

**Appendix C
(COVID 19 – School’s Risk Assessment)**

Names of Assessors:	John Dixon & Amy Morgan	Date Completed:	05.01.22 (v.7)
Activity Being Assessed:	COVID 19 risks associated with employees and relevant others accessing and working from school premises (This supersedes previous school COVID-19 risk assessments).		

Risk Matrix Table					
Severity	Likelihood of harm				
	1 – Very Unlikely	2 - Unlikely	3 - Possible	4 – Likely	5 – Very Likely
1 – Extremely Low (Trivial injury)	1	2	3	4	5
2 - Low (Minor injury)	2	4	6	8	10
3- Medium (Lost Time injury)	3	6	9	12	15
4 - High (Specified injury)	4	8	12	16	20
5 - Extremely High (Fatality)	5	10	15	20	25

- Identify significant hazards and who could be harmed (E – Employees, SU – Service Users, VP - Vulnerable Persons, V – Visitors, P - Members of the Public, C – Contractors, ES - Emergency Services)
- Once the significant hazards and existing control measures have been identified, the remaining risks need to be rated.
- The risk matrix table above can be used to calculate the overall risk rating by multiplying the relevant numbers assigned to the likelihood and the severity of each hazard.
- Once the overall risk rating has been calculated for each hazard, the table below will indicate if further action is required to control the risks.
- The action register should be used to document any additional control measures required.
- Once additional control measures have been implemented the risk rating will need to be reassessed and the additional control measures incorporated into the main assessment.

Overall Risk Rating	Action Required
(1- 5) Low Risk	Maintain existing control measures.
(6 - 12) Medium Risk	Review existing control measures and where possible add additional control measures to further reduce the risk.
(15 - 16) High Risk	Consideration given to stopping the activity. Additional control measures are required to reduce risks to acceptable level.
(20 – 25) Extremely High Risk	Stop activity until additional control measures are implemented to reduce risk to an acceptable level.

Ref	Hazard Identification & Associated Risks	Who could be harmed? (E, SU, VP, V, P, C, ES)	Existing Control Measures	Residual Risk Rating		
				Likelihood	Severity	Overall Risk
1.	Risk of COVID 19 infection or transmission when carrying out activities in Council premises including contact with members of the public	E, VP, C, P	<p>Pupils, staff and other adults must not come into the school if:</p> <ul style="list-style-type: none"> • they have coronavirus (COVID-19) symptoms • they have had a positive test • they are required to quarantine having recently visited countries outside the Common Travel Area • have been advised by a medical professional to self-isolate for medical reasons. <p>They must immediately cease to attend and not attend for at least 7 days from the day after:</p> <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 Flow Device (LFD) or Polymerase Chain Reaction (PCR) test) <p>They can return to school on the 7th day providing they have had a negative LTF test on day 6 and day 7 (the tests must be 24 hours apart). If they still test positive on day 6 and 7, they must continue to self-isolate until they either receive two negative LTF tests 24 hours apart, or the 10-day isolation period is complete.</p> <p>Symptoms of COVID-19 is the recent onset of any of the following:</p> <ul style="list-style-type: none"> - a new continuous cough - a high temperature - a loss of, or change in, your normal sense of taste or smell (anosmia) <p>All staff and relevant others must comply with the advice set out below:</p> <ul style="list-style-type: none"> • Wash hands frequently using soap and water or alcohol gel (>70% proof) if available. • Avoid touching eyes nose and mouth • Avoid handshakes 	2	5	10

