand cleaning, schools must ensure younger children and those with complex needs are helped to get this right, and all pupils understand that this is now part of how school operates. Some pupils with complex needs will struggle to maintain as good respiratory hygiene as their peers, for example those who spit uncontrollably or use saliva as a sensory stimulant. This should be considered in risk assessments in order to support these pupils and the staff working with them. • Introduce enhanced cleaning, including cleaning frequently touched surfaces often, using standard products such as detergents and bleach. 	<ul style="list-style-type: none"> • School to provide tissues and bins available in the school to support pupils and staff to follow this routine. 	
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Child/staff member becomes unwell at school with coronavirus symptoms, or have someone in their household	Transmission of coronavirus	<ul style="list-style-type: none"> Ensure that pupils, staff and other adults do not come into the school if they have <u>coronavirus (COVID-19) symptoms</u>, or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the school day is sent home. If anyone in the school becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow '<u>stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection</u>', which sets out that they must self-isolate and should <u>arrange to have a test</u> to see if they have coronavirus (COVID-19). They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine or they are a close contact of a suspected or confirmed case of the Omicron variant of COVID-19). Individuals must immediately cease to attend and not attend for at least 10 days from the day after: <ul style="list-style-type: none"> the start of their symptoms the test date if they did not have any symptoms but have had a positive test (whether this was a Lateral 	<ul style="list-style-type: none"> As is usual practice, in an emergency, call 999 if someone is seriously ill or injured or their life is at risk. Anyone with coronavirus (COVID-19) symptoms should not visit the GP, pharmacy, urgent care centre or a hospital. Public Health England is clear that routinely taking the temperature of pupils is not recommended as this is an unreliable method for identifying coronavirus (COVID-19). 	

		<p>Flow Device (LFD) or Polymerase Chain Reaction (PCR) test</p> <ul style="list-style-type: none"> - Update January 2022 Updated guidance now recommends that on day 6 and day 7, 24 hours apart, anyone isolating can take a LFD test. If both of these tests are negative, isolation can cease and children can return to their educational setting on day 8. • Where 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 and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. • If the child needs to go to the toilet while waiting to be collected, they should use a separate toilet if possible. The toilet must be cleaned and disinfected using standard cleaning products before being used by anyone else. • PPE must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). More information on PPE use can be found in the <u>safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE) guidance</u>. 		
Bubbles	Supress the virus	<p>At Step 4 it is no longer recommend that it is necessary to keep children in consistent groups ('bubbles').</p> <p>As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and no longer need to make alternative arrangements to avoid mixing at lunch.</p> <p>You should make sure your outbreak management plans cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.</p>	<p>Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.</p> <p>See separate ASPS Outbreak plan.</p>	

Asymptomatic testing in schools	Supress the virus	<p>Rapid testing using Lateral Flow Devices (LFD)s will support the return to face-to-face education by helping to identify people who are infectious but do not have any coronavirus (COVID-19) symptoms.</p> <ul style="list-style-type: none"> • Staff will be encouraged to undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed by the DFE. 		
PCR Tests	Supress the virus	<ul style="list-style-type: none"> • Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance. They will also need to get a free PCR test to check if they have COVID19. • Whilst awaiting the PCR result, the individual should continue to self-isolate. If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have COVID-19 symptoms. • Additional information on PCR test kits for schools and further education providers is available: www.gov.uk/government/publications/coronavirus-covid-19-test-kits-for-schools-and-fe-providers/coronavirus-covid-19-home-test-kits-for-schools-and-fe-providers 	In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others. If a parent or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19. Your decision would need to be carefully considered in light of all the circumstances and current public health advice.	
Mandatory Certification	Spread of infection (coronavirus)	<p>Schools are not required to use the NHS COVID Pass, unless they are holding a specific event (such as a reception, concert or party) that meets the attendance thresholds.</p> <p>Where applicable, schools should follow guidance on mandatory certification for events.</p> <p>School should not use the NHS COVID Pass as a condition of entry for education or related activities such as exams,</p>	Under 18s are exempt from showing their COVID Status but should be counted towards attendance thresholds.	

