Risk Assessment Form

This risk assessment has been written to mitigate the risk from Covid 19 to determine the control measures that can be put in place and should be used alongside any other existing risk assessments already in place.

Task / Activity Covered	Nurseries	during Coronavir	us Outbreak	National Covid 19 Alert Tool	Likelihood	(L)	Х	Impact (l	[)		
by the assessment				1	Almost Impossibl	e	1	Insignificant (mino time off)			
Setting	Honeycrof	t		2	Unlikely		2	Minor (non-permanent inju up to 7 days off)			
Date of Assessment	27/08/20	Date Assessment to be reviewed	As required	3	Possible		3	Moderate ((injury more than 7 da			
Person Completing	N Silsby			4 Current Level	Likely		4	Major ((death or injury)	r serious		
Staff involved in assessment				5	Almost Certain		5	Catastrophic (multi	ple deaths)		
					Low =1-3	Moder 7	ate = 4-	Significant = 8-14	High = 15-25		

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

fores (the	are the significant, seeable, hazards? dangers that can cause harm)	Who is at Risk?	Current control measures (What is already in place/done)	L	Risl Ratin		What additional controls will be put in place to reduce the risk further?		evis Risk Ratin	2	Sign as done
1.			TRANSMISSION OF VIRUS				-	•	•		
1.1	Attendance of Children and Staff	Infection of staff, children and families	 All adults know not to enter the setting if they are displaying any symptoms of coronavirus & that children are not to be brought to setting if they are displaying any symptoms of coronavirus Information given to all parents/carers prior to attending. Accessible materials widely shared and visible Government guidance is followed and updates shared with staff as required Parents and carers closely monitor children for signs of Covid-19 symptoms in line with guidance Communicate to staff and parents/carers that they need to be ready and willing to: book a test if they or their child is displaying symptoms of coronavirus and must not attend the setting if they have symptoms. All children can be tested, including children under 5 Provide details of anyone they have been in close contact with if test positive for coronavirus or if asked by NHS Test & Track Self-isolate if they have been in close contact with someone who develops coronavirus symptoms or someone who tests positive for coronavirus symptoms or someone who tests positive for coronavirus 	3	3	M	All staff and children's temperatures taken and recorded at the start of each session. Staff are limited to the minimum needed to look after children by agreeing a rota of staff working in the nursery based on predicted numbers. A further risk assessment will be completed if a child is attending more than one childcare setting or if a member of staff is working in an additional workplace. A short induction process for staff returning to the setting covering all changes will take place.	2	3	M	NS
			with someone who develops coronavirus symptoms or someone who tests positive for								

				 If the result is positive, the setting will contact the local health protection team to carry out a risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate Any confirmed cases will also be reported to Ofsted 								
1.2	Protecting shielded and clinically vulnerable adults and children, and people with particular characteristics who may be at risk.	Infection of staff, children and families	•	 Shielded & clinically vulnerable children and adults should follow government advice. From 1st August, shielding advice for all adults and children will pause, subject to a continued decline in the rates of community transmission of Covid-19. Therefore, any children on the shielded list can return to settings, as can those who have family members who are shielding If rates of disease rise locally, children (or family members) may still be advised to shield during the period where rates remain high and therefore may be temporarily absent Some children no longer required to shield but who generally remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to the settings, you can find more advice from Royal College of Paediatrics and Child Health If people with possible risk factors are concerned, settings discuss their concerns and explain the measures the setting is putting in place to reduce risks. Setting leaders should try as far as practically possible to accommodate additional measures. 	3	4	M	Under exceptional domestic circumstances, prior to 1st August, (i.e. where remaining at home throughout the day creates an additional and higher risk), shielded/ extremely vulnerable staff may return to work where an individual risk assessment has been undertaken to assess and consider their own personal circumstances and to identify the risks and necessary controls to allow that member of staff to return to work. It may be necessary for those staff to be deployed in another role. Staff are offered an individual risk assessment before returning to work.	2	4	Μ	NS

