

## Risk Assessment for COVID-19 Testing in Schools

Updated 26 August 2021

Updated from version published to LTS website 01/02/21

### Introduction

This document is based upon the ISBA template which was last updated on 31 Dec 2020 but also uses the updates from ISBA update 17 August 2021 and addresses the establishment of a school based testing centre. Since this template was released, the Government Guidelines have changed and most restrictions have been lifted, although the school continues to use heightened hygiene practises as a prudent measure.

Now England moves to Step 4 of the roadmap, the government will continue to manage the risk of serious illness from spreading the virus. This will mark a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. More detail on how the government will do this is at: [COVID-19 Response: Summer 2021](#).

Now England has adopted Step 4:

- the need to keep children and young people in consistent groups ('bubbles') is removed as well as the need to reduce mixing in early years settings.
- schools will not routinely be required to undertake contact tracing for children and young people.
- close contacts will be identified directly by NHS Test and Trace.
- Schools may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.
- Pupils and students who test positive will be subject to the normal test and trace process, which will identify close contacts. 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.

From now Monday 16 August, children under 18 years old, and those who are double vaccinated, will no longer be required to self-isolate if they are identified as a close contact. At this point, close contacts of a positive case will be informed by NHS Test and Trace and strongly advised to take a PCR test. Self-isolation will continue for those who have tested positive for COVID-19.

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

- Senior pupils and staff are encouraged to **self test using LFT twice a week**.
- Two tests (3 – 5 days apart: minimum 3 days) for senior pupils returning to school.

The additions to this risk assessment are mainly taken from:

[https://www.isc.co.uk/media/7166/schools\\_colleges\\_testing-handbook\\_version-33.pdf](https://www.isc.co.uk/media/7166/schools_colleges_testing-handbook_version-33.pdf)

NHS Test and Trace document – Appendix C (Template for Risk Assessment)

Northumberland CC Risk Assessment Form (RA1) updated 7 January 2021

### **Advice and Guidance**

ISBA aims to continue to provide up to the minute advice and guidance to the independent school's community through the bursar and their staff. There is no monopoly on good ideas and practice. Key is generating confidence across the school community and having all the resources to ensure the safety of all. Therefore please email any comments and suggestions to [office@theisba.org.uk](mailto:office@theisba.org.uk) so as to support others and develop best practice. The feedback we have received has been hugely useful.

This document identifies likely hazards but leaves the school to decide how these risks are scored and mitigated. An example HSE format is:

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to control risks?	Who needs to carry out the action?	When is the action needed by?	Done
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Further information is available from <https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm>

This revised COVID-19 risk assessment provides advice and guidance in identifying, assessing and describing methods of controlling hazards. It aims to prompt the thought and decision-making processes but with the normal caveat: that it is only as good as for the minute it is published. Risk assessments (and there will be many for different age groups, activities, buildings etc.) must be dynamic and be updated whenever advice, circumstances, or any of the assessed risk factors have changed. The resulting measures should be available on school websites. Further reference documents are available in ISBA's bulletins.

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

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

### **Running the School - Assessing the Risk**

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

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

- A. Updating Safeguarding policy and procedures and ensuring staff and pupils feel safe.
- B. Is government advice being regularly accessed, assessed, recorded and applied?
- C. Are changes regularly communicated to staff, their unions, pupils, parents and governors?
- D. Are changes and the testing training, process and details reviewed by governors?
- E. Are changes and the testing training, process and details shared with insurers?
- F. Is it understood that the Secretary of State has a statutory power to order schools remain open?
- G. Is there active engagement with the local Health Protection Team (HPT).

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

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

- Y. Are face coverings being worn appropriately according to age and circumstances?
- Z. Depending on risk assessments staff (and pupils) may be equipped with PPE for certain activities including Testing. PPE may include:
  - a. Face coverings.
  - b. Gloves
  - c. Eye protection
  - d. Shields (for lecterns, desk separators, staff desks, reception, servery).
  - e. Sanitisers (gel and tissues).
- AA. Enhanced cleaning arrangements to:
  - a. Toilets, door handles, knobs, locks, entry devices, taps, plugs, switches, handrails and regularly used hard surfaces.
  - b. Shared teaching equipment: keyboards, pens, remotes, copiers, printers
  - c. Musical instruments, balls, bats, bails, batons etc.

