

# Sandringham School Risk Assessment, September 2021

Name of School: Sandringham Primary School

Head Teacher: Robert Cleary

Shared with:

- Governors Yes 15.07.2021
- SLT Yes and at weekly meetings 14.07.2021 onwards
- Staff Yes 15.07.2021 **Published on the school website since July 2021**
- Unions Yes 15.07.2021 **Published on the school website since July 2021**
- Parents and the local community - **Published on the school website since July 2021**

This tool is optional for schools to use if helpful in undertaking the risk assessment specified in DfE guidance. It is to supplement schools' existing risk assessment processes. Schools already undertake risk assessments for a range of purposes.

It should be used alongside the checklists issued by DfE (see [here](#)), NPW and those shared by some Trusts/schools regarding reopening schools.

A risk assessment is a systematic process of identifying, evaluating and managing risks that could prevent services (including schools) from achieving their objectives. ***In this context schools need to consider whether they can adequately manage the risks associated with re-opening of schools to specified year groups. You could start by assessing the risks of opening your school to all the year groups specified by DfE. Then consider re-assessing based on a reduced number of year groups if your initial assessment is that you cannot safely open to all the specified year groups.***

Risk assessments need to be regularly updated in response to changing school, local and national circumstances; the effectiveness of mitigating control measures need to be regularly reviewed.

This document should be reviewed in line with the following school policies:

- Health and Safety
- Safeguarding and Child Protection
- Staff Code of Conduct including confidentiality
- First Aid and Supporting Pupils with Medical Conditions
- Assessment
- Data Protection

This tool does not supersede any legal obligations relating to health and safety, employment or equalities and it is important that you continue to comply with your existing obligations, including those relating to individuals with protected characteristics. *Please remember to stay safe when carrying out this risk assessment.*

## **Newham and School Context**

School has now reopened for all children following government guidelines, this also includes Sandringham Daycare and EYFS. The school has the processes and procedures in place that worked successfully during previous lockdowns and will enable us to act quickly and safely to close bubbles when required. Prior to lockdown 3.0, school had been open for Key Worker and vulnerable children.

The Newham dashboard data can be viewed at the [COVID Dashboard – Newham Council](#) summarising the number of cases and tests in Newham.

### **Lesson learnt from having children in school**

#### **Currently:**

- Handwashing - a regular hand washing time table can be implemented and expectations of this need to be made clear to staff and children. Hand washing can become part of a routine. It does physically take time to wash a group of children's hands however.
- Social distancing/ interactions- social distancing is extremely difficult when working with children. This is due to their understanding of this and also the children's wellbeing. Being overly strict about social distancing does result in more anxiety for all. However, fewer children in a classroom and using breakout spaces does help with this. In the vast majority of cases parents dropping off and collecting have been good at social distancing and do not object to staff stepping back or asking for more space.
- The majority of children have presented with good mental wellbeing, though some are often teary when their parents first leave them at school. Parents have also got upset when leaving their children. The staff have been excellent at settling and reassuring children. A number of the key worker children have spoken very openly about what their parents have been doing, this includes talking about death. Staff have handled this well but over time and with more children present it is likely that a support plan will be required for children and staff.
- It is very clear that the school has felt very different over the academic year of 20/21.
- All staff have now returned to school physically and individual risk assessments are in place where required.
- Parents are largely supportive of the measures that the school has put in place to support children. Staff, Parents and the community have requested on the parent survey that staggered starts/ ends of the day with general routines continue.