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				Likelihood	Severity	Overall Risk
			<ul style="list-style-type: none"> • Maintain social distancing • Ensure adequate ventilation • Good hygiene practices implemented in communal areas such as kitchens and high touch areas. • Self-isolate if symptoms present and notify your manager ASAP • Arrange COVID-19 testing ASAP (Ref 23). <p>Managers to implement arrangements to minimise members of the public accessing buildings where possible.</p> <p>Staff to refuse entry to members of the public showing signs (fever or cough) of COVID 19.</p> <p>When members of the public have to access buildings, arrangements to be put in place to ensure entry is by appointment only in order to manage social distancing requirements.</p> <p>Signage to be produced and displayed at entrances informing members of the public rules around COVID 19 arrangements. (Contact digital and communications team)</p> <p>Staff to avoid cash handling where possible, if not possible, PPE is to be used.</p>			
2.	Risk of COVID 19 infection or transmission when staff are categorised as clinically vulnerable.	E, VP, C	<p>A report by Public Health England has found that individuals could be at an increased risk from COVID-19 if they are:</p> <ul style="list-style-type: none"> • Male • From a Black, Asian or minority ethnic background (BAME) • Born outside of the UK or Ireland • Over 60 <p>If a member of staff falls under one of the above categories they should discuss concerns with management as required.</p> <p>Staff to inform managers of any pre-existing medical conditions which could increase their risk of exposure.</p>	3	5	15

Ref	Hazard Identification & Associated Risks	Who could be harmed? (E, SU, VP, V, P, C, ES)	Existing Control Measures	Residual Risk Rating		
				Likelihood	Severity	Overall Risk
			<p>Managers to consider the risks posed by the activities undertaken and the hierarchy of control measures when making a decision on individuals returning to work:</p> <ul style="list-style-type: none"> - Agile working - Alternative role (from home) <p>A separate individual risk assessment must be carried out by management for all individuals categorised as clinically vulnerable.</p> <p>Individuals are at <u>moderate risk</u> of developing complications from coronavirus (COVID-19) when they fall into any of the following categories:</p> <ul style="list-style-type: none"> • under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds): <ul style="list-style-type: none"> • chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis • chronic heart disease, such as heart failure • chronic kidney disease • chronic liver disease, such as hepatitis • chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS) or cerebral palsy • diabetes • problems with the spleen • a weakened immune system as the result of certain conditions or medicines they are taking (such as steroid tablets) • being seriously overweight (a body mass index (BMI) of 40 or above) • pregnant 			
3.	Risk of COVID 19 infection or transmission when staff are categorised clinically extremely vulnerable.	E, VP, C, P, ES	<p>Staff to inform managers of any pre-existing medical conditions which could increase their risk of exposure.</p> <p>Managers to consider the risks posed by the activities undertaken and the hierarchy of control measures when making a decision on individuals returning to work:</p> <ul style="list-style-type: none"> - Agile working 	3	5	15

Ref	Hazard Identification & Associated Risks	Who could be harmed? (E, SU, VP, V, P, C, ES)	Existing Control Measures	Residual Risk Rating		
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			<p>- Alternative role (from home)</p> <p>A separate individual risk assessment must be carried out by management for all individuals categorised as clinically extremely vulnerable.</p> <p>Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group.</p> <p>Clinically extremely vulnerable people include:</p> <ul style="list-style-type: none"> • solid organ transplant recipients • those with specific cancers: <ul style="list-style-type: none"> • people with cancer who are undergoing active chemotherapy • people with lung cancer who are undergoing radical radiotherapy • people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment • people having immunotherapy or other continuing antibody treatments for cancer • people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors • people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs • those with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD) • those with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease) • those on immunosuppression therapies sufficient to significantly increase risk of infection • adults with Down's syndrome 			

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			<ul style="list-style-type: none"> adults on dialysis or with chronic kidney disease (stage 5) pregnant women with significant heart disease, congenital or acquired <p>other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions</p> <p>Arrange for relevant office and teaching areas to be cleaned using appropriate disinfectant or chlorine based products (kills 99.9%) as per manufacturer's instructions for cleaning workstations.</p> <ul style="list-style-type: none"> Property Services will provide cleaning / hygiene products for high risk buildings (public interface). If required contact Property Services Help Desk on 01642 727028. 			
4.	Risk of exposure to COVID 19 when carrying out activities in school premises including contact with members of the public and pupils.	E, VP, C, P, ES	<p>Staff to clean work stations and high contact areas (eg. photocopiers, telephones, keyboards) prior to and post use with approved cleaning agents in accordance with manufacturer's instructions, or as detailed below:</p> <ul style="list-style-type: none"> either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or; a household detergent followed by disinfection (1000 ppm av.cl.) or; <p>or if an alternative disinfectant is used within the organisation, this should be checked and ensure that it is effective against enveloped viruses.</p>	2	5	10
5.	Risk of exposure to COVID 19 when staff or relevant others working in a school building <u>are confirmed cases</u> of COVID 19	E, VP, C, P, ES	<p>School administrators/ senior leaders to log all instances of staff and pupils self-isolating as a result of suspected or confirmed COVID 19 and forward to the HR central database and the report via the Middlesbrough Council online portal Covid Information Reported By Schools - My Middlesbrough</p> <p>Staff and relevant others displaying symptoms need to self-isolate as per government advice.</p> <p>Arrange for relevant office areas to be cleaned using appropriate disinfectant or chlorine based products (kills 99.9%) as per manufacturer's instructions or as detailed in ref 3:</p>	2	5	10