fores	are the significant, seeable, hazards? dangers that can cause harm)	Who is at Risk?		Current control measures (What is already in place/done)		Risl Ratir		What additional controls will be put in place to reduce the risk further?		Reviso Risk Ratin		Sign as done
1.4	Physical distancing and grouping	Infection of staff and children	•	 Early years settings are no longer required to arrange children and staff in small, consistent groups based on the fact that the overall risk to children from coronavirus (COVID-19) is low Settings should still consider how they can minimise mixing to help reduce the number of children and staff required to self-isolate in the event of children or staff testing positive for coronavirus (COVID-19) Therefore, to minimised mixing the children will be divided into groups which they stay in throughout each session. Groups are not mixed during the day, or on subsequent days and remain in one zone for each session Adult: child ratios specified by the Early Years Foundation Stage are maintained Attendance patterns have been reviewed to allow for consistency of groups of children mixing with no more than 14 children throughout the week Parents are aware of all measures in place ahead of attending including group requirements The same practitioners are assigned to each group and, as far as possible, these stay the same during the day and on subsequent days. 	3	3	M	Children will eat their meals in their group 'base' area Snack and lunch times will be staggered to allow each group to access toileting and handwashing area without crossing with another group The environment has been sectioned off to accommodate smaller group working Records of children and staff in each group, and any close contact that takes places between children and staff in different groups will be maintained Guidance for parents will include details on physical distancing, groupings and general operational changes	2	3	Μ	NS

fores (the	are the significant, eeable, hazards? dangers that can	Who is at Risk?	Current control measures (What is already in place/done)	Revise Risk Rating		ign as one
	cause harm)			LI	R	
1.4	Social distancing and grouping continued	Infection of staff and children	 Children use the same area throughout the day, with a thorough cleaning of all areas at the end of the day 			
			Contact and mixing between children and adults is minimised by amending the environment, remaining in groups and new routines			
			There is space between areas to allow for distancing during the children's play			
			Each group will have time allocated to spent outdoors			
			 Sleeping mats adhere to physical distancing where possible and blankets are not shared and washed at a higher temperature 			
			Toilet use is staggered where possible			

for	at are the significant, eseeable, hazards? angers that can cause	Who is at Risk?	Current control measures (What is already in place/done)	F	Risk Rating		Rating				Rating		Rating		What additional controls will be put in place to		evis Risk Ratin		Sign as
•	harm)			L	1	R	reduce the risk further?	L	I	R	done								
1.5	Health and hygiene	Infection of staff and children	 All adults and children regularly clean their hands according to guidance on hand cleaning Handwashing facilities are available. Where a sink is not nearby an appropriate hand sanitiser is provided for staff and bowls of water and hand soap for children All adults and children clean their hands on arrival at the setting, before and after eating, before and after using the garden and encouraged to after sneezing or coughing Help is given to children who have trouble cleaning hands independently Good hygiene promoted 'catch it, bin it, kill it' approach shared: children reminded not to put hands/fingers in mouth/nose/eyes Lidded bins for tissues provided in each grouped area and are emptied at the end of each day The space is well ventilated using the ventilation units if required Paper towels are used in bathroom area and bins emptied regularly Cleanliness habits are reinforced through games, songs, visuals, adult support and repetition 	3	3	M		2	3	Μ	NS								

What are the signif foreseeable, haza (the dangers that car	rds? Wh	'ho is at Risk?	Current control measures (What is already in place/done)		Risk Ratin	g	What additional controls will be put in place to reduce the risk further?		evise Risk Ratin	g	Sign as done
harm)				L	I	R		L	I	R	
1.6 Cleaning	Infect staff childr		 Where any part of the premises has been closed, all required H&S checks are carried out before reopening Surfaces that children touch, such as toys, books, tables, chairs, doors, sinks, toilets, are cleaned more regularly than normal using standard detergents Toys that have been mouthed by babies and young children are placed in the sterilising buckets immediately Sharing of toys, resources and equipment is reduced as much as possible by remaining in groups. And any shared items and surfaces are cleaned and disinfected frequently Touch points of outside equipment is wiped down between groups of children Multiple groups will not use items or areas simultaneously No items can be brought in from home other than basic change of clothes, nappies and slippers Bedding is not shared by children and washed weekly at high temperature Soft toys & soft furnishings have been removed from the space Malleable materials are supervised closely on a small scale and are not shared between groups Hands are cleaned thoroughly before and after use of malleable materials 	3	3	Μ	Unusable resources have been stored to clear space Staff belongings have been allocated an individual non-shared area	2	3	Μ	NS