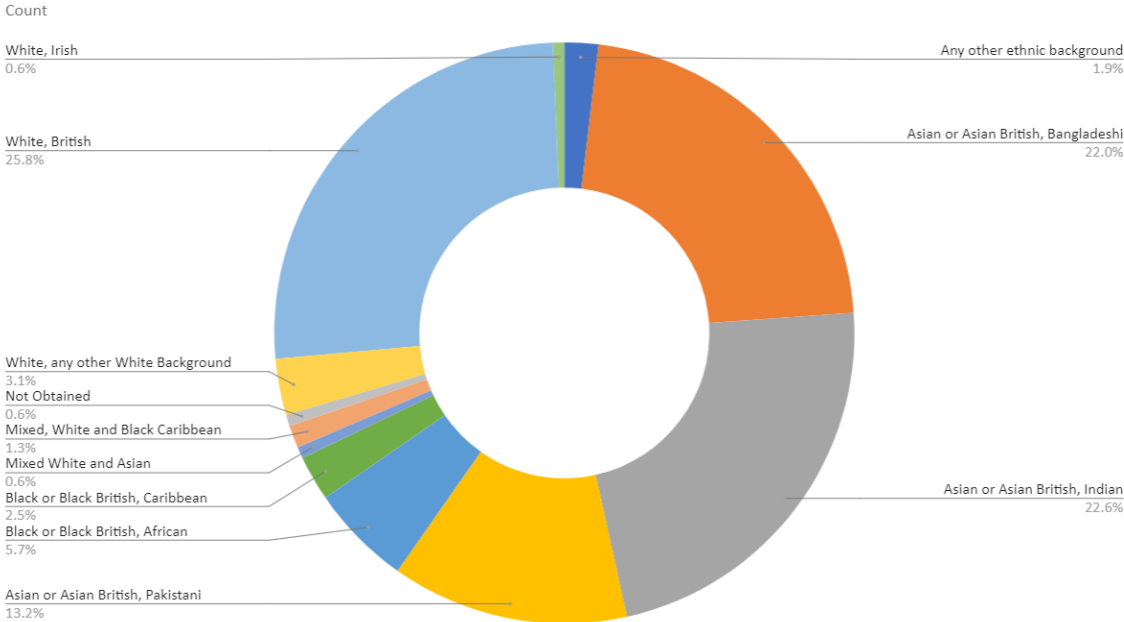
#### **Numbers of staff September (minus staff currently on MAT leave):**

Teachers (including students)	Teaching Assistants (including apprentices)	Nursery Nurses (including apprentices)	Middays	Admin / Site Supervisors	Pastoral Team	Student teachers (LETTA)
55	51	21	17	14	4	3

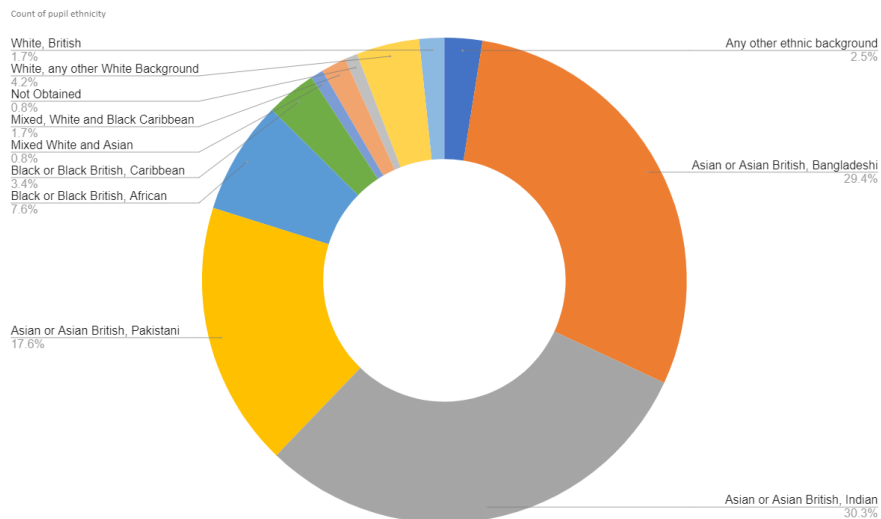
**Anticipated numbers of staff on individual risk assessments due to personal health conditions- March 2021:**

	Teachers (including students)	Teaching Assistants (including apprentices)	Nursery Nurses (including apprentices)	Middays	Admin / Site Supervisors	Pastoral Team	Clinically extremely Vulnerable and have had sheidign letters
In school	5	13	2	2	6	0	3
Working at home	0	0	0	0	0	0	0

**Black and Ethnic Minority BAME Staff ethnicities**



## Pupil ethnicities



### [BAMEed-Network](#) (click to follow link)

“While it may not yet be clear why the danger of contracting COVID-19 and subsequent mortality rates are higher for BAME colleagues, it should be clear that a bespoke health and wellbeing offer for BAME staff should be developed and rolled out not just within the NHS, but also across the education system as we start to encourage more teachers and children back into face to face contact. Through acknowledging the very different outcomes for BAME people in particular with regards COVID-19, this could be a vital opportunity to not only put in place safeguards for colleagues now, but also affect lasting change in the imbalance of power, decision-making and representation for BAME colleagues within our education organisations as a whole for the long term.”