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			<ul style="list-style-type: none"> - Desk and workstation of confirmed cases (2 metre radius) - Common contact points within building, e.g. banisters, door handles, chairs, etc. - Communal areas, e.g. kitchens, toilets, meeting rooms, etc. 			
6.	Risk of exposure to COVID 19 when staff or relevant others working in a school building <u>with confirmed cases</u> of COVID 19	E, VP, C, P, ES	<p>Follow Public Health England (PHE) Guidance on the cleaning of non-clinical areas: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings</p> <p>Minimum PPE to be worn is:</p> <ul style="list-style-type: none"> - Disposable washing up gloves - Disposable Apron <p>If area has been heavily contaminated such as with visible body fluids then the following additional PPE can be considered:</p> <ul style="list-style-type: none"> - Disposable surgical mask - Goggles or visor if available – Must be sanitised after use. <p>Cleaning staff to carry out deep clean of potentially contaminated areas within the school and follow risk assessment guidance associated with cleaning materials used.</p> <p>Head teacher to ensure relevant areas are kept clear until areas have been deep cleaned with disinfectant.</p> <p>Workstation of confirmed case to be deep cleaned as above</p> <p>On completion of cleaning tasks remove PPE and dispose of PPE into bin bag and tie, then double bag and tie again.</p>	2	5	10

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			Wash hands using soap and water or alcohol gel (70%)			
7.	Teacher, staff to pupil ratios for COVID-19 under PHE guidance.	E, VP, C, P, ES	If there are any shortages of teachers, then teaching assistants can be allocated to lead a group, working under the direction of a teacher.	2	5	10
8.	Planning and organisational controls implemented to prevent possible spread of COVID-19		Head teacher is to organise classrooms and other learning environments to minimise potential spread as much as possible.	2	5	10

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		E, VP, C, P, ES	<p>Head teacher is to refresh the timetable:</p> <ul style="list-style-type: none"> ○ Decide which lessons or activities will be delivered. ○ Consider which lessons or classroom activities could take place outdoors. ○ Use the timetable and selection of classroom or other learning environment to reduce movement around the school or building. ○ Stagger break times (including lunch), so that all children are not moving around the school at the same time. <p>Plan parents' drop-off and pick-up protocols that minimise adult to adult contact.</p> <p>Early years classrooms in school should:</p> <ul style="list-style-type: none"> ○ Consider how to keep small groups of children together throughout the day and to avoid larger groups of children mixing. <p>Consider how play equipment is used ensuring it is appropriately disinfected between groups of children using it, and that multiple groups do not use it simultaneously.</p> <p>Remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere.</p>			

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				Likelihood	Severity	Overall Risk
			Remove soft furnishings, soft toys and toys that are hard to clean (such as those with intricate parts).			
9	Risk of transmission and spread of COVID-19 associated with inadequate arrangements for keeping groups of pupils together.	E, VP, C, P, ES	<p>Head teacher is to ensure that children and young people are in the same groups each day</p> <p>Head teacher is to ensure that the same teacher(s) and other staff are assigned to each group and, as far as possible, these stay the same during the day and on subsequent days.</p> <p>Head teacher is to ensure that wherever possible children and young people use the same classroom or area of a setting throughout the day, with a thorough cleaning and disinfecting of the rooms at the end of the day.</p> <p>Head teacher to give consideration to seating pupils at the same desk each day if they attend on consecutive days.</p> <p>Head teacher is to ensure that alcohol gel or hand washing facilities to be provided upon entry to classrooms and at strategic locations within schools.</p>	2	5	10