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

### **Test and Trace (T&T) process**

- FF. Have explanatory T&T letters / emails be sent to parents / pupils, staff and governors?
- GG. Has the school a “COVID-19 Testing Privacy statement” and is it fully communicated to staff, parents, pupils and governors?
- HH. Has T&T data been recorded securely, and consideration has been given to deletion after 14 days?
- II. Do those that have had “close contact” with someone tested positive for COVID-19 know they are able to return to school if they agree to a test once a day for 7 days, and the test is negative?

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

A grid, to record the hazards, control measures and outcomes, is included below and should be read in conjunction with the School's main risk assessment.

### **System of Controls**

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

School should:

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

### **Prevention**

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

Numbers 1 to 5, and number 8, must be in place in all schools, all the time.

Number 6 must be properly considered and schools must put in place measures that suit their particular circumstances.

Number 7 applies in specific circumstances.

### **Response to any infection**

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

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

### **Additions to overall Risk Assessment in the COVID-19 Environment**

	<b>Hazard</b>	<b>Control Measures</b>	<b>Outcome</b>	<b>Remarks/ Reassessment</b>
<b>F</b>	Insurers and / or brokers not updated with school's amended plans	Updated Risk assessments are sent to insurers by Bursar when published to LTS website	Insurers reply to confirm receipt	To be reviewed in September 2021 and sent to Insurers
<b>G</b>	Not appreciating that the Secretary of State has a statutory power to order schools to remain open.	This statutory power is understood	We abide by these guidelines	
<b>H</b>	Insufficient liaison with local authority and health protection team over testing and actions.	We remain part of the Berwick Partnership of Schools and IC/ MH is in the NCC contact group and MH is part of the NHS briefing team. CC monitors national and local C-19 updates and briefs the staff team as our C-19 coordinator	We are up to date with Local Authority and Health Protection teams and this continues during lockdown	
<b>I</b>	Active engagement with NHS Test and Trace not implemented and the procedures not understood by all staff and parents.	We have previously shared details of the NHS Test and Trace processes and updates to staff and parents. Our C-19 co-ordinator and School Matron refer to the process in England and Scotland on a daily basis and we have used the system in England.	The School actively engages with the NHS Test and Trace and the NHS Test and Protect	
<b>J</b>	Insufficient systems and staff to support training, testing and contact tracers.	We have assessed how many staff we need to support the training and testing activities on site and have staff colleagues ready to action the testing and tracing procedures.	With fewer people on site being tested, and colleagues working remotely, the risk of being overloaded with testing requirements is very low.	
<b>K</b>	Staff, parents (and pupils) do not understand and follow NHS Test and Trace procedures.	We have shared details of the NHS Test and Trace processes and updates and pupils, staff and parents have engaged with the Test and Trace and Test and Protect procedures. We promote the use of the NHS App for England and have appropriate signage and messages in our newsletters.	We support our community in the use of the procedures and this is reciprocated.	
<b>L</b>	Training and testing activities insufficient to provide reassurance including feedback and Q&A?	We successfully ran test centre in March 2021 and continued testing.	Providing reassurance about the process is an important part of the testing activity and we will	.

			want to ensure that we are proactive as testing begins.	
<b>M</b>	DfE advice to keep groups separate (in “bubbles”) not being fully implemented where appropriate.	Bubbles are no longer a requirement	Use of bubbles has been effective and would be reinstated if needed	
<b>N</b>	Each group’s (“Bubble’) health was not properly analysed and risk assessed to consider switching to remote learning.	We analysed each year group’s health and wellbeing and considered and communicated with parents, teachers and pupils where someone was at risk. The option to switch to remote learning has always been available and we have supported individuals online when required to support pupils and staff self-isolating or in school.	The health of year group bubbles has been maintained.	
<b>O</b>	The definitions of “close contact” and the trigger for a pupil/staff to self-isolate are not understood.	Our C-19 coordinator uses up to date information about close contacts and uses a flowchart to identify and contact close contacts.	Close contacts are identifiable and identified.	
<b>P</b>	Record of names of pupils / staff in their groups / bubbles, locations visited, seating arrangements (via App / spreadsheet etc.) not updated on a regular basis.	We keep up to date details of pupils, staff, and locations of pupils in the student management information system (3SYS).	Centralised records are kept up to date.	
<b>Q</b>	Insufficient information to identify close contracts of symptomatic individuals and support contract tracing.	We devised an online questionnaire to identify close contacts to further support the information held in the school systems to support the identification of all close contacts of symptomatic individuals and the use of NHS Track and Trace. We will only ask new pupils for permission as previous permissions are still in place.	Close contacts of symptomatic individuals are identified.	
<b>S</b>	Insufficient preparation (letters, Whatsapp etc.) to communicate with parents, carers, staff and pupils in case of infection and groups needing to self-isolate.	We have created and retained templates as necessary to use in conjunction with PHE and DfE contacts	We are prepared for communication with our community about the need for self-isolation.	