## Children - general

### Total numbers per year group

DC	PS	N	R	1	2	3	4	5	6
30	31	113	118	120	118	117	120	120	120

### Total numbers of children and year groups of children with individual risk assessments

DC	PS	N	R	1	2	3	4	5	6

		9	7	9	5	8	2	6	4
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**Total numbers of children and year groups of children who require personal care**

DC	PS	N	R	1	2	3	4	5	6
28	31	40	16	7	7	2	1	1	1

**Total number of children and year group with significant known medical conditions or care plans which require intervention i.e diabetes**

DC	PS	N	R	1	2	3	4	5	6
			1				2		1

**Total number of children with Down Syndrome with low immune systems and other related medical conditions**

DC	PS	N	R	1	2	3	4	5	6
			1	1	2	1			

**Governmental direction/ information (Information taken directly from the DfE 02 July 2020)**

The Central Government has asked primary schools to be fully open come September 2021 following DfE advice. Schools must comply with health and safety law, which requires them to assess risks and put in place proportionate control measures.

**What are the potential harms to Sandringham Primary School**

- Physical
- Behavioral
- Emotional
- Organisational
- Reputationally
- Financially

**How to assess risk - notes**

1. An assessment needs to ensure all key risks whether or not they are under the control of the organisation are identified.
2. You should identify what are the causes, events and actions that may give rise to the risk. For example, it is not enough just to enter – “staff shortages” - as a risk. You should also explain what causes it to arise e.g. “Due to self-isolation and shielding, there is a risk of staff shortages to deliver education to specified year groups”
3. Identify negative consequences - the potential adverse impacts of the risk that is being assessed. By knowing the consequences of the risk, you are in a better position to understand and manage it properly. For example, increased infections of Covid-19 resulting from insufficient space to maintain social distancing.

**Simple risk assessment process (see annex for fuller details)**

**FIRST, assess the risks as they are BEFORE you have taken mitigating actions:**

***High Level Risks*** are risks are coded **RED**. **You should prioritise and manage these risks first.**

***Medium Level Risks*** are risks are coded **AMBER**. These risks need to be managed and continually reviewed to ensure they are not posing any significant threats. Close monitoring is essential to avoid them developing into red/ high risks where possible.

***Low Level Risks*** are coded **GREEN**. These risks require limited action but they need to be reviewed regularly to ensure they are not posing any threats.

**SECOND, apply Controls/ Mitigating Actions:**

After identifying and initially assessing the risk, you should identify controls that can be put in place to mitigate it. Control measures are implemented to prevent the risk from occurring or/and reduce the impact should it occur. A key consideration is the effectiveness of any control measure in achieving these aims.

**THIRD, you should re-assess the overall risk rating based on how effective the mitigations are likely to be. *This will support your decision making on whether your mitigations will be sufficient or not, and whether you are then in a position to re-open to some or all of the specified year groups.***

Harm	Hazard Person at Risk	Identified risks (Pre populated with examples of key risks but each school will need to review its own risks)	Overall assessment of risk BEFORE mitigation (Red/Amber/Green)	Identify Response (Including who will be responsible) Eliminate Avoid Protect Accept Harm	Overall assessment of risk AFTER mitigation (Red/Amber/Green)	Link to Action Plan
Physical Behavioral Emotional Organisational Reputationally Financially	Staff are nervous and concerned about the covid situation across the country. Staff have been personally affected.	Affects the wellbeing and mental health of staff	L- 5 C- 5 R- 25	<ul style="list-style-type: none"> <li>Supervision offered to all staff virtually or at a physical distance</li> <li>Mental health and wellbeing policy in place</li> <li>Wellbeing tool kit available to all staff which have covid isutation advice and tips</li> <li>Weekly wellbeing message delivered to all staff</li> <li>Covid training for staff in school</li> <li>Wellbeing programme lead by SLT</li> <li>High proportion of BAME staff at higher risk of infection leads to greater staff shortages</li> </ul> <b>Protect</b>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Virus could be contracted through shared resources and surfaces	Risk of inadequate preparations for September could lead to infection or other risks e.g. cleaning	L- 5 C- 5 R- 25	<ul style="list-style-type: none"> <li>Maintain new cleaning protocols introduced to clean surfaces.</li> <li>Windows to be opened prior to staff arriving in school by the caretaker to improve ventilation- if there is a choice high windows should be opened to increase ventilation but lower windows closed to keep the school at a good temperature</li> <li>Doors to be propped open where possible to increase ventilation where possible</li> <li>Staff training to include information about cleaning arrangements</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Covid 19 positive or asymptomatic sufferers enter the school site.	Welcoming families and staff back to school without them being alert to the risks	L- 5 C- 5 R- 25	<ul style="list-style-type: none"> <li>All staff will be strongly encouraged to take part in the lateral flow twice weekly testing- this will support us to identify systematic or early stage covid sufferers and remove them from site. This system will be reviewed by the government at the end of September.</li> <li>Any children or adults displaying covid symptoms will be sent home and asked to engage in the NHS testing and self isolation progress</li> <li>First aid room within the main school building for children with symptoms</li> <li>Staff/ visitors agree to a disclaimer about covid symptoms and contact with positives as they sign into school</li> <li>If a child or adult tests positive the school will contact public health to take advice regarding actions</li> <li>If symptoms develop whilst on site- move to the back first aid room. If supervision is required, provide PPE.</li> </ul>	L- 3 S - 4 Risk 12	