Ref	Hazard Identification & Associated Risks	Who could be harmed? (E, SU, VP, V, P, C, ES)	Existing Control Measures	Residual Risk Rating		
				Likelihood	Severity	Overall Risk
			Staff and pupils must wash their hands or use alcohol gel upon entering the premises.			
10	Risk of transmission and spread of COVID-19 by visitors, parents and members of the public whilst on the school site and in the school building.	E, SU, VP, V, P	<p>Robust signing in procedures must be implemented within each school to enable contact tracing of those in contact with confirmed COVID 19 cases.</p> <p>Implementation of electronic signing in process where possible.</p> <p>If not possible, receptionists to document visitor details to avoid cross contamination and potential spread of virus.</p> <p>Face coverings must be worn at all times by visitors both in school and whilst on the school site during drop off and pick up times (unless medically exempt). In the context of the coronavirus (COVID-19) outbreak, a face covering is something which safely covers the nose and mouth. You can buy reusable or single-use face coverings. You may also use a scarf, bandana, religious garment or hand-made cloth covering but these must securely fit round the side of the face. Face visors or shields should not be worn as an alternative to face coverings.</p> <p>All visitors should sanitise their hands thoroughly on entry to the school building.</p> <p>Visitors to be escorted by host (maintain social distancing) for duration of visit.</p> <p>Access control passes to be provided to visitors for this purpose where possible and returned to reception on completion of visit to be sanitised.</p>	2	5	10

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11	Risk of transmission and spread of COVID-19 associated with poor cleaning and hygiene standards.	E, VP, C, P, ES	<p>Follow the COVID-19: cleaning of non-healthcare settings guidance.</p> <p>Ensure that sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitiser in classrooms and other learning environments.</p> <p>Sanitise surfaces that children and young people are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters, more regularly than normal.</p> <p>Ensure that all adults and children:</p> <ul style="list-style-type: none"> Frequently wash their hands with soap and water for 20 seconds and dry thoroughly. Review the guidance on hand cleaning. Clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing. Are encouraged not to touch their mouth, eyes and nose. <p>Use a tissue or elbow to cough or sneeze and use lidded bins for tissue waste ('catch it, bin it, kill it').</p> <p>Consider how to encourage young children to learn and practise these habits through games, songs and repetition.</p> <p>Ensure that help is available for children and young people who have trouble cleaning their hands independently.</p> <p>Prop doors open, where safe to do so (bearing in mind fire safety and safeguarding), to limit use of door handles and aid ventilation, consider the use of door-guards for fire doors which can be linked to the fire alarm system.</p>	2	5	10

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				Likelihood	Severity	Overall Risk
			<p>Where possible, all spaces should be well ventilated using natural ventilation (opening windows) or ventilation units.</p> <p>The staffroom door to the secret garden or the door to the corridor must be kept open to allow ventilation.</p> <p>Ensure that bins for tissues are emptied at the end of each day.</p>			
12	Risk of exposure to COVID 19 when staff, pupils or relevant persons use corridors within school	E, VP, C, P, ES	<p>In primary schools, government recommend that face coverings should be worn by staff and adult visitors in situations where social distancing between adults is not possible (for example, when moving around in corridors and communal areas). Children in primary schools do not need to wear a face covering.</p> <p>Face visors or shields should not be worn as an alternative to face coverings. They may protect against droplet spread in specific circumstances but are unlikely to be effective in preventing aerosol transmission when used without an additional face covering.</p> <p>In the context of the coronavirus (COVID-19) outbreak, a face covering is something which safely covers the nose and mouth. You can buy reusable or single-use face coverings. You may also use a scarf, bandana, religious garment or hand-made cloth covering but these must securely fit round the side of the face.</p> <p>Doors to be kept open where possible to avoid contact with high touch areas. NOTE: This does not apply to fire doors unless approved safety mechanisms are used such as door-guards or other hold open devices which release on alarm activation.</p> <p>Fire doors need to be appropriately signed to enable staff to identify fire doors easily.</p>	1	5	5