		<p>teaching, extra-curricular activities or any other day-to-day activities that are part of education or training.</p> <ul style="list-style-type: none"> • 		
Face Coverings	<p>Spread of infection (coronavirus)</p> <p>Correct and safe wearing of face coverings</p> <p>Face visors, shields and/or transparent face coverings</p> <p>Circumstances where people are not able to wear face coverings:</p>	<ul style="list-style-type: none"> • It recommend that face coverings should be worn by staff and adults (including visitors) when moving around in corridors and communal areas. • Health advice continues to be that children in primary schools should not be asked to wear face coverings. • Face coverings do not need to be worn when outdoors. • Transparent face coverings can be worn to assist communication with someone who relies on: <ul style="list-style-type: none"> lip reading clear sound facial expression • Transparent face coverings may be effective in reducing the spread of COVID-19. However, the evidence to support this is currently very limited. • The benefits of transparent face coverings should be considered alongside the comfort and breathability of a face covering that contains plastic, which may mean that the face covering is less breathable than layers of cloth. • Face coverings (whether transparent or cloth) should fit securely around the face to cover the nose and mouth and be made with a breathable material capable of filtering airborne particles. • A face visor or shield may be worn in addition to a face covering but not instead of one. This is because face visors or shields do not adequately cover the nose and mouth, and do not filter airborne particles <p>There are some circumstances where people may not be able to wear a face covering.</p>	<p>Separate guidance is available on preventing and controlling infection, including the use of personal protective equipment (PPE), in education, childcare and children’s social care settings</p>	

	<p>Access to face coverings</p>	<ul style="list-style-type: none"> • Some people are less able to wear face coverings, and the reasons for this may not be visible to others. <p>In relation to education settings, this includes (but is not limited to):</p> <ul style="list-style-type: none"> • people who cannot put on • wear or remove a face covering because of a physical or mental illness or impairment, or disability • people for whom putting on, wearing or removing a face covering will cause severe distress • people speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate • to avoid the risk of harm or injury • schools are also permitted to for anyone to remove a face covering in order to take medication <ul style="list-style-type: none"> • Due to the use of face coverings in wider society, staff and pupils are already likely to have access to face coverings. • School should have a small contingency supply available for people who: <ul style="list-style-type: none"> • are struggling to access a face covering • are unable to use their face covering as it has become damp, soiled or unsafe • have forgotten their face covering Staff may consider bringing a spare face covering to wear if their face covering becomes damp during the day. <p>When wearing a face covering, staff, visitors and pupils should:</p>		
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		<ul style="list-style-type: none"> • wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on • avoid touching the part of the face covering in contact with the mouth and nose, as it could be contaminated with the virus • change the face covering if it becomes damp or if they've touched the part of the face covering in contact with the mouth and nose • avoid taking it off and putting it back on a lot in quick succession to minimise potential contamination. <p>When removing a face covering, staff, visitors and pupils should:</p> <ul style="list-style-type: none"> • wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser before removing • only handle the straps, ties or clips • not give it to someone else to use • if single-use, dispose of it carefully in a household waste bin and do not recycle • once removed, store reusable face coverings in a plastic bag until there is an opportunity to wash them. • if reusable, wash it in line with manufacturer's instructions at the highest temperature appropriate for the fabric • wash their hands thoroughly with soap and water for 20 seconds or use hand sanitiser once removed 		
Personal Protective Equipment (PPE)	Spread of infection (coronavirus)	<ul style="list-style-type: none"> • PPE is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. A face covering is a covering of any type that covers your nose and mouth. • Most staff in education, childcare and children's social care settings will not require PPE beyond what they would 		