Physical Behavioral Emotional Organisational Reputationally Financially	Asymptomatic people spread via face to face.	Staff/ children coming into school and they are asymptomatic with covid 19	L- 5 C- 5 R- 25	<ul style="list-style-type: none"> <li>All staff will be strongly encouraged to take part in the lateral flow twice weekly testing- this will support us to identify systematic or early stage covid sufferers and remove them from site. This system will be reviewed by the government at the end of September.</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Routines are not known or adhered to.	Routines change regularly as new guidance is introduced, children/ staff go into / return from isolation	L- 5 C- 5 R- 25	<ul style="list-style-type: none"> <li>Staff in school are updated on changes as required and in some situations by phone if needed</li> <li>Staff returning to school have covid 19 refresh training delivered by a member of SLT</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Routines are not known or adhered to.	The communications sent out by school do not reach all members of the Sandringham team/ parents. Insufficient signage around the school Families do not know the expectations of the new routines.		<ul style="list-style-type: none"> <li>Staff and parents will have access to up to date frequently asked questions. These are simple to read documents which are translated into community languages where possible. The FAQs updated and written in reference to the latest government guidance</li> <li>Staff training is delivered with regular updates</li> <li>Rehearsal of key routines to ensure actions are understood.</li> <li>All leaders within school are vigilant to ensure that children and staff are complying with new arrangements.</li> <li>Out of class staff to complete regular walkaround to ensure adherence.</li> <li>A 'everyones' responsibility is encouraged</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Contact with parents/ carers at drop off/ collection times allow safe transitions.	Sandringham is a very large school. There are 120 children in each year group. with the addition of 24 children in daycare, 32 in Preschool and 120 in the maintained nursery. The start and end of the school day will be problematic as the number of children increases.	L- 5 C- 5 R- 25	<ul style="list-style-type: none"> <li>Start and finish times will be staggered to reduce the number of people on site at any time.</li> <li>Year groups will be allocated entrance and exit points to spread out people at key points of the day</li> <li>Children who are not in school will be expected to take part on virtual learning</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	School is not compliant with law and guidance.	Due to self-isolation, shielding and illness, there is a risk of staff shortages to safely deliver education/care to specified year groups Risk that staff cannot safely travel to work which results in staff shortages or higher infection levels High proportion of BAME staff at higher risk of infection leads to greater staff shortages	L- 5 S - 5 Risk 25	<ul style="list-style-type: none"> <li>Staffing levels are looked at daily and assessed to ensure that correct minimum numbers for ratios are met and safe.</li> <li>There will be at least one first aider, member of SLT and DSL be daily</li> <li>HT, DHT, SBL and Site Supervisor to complete a walk and complete weekly checks in light of any new arrangements or cohort admissions including fire and first aid.</li> <li>All staff will have access to individual risk assessments on request</li> </ul>	L- 3 S - 4 Risk 12	



Physical Behavioral Emotional Organisational Reputationally Financially	Safeguarding and functioning of school	There is a safeguarding risk associated with children being at home for long periods of time such as over lockdown.	L- 5 S - 5 Risk 25	<ul style="list-style-type: none"> <li>With children coming into school daily, staff have a daily opportunity to check on children and parents daily. Families who are experiencing DV at home have a greater opportunity to ask for help.</li> <li>Attendance is checked daily for all children and follow up calls made for children not in school</li> <li>For children at home isolating or unwell they will be expected to attend online zoom sessions or speak over the phone to a member of staff daily.</li> <li>Weekly safeguarding meeting led by a DSL</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Risk of contagion when the school fire alarm sounds	When children and staff evacuate there could be contagion between bubbles if all classes evacuate at the same time.	L- 5 S - 5 Risk 25	<ul style="list-style-type: none"> <li>The school has installed a horizontal evacuation plan. Only the building where the sensor has triggered will hear the alarm sound. This will remove unnecessary evacuation of buildings and contagion.</li> <li>The school will continue to follow the fire risk assessment with termly practices.</li> </ul>	L- 3 S - 4 Risk 12	
Physical Behavioral Emotional Organisational Reputationally Financially	Risk of contagion when a child requires first Aid	If a child becomes unwell during the school day there could be a risk of contagion with the member of staff caring for the child.	L- 5 S - 5 Risk 25	<ul style="list-style-type: none"> <li>The member of staff who is with the child will make a risk assessment whether the child has hurt themselves (bump on the knee etc) or if it symptoms of Covid 19.</li> <li>If a child has symptoms of covid then their parents will be contacted to collect the child. Whilst waiting they will wait in the first aid room where they can isolate</li> </ul>	L- 3 S - 4 Risk 12	
	Risk of children not attending school	Impact of educational attainment and social emotional wellbeing.	L- 5 S - 5 Risk 25	<ul style="list-style-type: none"> <li>Virtual learning will take place daily for children not attending school. Children who are not engaging with virtual learning will be chased up and parents spoken to</li> <li>Chrombooks will be given out to children who do not have devices</li> <li>Subject leaders will continually monitor their subjects and work with class teachers to identify gaps.</li> <li>Plan formative assessment of pupils to inform modifications to the school's curriculum.</li> <li>Identify children most at risk of disengagement/most in need of additional support.</li> <li>Engage with LAs, agencies and the families of pupils with SEND to devise plans to provide specific support as needed.</li> <li>Prioritise outdoor sports where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying attention to cleaning and hygiene. This is particularly important because of the way in which people breathe during exercise.</li> </ul>	L- 3 S - 4 Risk 12	