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			<p>Staff advised to use elbow for opening door release mechanisms where possible.</p> <p>Fire doors must not be wedged open.</p> <p>Vision screens in doors to be kept clear at all times</p> <p>One-way systems to be implemented where possible.</p> <p>Floor markings/graphics to be provided to provide social distance guidance.</p> <p>Use of photocopiers: Photocopiers to be limited to one person per time. Staff advised to limit use of the photocopier and wash hands after use.</p> <p>Cleaning regime must be in place for high touch areas on photocopier.</p>			
13.	Risk of exposure to COVID 19 when staff or relevant others use toilets	E, VP, C, P, ES	<p>Windows to be opened to allow for natural ventilation where possible.</p> <p>Cleaning regime put in place to ensure high contact points are regularly sanitised.</p> <p>Soap to be provided for hand washing and paper towels for drying</p> <ul style="list-style-type: none"> Make sure schools, parents and young people follow the Coronavirus (COVID-19): safer travel guidance for passengers when planning their travel. 	2	5	10
14.	Risk of spread of COVID-19 due to transport arrangements of parents and pupils.	E, VP, C, P, ES	<p>Ensure that transport providers do not work if they or a member of their household are displaying any symptoms of coronavirus.</p> <p>Ensure transport providers, as far as possible, follow hygiene rules and try to keep distance from their passengers.</p> <p>Take appropriate actions to reduce risk if hygiene rules and social distancing is not possible, for example when transporting children and young people with complex needs who need support to access the vehicle or fasten seatbelts.</p> <p>Local authorities or transport providers could consider the following:</p> <ul style="list-style-type: none"> guidance or training for school transport colleagues 	2	5	10

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			<ul style="list-style-type: none"> substituting smaller vehicles with larger ones, or running 2 vehicles rather than one, where possible, to reduce the number of passengers per vehicle and increase the amount of space between passengers cordoning off seats and eliminating face-to-face seating, where vehicle capacity allows, to help passengers spread out. <p>Communicating revised travel plans clearly to contractors, local authorities and parents where appropriate (for instance, to agree pick-up and drop-off times).</p>			
16.	Risk of exposure to COVID 19 when staff or relevant others using welfare facilities including; Kitchen facilities and rest areas.	E, VP, C,	<p>Ensure adequate ventilation in all communal areas. In the main staffroom, the door to the corridor must be kept open, or alternatively the external door to the secret garden.</p> <p>Vision panels (windows) in doors kept clear at all times to assist staff in identifying visually if the capacity has been exceeded without opening the door.</p> <p>High touch areas (eg. kettles, fridges, microwaves) to be cleaned more frequently.</p> <p>Disposable paper towels to be provided only – no multi use towels to be used.</p> <p>All toilets and kitchens provided with hand washing facilities with soap, disposable towels and hot running water.</p> <p>Seating arrangements within kitchens/staffrooms to be arranged so that social distancing can be maintained.</p> <p>Water fountain used by pupils to be closed.</p>	2	5	10

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17.	Communicating the risk of exposure to COVID 19	E, VP, C, P, ES	Head teachers ensure that they inform all children, young people, parents, carers or any visitors, such as suppliers, not to enter the education or childcare setting if they are displaying any symptoms of coronavirus (following the COVID-19: guidance for households with possible coronavirus infection).	2	5	10
			Head teachers ensure they make clear to parents that they cannot gather at entrance gates or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely).			
			Signs and notices relating to COVID 19 risks and required precautions to be provided at strategic locations throughout the building.			
			Discuss with cleaning contractors or staff the additional cleaning requirements Use of emails to cascade information as and when required in addition to risk assessment sign off sheets.			