		<p>normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.</p> <ul style="list-style-type: none"> • If a child, young person, or student already has routine intimate care needs that involve the use of PPE, the same PPE should continue to be used. <p>During the coronavirus (COVID-19) outbreak, additional PPE is only required in a very limited number of scenarios:</p> <ul style="list-style-type: none"> • if an individual child, young person or student becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained • when performing <u>aerosol generating procedures (AGPs)</u> 		
Remote Learning	Spread of infection	<ul style="list-style-type: none"> • Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. • Schools subject to the remote education temporary continuity direction are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19. • You should maintain your capacity to deliver high quality remote education, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad. 		
Equipment	Spread of infection (coronavirus) via use of shared equipment	<ul style="list-style-type: none"> • For individual and very frequently used equipment, such as pencils and pens, it is recommended that staff and pupils have their own items that are not shared. • Pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed. • Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be 		

		<p>avoided, especially where this does not contribute to pupil education and development. Similar rules on hand cleaning, cleaning of the resources and rotation should apply to these resources.</p>		
<p>Pupils with education, health and care plans or on SEN support</p>	<p>Spread of infection (coronavirus)</p>	<ul style="list-style-type: none"> • Pupils with SEND (whether with education, health and care plans or on SEN support) will need specific help and preparation for the changes to routine that this will involve. • Teachers and special educational needs coordinators are to plan to meet these needs. 		
<p>Clinically extremely vulnerable pupils</p> <p>Clinically Vulnerable staff</p> <p>New and Expectant Mothers</p>	<p>Increased susceptibility of infection</p>	<ul style="list-style-type: none"> • Clinically Extremely Vulnerable 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. • Clinically vulnerable staff can continue to attend school. While in school they should follow the sector-specific measures in this document to minimise the risks of transmission. • This includes taking particular care to observe good hand and respiratory hygiene, minimising contact and maintaining social distancing where appropriate. While the risk of transmission between young children and adults is likely to be low, adults should continue to take care to socially distance with others they are not working closely with. • Pregnant women are in the 'clinically vulnerable' category and are generally advised to follow the above advice, which applies to all staff in schools. • All pregnant women should take particular care to practise frequent thorough hand washing, and cleaning of frequently touched areas in their home or workspace, and follow the measures to minimise the risks of transmission. • A new and expectant mothers risk assessment should be carried out to consider any risks (for example, from working conditions, or the use of physical, chemical or 		

		<p>biological agents). Any risks identified must be included and managed as part of the risk assessment. As part of their risk assessment, employers should consider whether adapting duties and/or facilitating home working may be appropriate to mitigate risks.</p> <ul style="list-style-type: none"> • Employers should be aware that pregnant women from 28 weeks' gestation, or with underlying health conditions at any gestation, may be at greater risk of severe illness from coronavirus (COVID-19). This is because, although pregnant women of any gestation are at no more risk of contracting the virus than any other non-pregnant person who is in similar health, for those women who are 28 weeks pregnant and beyond there is an increased risk of becoming severely ill, and of pre-term birth, should they contract coronavirus (COVID-19). • This is also the case for pregnant women with underlying health conditions that place them at greater risk of severe illness from coronavirus (COVID-19). <p>Read more guidance and advice on coronavirus (COVID-19) and pregnancy from the Royal College of Gynaecologists.</p>		
School Workforce	Transmission of the virus	<p>From 13 December office workers who can work from home should do so.</p> <ul style="list-style-type: none"> • Anyone who cannot work from home, such as those involved in the face-to-face provision of education, should continue to go to their place of work. • School leaders are best placed to determine the workforce required to meet the needs of their pupils. School leaders will need to consider whether it is possible for specific staff undertaking certain roles to work from home without disrupting to face-to-face education. • Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be particularly vulnerable, clinically extremely vulnerable (CEV), and high or higher-risk are not being advised to shield again. 		