				<ul style="list-style-type: none"> <li>• Ensure designated safeguarding leads (and deputies) are provided with more time, especially in the first few weeks of term, to help them provide support to staff and children regarding any new safeguarding and welfare concerns and the handling of referrals to children social care and other agencies where these are appropriate</li> <li>• Maintain the talk time sessions virtually for KS2 children- all classes to watch a video regarding this and information to be pinned to their google classroom areas</li> <li>• All children to have access to weekly CAMHS session</li> <li>• All staff to have access to weekly supervision and or counselling with SAS on request</li> </ul>		
Physical Behavioral Emotional Organisational Reputationally Financially	Disadvantaged children are disproportionately affected by virtual learning and fall behind	Remote learning could result in some children missing out due to access of devices, internet and parental support	L- 5 S - 5 Risk 25	<ul style="list-style-type: none"> <li>• Clear communication about remote learning will be shared with children/ parents</li> <li>• Computer devices will be loaned as soon as available to children in need. This will include internet access through a SIM card</li> <li>• Staff speaking home languages will be used to communicate with parents in need</li> <li>• Home visits/ phone calls will be made to children who are not participating in virtual learning</li> </ul>	L- 3 S - 4 Risk 12	

**Recommendation: open to all children and staff**

***Taking into account your analysis of risks and mitigating actions, record your overall recommendation about the school's ability to safely reopen to some or all of the specified year groups:***

In the Risk Assessment (RA) a judgement has to be made about the level of risk and what mitigation or preventative measures can be taken to reduce the level of risk. The real problem the school has, along with all other schools, is that we have no idea, to what extent our mitigating steps will actually be able to mitigate the risk. The school can be cleaned from top to bottom, and we can keep classes separated all day, but we really have no idea whether that is going to significantly reduce the rate of infection. The school has a red rating for contagion and it is very difficult to rate it anything less than red after mitigation.

It is perhaps easier to think of preventative measures as; eliminate, avoid, protect and accept harm. It is not possible to eliminate risk, so the RA has included in the mitigating measures actions that could avoid and protect and accept where harm is possible and what measures can be put in place. A good example of accepting harm is a child running in the playground who falls over. We accept that this can happen but have a first aid room and paediatric first aiders on the staff.

## Annex – Guide to assessing risk

### **Impact:**

This is the potential impact of the risk on the organisation should it materialise. You can use a scale between 1 and 4 to rate the impact.

### **Likelihood:**

This is the probability of the risk occurring. You can rate the likelihood of the risk using a scale of between 1 and 4.

### **Risk Rating:**

The current risk rating is worked out by multiplying the impact and likelihood ratings of the risk. You should then use this rating to prioritise the risk.

**High Level Risks** are risks rated **9-16** are coded **RED**. You should prioritise and manage these risks first.

**Medium Level Risks** are risks rated **6 – 8** are coded **AMBER**. These risks need to be managed and continually reviewed to ensure they are not posing any significant threats. Close monitoring is essential to avoid them developing into red/ high risks where possible.

**Low Level Risks** are the risks with the risk rating of **1 – 4** are coded **GREEN**. These risks require limited action but they need to be reviewed regularly to ensure they are not posing any threats.

5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	4	5

20-25- Stop

15-16- Urgent

8-12- Action

3-6- Monitor

1-2 No action