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18	Risk of COVID 19 exposure or transmission as a result of inadequate fire safety and other emergency arrangements.	E, VP, C, P, ES	<p>Review emergency evacuation procedure to ensure that arrangements remain valid for:</p> <ul style="list-style-type: none"> • Means of escape • Muster points • PEEPS • Number of trained fire wardens <p>Social distancing to be maintained for above situations where possible.</p> <p>Updated fire evacuation plan to be maintained for audit and inspection purposes and communicated to all persons working within the premises or visiting the premises.</p> <p>Consideration given to PEEPS and precautions required to minimise risks associated with COVID 19 when responding to a fire or alarm activation situation.</p> <p>Fire log book to be maintained for all occupied buildings.</p> <p>Fire risk assessment to be reviewed by the relevant Head Teacher as and when required and updated accordingly subject to risk.</p>	2	5	10
19.	Risk of COVID 19 exposure or transmission		Monitor arrangements for first aid provision on a regular basis and ensure adequate number of trained first aiders are in place in accordance with relevant risk assessments and government guidance.			

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	as a result of inadequate first aid arrangements.	E, VP, C, P, ES	First aid kits to be updated to include (where already not supplied) masks, visors, disposable gloves and disposable aprons.	2	5	10
			Ensure there is a system for communicating the COVID 19 First Aid risk assessment to all First Aiders within the premises and that current government advice is followed when carrying out first aid treatment.			
			Contaminated PPE should be double bagged and disposed of in general waste after 72 hours.			
			Managers and first aiders to refer to government guidance regarding expired first aid qualifications and the action to take.			
20.	Risk of exposure to COVID 19 due to ventilation	E, VP, C, P, ES	Staff are to ensure good use of natural ventilation and open windows to allow for natural air changes where possible.	2	5	10
			Switch air handling units with recirculation to 100% outdoor air where possible.			
			Review the use of air conditioning units within the buildings.			
21.	Mental health and wellbeing may be affected due to isolation; workload; lack of	E	<p>Management to promote mental health & wellbeing awareness to staff during the COVID 19 pandemic and will offer whatever support they can to support staff and relevant others.</p> <ul style="list-style-type: none"> Regular welfare checks by management and staff. <p>Information available from school mental first aiders.</p>	3	2	6

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	exercise; caring responsibilities etc.					



Action Register

This action register should be used to document any additional control measures which are required to eliminate or adequately control the risks identified within the assessment.

- Any risks which require additional control measures which cannot be implemented in a timely manner, must be documented within the action register.
- Consideration should be given to the hierarchy of controls when implementing control measures.
- Actions must be assigned to an action owner who is responsible for implementing the required action within the timescales indicated.
- Service Area Managers must escalate any significant risks which cannot be resolved locally to their Head of Service for resolution.
- Heads of Service must escalate any risks which cannot be resolved at Head of Service level to their Director for resolution.
- The action register must be updated once the actions have been completed and the control measures incorporated into the risk assessment.

Ref	Date Assigned	Action Required	Action Owner	Action Taken	Date Completed

Risk Assessment Authorisation & Review

Name of Assessor(s):	Amy Morgan	Signature of Assessor(s):		Date:	05.01.22
Name of Authorising Manager:	John Dixon	Signature of Authorising Manager:		Date:	05.01.22

- This risk assessment is a living document and must be reviewed regularly (at least annually) by the manager responsible for the activity being assessed. It should also be reviewed:
 - If there is reason to doubt the effectiveness of the assessment.
 - Following an accident or other significant incident which could impact upon the safety of employees or relevant others.
 - Following significant changes to the task, process, procedure, personnel or line management.
 - Following the introduction of vulnerable personnel.
- A copy of the updated risk assessment should be maintained and made available for inspection and audit purposes

Review	Name of Manager	Date	Comments
Review 1			
Review 2			
Review 3			
Review 4			
Review 5			
Review 6			
Review 7			
Review 8			

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID19

FIVE STEPS TO SAFER WORKING TOGETHER



We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here



We have **cleaning, handwashing and hygiene procedures** in line with guidance



We have taken all reasonable steps to help people work safely from a **COVID-19 Secure workplace** or work from home



We have taken all reasonable steps to **maintain a 2m distance** in the workplace



Where people cannot keep 2m apart we have ensured at least a 1m distance and taken all the mitigating actions possible to **manage transmission risk**

Signed on behalf of the employer: Mr. J Dixon (head teacher)

Employer: Middlesbrough Borough Council

Date: 24.11.20

Who to contact: Your Health and Safety Representative
(or the Health and Safety Executive at www.hse.gov.uk or 0300 003 1647)