## Risk Assessment for COVID-19 Test and Trace Process

	<b>Hazard</b>	<b>Control Measures</b>	<b>Outcome</b>	<b>Remarks/ Reassessm ent</b>
<b>FF</b>	Explanatory T&T letters / emails not sent to parents / pupils, staff and governors.	Links to NHS Test and Trace have been sent to parents and staff.	Links to NHS Test and Trace have been sent to parents and staff.	
<b>GG</b>	No school "COVID-19 Testing Privacy statement". "COVID-19 Testing Privacy statement" not communicated to staff, parents, pupils and governors.	The C-19 Testing Privacy Statement will be released with the consent forms and is available on the School website.	The privacy statement is up to date and shared.	
<b>HH</b>	T&T data not recorded securely with consideration given to deletion after 14 days.	We delete data regarding T&T within the 14 days	No data is held unnecessarily.	The C-19 Co-ordinator and team leaders will review the data held under the T&T system on a weekly basis.
<b>II</b>	Those that have had "close contact" with someone tested positive for COVID-19 do not know they are able to return to school if they agree to a test once a day for 7 days, and the test is negative	We will write to all close contacts in such circumstances	Close contacts will have the option of returning to School if they agree to the required testing programme and negative PCR or self isolation	
<b>JJ</b>	Age-appropriate consent statement for testing (under / over 16) not properly completed	Collection of consent statements will be part of the registration process. This is collected through a Google Form and a paper version.	Consent for testing will be obtained.	
<b>KK</b>	Test instruction posters, booklets, FAQ and briefings not readily available and apparent.	We have posters, information and the Government provided Q&A available at our test site	Information is available both online and on site.	
<b>LL</b>	Tests not supervised or conducted by trained staff.	We have a protocol in place to run supervised tests by trained colleagues	Tests conducted by trained staff and all tests supervised.	
<b>MM</b>	Testing area not sufficiently controlled to limit access to testers, those being tested and	We have set up a separate location to control the testing environment (see below for details)	The testing area is set up properly.	

	supervisors			
<b>NN</b>	Test process not maintaining social distancing where appropriate, good hand and respiratory hygiene or keeping occupied spaces well ventilated.	We have set up the test environment in accordance with the guidelines. It worked well earlier in the year and we are replicating the processes.	The test process will be properly managed.	The SLT, C-19 Co-ordinator and team leaders will review the test process.
<b>OO</b>	Social distancing advice between testing staff and those being tested including distances between desks, chairs etc. not being observed and supervised.	Sd is no longer required but we will distance desks for privacy.	Social distancing will be maintained during the testing process.	The SLT, C-19 Co-ordinator and team leaders will review the social distancing during the test process.
<b>PP</b>	Are the key layout requirements including staff met.	The layout is set out in accordance with the guidance circulated by the DfE	The layout requirements are met	
<b>QQ</b>	Staff assisting with taking and processing swabs not wearing appropriate PPE.	Staff have been trained to complete the process wearing appropriate PPE.	Appropriate PPE will be worn.	
<b>RR</b>	<p>Process of swabbing not following training and / or updated guidance.</p> <p>Application of swab samples results in involuntary reaction (e.g. vomiting, gag reflex)</p>	<p>Staff have been trained to follow the guidance about swabbing. Our C-19 co-ordinator reviews all guidance updates and circulates this to the team leaders and those involved with the process.</p> <p>Staff available to provide guidance and reassurance.</p> <p>Spillage kits to be on hand and social distancing maintained with others.</p> <p>Operations at the testing bay shall be ceased and the site personnel will follow the spillage guidelines until the area has been cleaned adequately to allow resumption.</p>	<p>The process for swabbing will be followed.</p> <p>Sufficient disposable vomit bowls and spill kits will be in place for each station</p>	