		<ul style="list-style-type: none"> • If staff were previously identified as being in one of these groups, they are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread. • In some circumstances, staff may have received personal advice from their specialist or clinician on additional precautions to take and they should continue to follow that advice. Whilst individual risk assessments are not required, employers are expected to discuss any concerns that people previously considered CEV may have. 		
Supply teachers, peripatetic teachers and or temporary staff	Movement around schools - spread of infection (coronavirus)	<ul style="list-style-type: none"> • Supply teachers, peripatetic teachers and/or other temporary staff can move between schools. • They should ensure they minimise contact and maintain as much distance as possible from other staff. Specialists, therapists, clinicians and other support staff for pupils with SEND should provide interventions as usual. • School to consider how to manage other visitors to the site, such as contractors, and ensure site guidance on physical distancing and hygiene is explained to visitors on or before arrival. Where visits can happen outside of school hours, they should. • A record is to be kept of all visitors. 		
Outdoor playground equipment	Spread of infection (coronavirus)	<ul style="list-style-type: none"> • Outdoor playground equipment to be more frequently cleaned. • After use of equipment children are to clean hands thoroughly. 		
Extra-curricular provision e.g. breakfast/afterschool clubs, holiday clubs etc	Spread of infection (coronavirus)	<ul style="list-style-type: none"> • School to continue to operate breakfast club and resume after-school provision, from the start of the autumn term. 		

Educational visits and journeys	Transmission of infection	<ul style="list-style-type: none"> Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place. School 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. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP). 		
Travel and Quarantine	Transmission of infection	<ul style="list-style-type: none"> All pupils travelling to back into England must adhere to travel legislation, details of which are set out in government travel advice. All travellers arriving back in to the UK will need to isolate and get a PCR test by 'day two' after arrival. They may end their isolation once they receive a negative result. If the result is positive, they should continue to isolate and follow rules on isolation following a positive test. Unvaccinated arrivals aged over 18 will follow the existing, more onerous, testing and isolation regime. <p>All Red list arrivals will enter quarantine.</p>		
Contractors/Visitors	Transmission of infection (coronavirus)	<p>Contractors working on site</p> <ul style="list-style-type: none"> Obtain Contractor's Covid-19 Risk Assessment Ensure any Contractor's work is organised where there is minimum/no contact to both staff/pupils e.g. out of school hours Ensure Contractor signs in/out of the premises 		

		<ul style="list-style-type: none"> • Adequate control measures in place to ensure social distancing/isolated working • Allocated welfare facilities (where required) and increase of cleaning regime <p>Visitors</p> <p>Consideration to be given as to whether meetings with visitors are best facilitated face-to-face or virtually (e.g. Teams, Zoom etc)</p>		
Stepping Measures Up and Down	Outbreak of Covid-19	<p>School should have contingency plans (sometimes called outbreak management plans) outlining what school would do if children, pupils, students or staff test positive for COVID-19, or how it would operate if school were advised to take extra measures to help break chains of transmission.</p> <p>Given the detrimental impact that restrictions on education can have on children and young people, any measures in schools should only ever be considered as a last resort, kept to the minimum number of schools or groups possible, and for the shortest amount of time possible.</p> <p>For most settings it will make sense to think about taking extra action if the number of positive cases substantially increases. Information on what circumstances might lead you to consider taking additional action, and the steps you should work through, can be found in the <u>contingency framework</u>.</p> <p>The contingency framework describes the principles of managing local outbreaks of COVID-19 in education and childcare settings. Local authorities, directors of public health (DsPH) and PHE health protection teams (HPTs) can recommend measures described in the contingency framework in individual education and childcare settings – or a small cluster of settings – as part of their outbreak management responsibilities.</p>	<p>Central government may offer local areas of particular concern an enhanced response package to help limit increases in transmission.</p> <p>See ASPS Outbreak Management Plan</p>	

Manager's Assessment Acceptance Statement

I accept the details of the assessment and will ensure that the risk control measures identified, any risk control actions identified and monitoring requirements are acted upon within the given time scales.

Manager's Signature

Mrs E. Sanderson

Date

3rd January 2022

Date of planned review (not to exceed 12 months)

Ongoing, but by Easter 2022

Date of planned full re-assessment (not to exceed 24 months)

End of July 2022