<b>SS</b>	Tested sample incorrectly handled during the process including disposal.	Staff have been trained to follow the guidance about handling samples and disposing of them.	The process for handling and disposing of samples will be followed.	
<b>TT</b>	Process for informing parents / pupils / staff not understood and implemented.	Staff have been trained to follow the guidance about communication.	The process for communicating will be followed.	
<b>UU</b>	The process of barcoding, recording and communicating test results is not accurate and supervised	Staff have been trained to follow the guidance about barcoding. This work will be supervised in line with the Government guidelines	The process for barcoding will be followed.	Ensure processed quickly as anxiety caused if there is a delay
<b>VV</b>	Inadequate supervision / checking to ensure equipment handled correctly and not shared.	Staff have been trained to supervise the correct handling of equipment. This work will be supervised in line with the Government guidelines	The process for supervision/ checking equipment will be followed.	The SLT, C-19 Co-ordinator and team leaders will review the equipment handling process.
<b>WW</b>	Process of lost LFD, failed scans or damaged barcodes not understood or properly implemented.	The process of informing the NHS or MRHA about lost LFD or damaged items is understood by the testing staff. The system worked well last year	The correct process for dealing with damaged or lost items will be followed.	
<b>XX</b>	Extraction solutions with lab test kits (there are no manufacturing anticipated hazards) are inappropriately handled, stored and disposed of.	The lab test kit will be stored securely at the right temperature and the storage arrangement will be monitored daily. The conditions are recorded on a log.	The testing kit will be appropriately handled.	
<b>YY</b>	The training does not reflect hazards identified with testing and these are not communicated to testing and cleaning staff.	The team leader will review the testing room with the cleaning team to identify and resolve any hazards or cleaning arrangements.	The testing environment will be cleaned by trained staff and checked for hazards on a daily basis.	CC to set up and review space.
<b>ZZ</b>	Those tested positive not confirming the positive result with a Polymerase Chain Reaction (PCR) test and either failing to self-isolate pending the confirmation test or self-isolating unnecessarily	We have robust arrangements for responding to a positive LFD test and arranging for PCR testing and supporting our community with any self-isolation requirements. Our matron and testing	We support our community with test results.	

	after a confirmatory PCR test might have cleared them as having a false positive.	team are skilled at supporting individuals with test results.		
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### Risk Assessment for COVID-19 Test Sites

	Hazard	Control Measures	Outcome	Remarks/ Reassessment
<b>1</b>	<p>Insufficient staff available (depending on throughput: Team Leader, Test Assistant, Processor, Coordinator, Registration Assistant, Results Recorder, Cleaner)</p> <p>Exposure of Clinically Extremely Vulnerable (CEV) /Clinically Vulnerable (CV) Staff to Covid19 virus during testing process</p>	<p>We have planned for sufficient staff to be available for running the test site. We have the same team as March 2021.</p> <p>CEV no longer recognised</p>	We have sufficient staff available to run the testing facility.	
<b>2</b>	Training time and content inadequate (3 hrs. with introduction video, on-line training and assessment plus rehearsal.)	Staff involved have reviewed the training material available and have had time to consider questions with members of the SLT. Staff have already been trained and can have a refresher if needed.	There is adequate training time.	
<b>3</b>	<p>Consent forms are not available and properly completed.</p> <p>Consent is not given</p>	<p>We have consent forms available online and in paper form. They follow the template sent by the DfE. These will be reviewed and checked by staff before allocating tests.</p> <p>Tests will not be carried out without consent, the staff member or pupil will continue to attend the school as normal following all the school and government guidelines, unless they present covid symptoms.</p>	The consent forms are available and a process is in place to ensure that they are properly completed.	

<b>4</b>	Test site flooring is not non-porous.	The test site floor is non-porous.	No risk identified, floor is suitable	
<b>5</b>	Test site is not well lit with a good airflow	The test site is well lit and has good ventilation.	No risk identified, room is ventilated	
<b>6</b>	Test site Registration, Swabbing, Recording and Processing Desks and waiting areas not on a one-way system.	The test site is arranged so that there is a one-way system. The testing site is configured in line with the LFD Testing SOP to provide a separate Registration Area, Swabbing Bay(s), Receiving Area, a Processing Area and Recording Area.	No risk identified, room is laid out appropriately	
<b>7</b>	Test site Registration, Swabbing, Recording and Processing Desks and waiting areas not on a one-way system.	The test chairs are laid out in accordance with the DfE guidance and marked with electric tape on the floor for easy reference after cleaning etc.	No risk identified, room is laid out appropriately	
<b>8</b>	Each swabbing desk and associated processing desk not more than 1m away and the Recording desk not located close by.	The desks are laid out in accordance with the DfE guidance and marked with electric tape on the floor for easy reference. Swabbing bays are configured to maintain adequate distancing according to the LFD Testing SOP	No risk identified, room is laid out appropriately	
<b>9</b>	No clear division and demarcation between swabbing and processing area.	The swabbing and processing areas are demarcated physically with tape	No risk identified, room is laid out appropriately	
<b>10</b>	Non-authorized people and test subjects able to enter the processing area	Access to the test site is restricted. Test subjects are called to the relevant areas by staff and notices are appropriately posted	No risk identified, room is laid out appropriately	
<b>11</b>	Inadequate evidence of quality assurance, guidance and supervision.	We have a system of logging staff and pupils involved in the testing (and who is on site). We have a training log to ensure our team is adequately trained. A quality management system is in place and a designated member of the team is identified to act as Quality Lead.	No risk identified, room is laid out appropriately	
<b>12</b>	Processing bays are not properly cleaned, and waste (including clinical waste) is not properly disposed of.	Cleaning team have been properly trained and understand the room layout requirements, including waste	No risk identified, room is laid out appropriately and cleaned by trained staff	
<b>13</b>	Disorderly entry, processing, social distancing and	Access to the test site is restricted. Signage is	No risk identified, room is laid out	

	exit movement.	<p>displayed reminding staff/pupils of requirements to maintain social distancing and for the wearing of face covering where distancing may not be maintained. Testing staff supervise queuing, test subjects flow, distancing and wearing of face coverings and provide reminders where necessary</p> <p>Test subjects are called to the relevant areas by staff. Exits are clearly marked</p>	appropriately	
<b>14</b>	Manual handling of testing kits, pallets, boxes, packages and waste not considered in terms of bulk, weight and access.	Staff are trained to handle the packaging and observe weight restrictions when handling the test kit packaging	No risk identified, staff to follow training	
<b>15</b>	Testing kits not stored at 2 - 30°C and tests not given in the appropriate ambient temperature of 15 - 30°C.	As above we will log the storage temperatures daily. A strict protocol is in place for the storage and handling of test samples	No risk identified, supervisor to monitor conditions and log	
<b>16</b>	Inadequate provision of a quiet space to talk with the pupil mindful of the need for social distancing / PPE / wellbeing.	The room is laid out in accordance with the guidelines and this includes private space to discuss results	No risk identified, room is laid out appropriately	
<b>17</b>	Symptomatic persons may present at school to take test	Clear instructions are issued to parents and staff that anyone with Covid symptoms or who lives with someone who is showing symptoms of Covid must self- isolate immediately and book a test through the NHS symptomatic testing programme. The close contacts of anyone who receives a positive Covid test via this route only, are not eligible for lateral flow device (LFD) serial testing within school; they must self-isolate at home.		
<b>18</b>	Staff test is confirmed as positive	The Headmaster and Covid coordinator are to be notified immediately, and the staff member is requested to take a PCR test straight away. PHE guidance on self-isolation is followed - unless the confirmatory PCR test is negative. The staff member should wear a face covering to minimise transmission	All <u>asymptomatic</u> school close contacts will be identified by the school and followed up in line with the guidance.	

19	Pupil test is confirmed as positive	We will follow the Covid Outbreak Management Plan rules, based upon contingencies	The School has been provided with a number of PCR tests which can be issued to parents where needed to facilitate a speedy confirmation test.	
20	Travel home following a positive test (unescorted).	Children should not use public transport. Where a child or young person is able to wear a face covering and keep a safe distance from others they could walk or cycle where this is possible (or appropriate given their age/ability).		
21	Parents unable to collect pupil after positive test	<p>Pupils who test positive must be kept in isolation until they can be collected by a member of their family or household. In exceptional circumstances, if this is not possible, and the school needs to take responsibility for transporting them home, or if a pupil needs to be transported to a residential setting, the school will arrange one of the following:</p> <p>use a vehicle with a bulkhead or partition that separates the driver and passenger</p> <p>the driver and passenger should maintain 2 metres from each other</p> <p>For both options:</p> <p>The driver should wear PPE, including a fluid resistant face mask which should also be worn by the passenger.</p> <p>The vehicle must be cleaned thoroughly afterwards, in line with <a href="#">government guidance</a>.</p>		