for	t are the significant, eseeable, hazards? angers that can cause	Who is at Risk?	Current control measures (What is already in place/done)	I	Risk Ratin		What additional controls will be put in place to reduce the risk further?		evis Risk Ratin	[Sign as
1.7	harm) PPE and cleaning supplies	Risk of infection if supplies run out	 An adequate supply of essential supplies is available at all times Each area has its own 'cleaning zone; with access to all required items An 'isolation' pack is fully stocked and kept available to use should a child develop symptoms throughout the session and be required to self-isolate until a parent can pick them up 	2 2	3	M	Supplies are monitored for PPE and cleaning equipment to ensure that a supply of stock is available at all times Supplies received from the LA regarding non- general use PPE	2 2	3	R	done NS
1.8	Arrivals and departures	Infection of staff, children and families	 Parent and carer drop-off and pick-up arrangements have been organised to minimise adult to adult contact by marking two meter spaces for social-distance waiting Parents maintain two metre distancing when they drop off and collect children, by handing over to staff member on the door Only one adult is asked to bring the child for drop off / pick up Parents know their allocated drop off and collection times and the process for doing so, including protocols for minimising adult to adult contact before attending Parents know that that they cannot gather at entrance or enter the site (unless they have a prearranged appointment, which should be conducted safely) All adults and children clean their hands-on arrival at the setting No scooter, pushchairs, prams etc. to be left on site 	2	3	M	Guidance has been shared with all parents who, by sending their children, agree to follow it	2	3	M	NS

5	Vhat are the significant, eeable, hazards?	Who is at Risk?	Current control measures	Ris	k Rati	ing	What additional controls will be put in		Revised Risk Rating		Sign as
	langers that can ause harm)	RISK?	(What is already in place/done)	L	I	R	place to reduce the risk further?	L	I	R	done
1.9	Travel	Infection of staff and families	Parents and staff are made aware of recommendations on transport to and from centre to reduce unnecessary travel on public transport where possible and avoid peak times	2	3	М	bike racks at rear of building promoted to help avoid public transport use	2	3	М	NS
1.10	Visitors	Infection of staff, children and visitor	 No non-essential, prearranged visitors can access the centre Essential visitors by appointment only and they are informed of health and safety procedures, including being willing to have temperature taken and remain within social distancing guidance or wear a facemask if this is not possible. Any items used, e.g. pen to sign in, must be cleaned thoroughly Delivery workers and suppliers will not enter the centre, instead food deliveries and other parcels will be drop-off at door All essential maintenance and building work is completed outside of operational hours, wherever possible If contractors must visit the premises they are informed of health and safety procedures. Any items used, e.g. pen to sign in, must be cleaned thoroughly 	2	3	M					NS
1.11	Sickness at the setting	Infection of staff and children	 Covid-19 sickness procedure. Adult: If a member of staff falls ill whilst at the centre they will return home and arrange a test Child: 	4	3	М	An isolation kit is available at all time in the agreed 'safe zone' A duplicate PPE kit, including a face mask	3	3	Μ	NS

	 A procedure is in place to be followed if a child begins to show symptoms of coronavirus. This includes: The child will be moved to a designated 'safe zone' One adult will stay with the child using the 'isolation pack' available including required PPE The child will leave the building with parent/ care via the shortest route The child will not be able to return to the setting until 10 days or until a negative test result has been obtained Additional cleaning will be carried out if there is a suspected/confirmed case of Covid-19, following government advice If the effected child tests positive for Covid-19 other children in the same group and staff member will be contacted and asked to self-isolate or get tested. They will not be able to return to the setting until 14 days or until a negative test result has been obtained. if they are not experiencing symptoms, but have tested positive for coronavirus (COVID-19), they should self-isolate for at least 10 days starting from the day the test was taken. The Confidentiality Policy will be followed at all times – this includes withholding the names of staff, volunteers and children with either confirmed or suspected cases of coronavirus staff members and parents/carers understand that they will need to be ready and willing to: book a test if they are displaying symptoms. All children can be tested, including children under 5 provide details of anyone they have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace self-isolate if they have been in close contact with someone who tests 	is available and accessible 'safe zone' will receive a deep clean by staff wearing PPE
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positive for coronavirus (COVID-19)	
symptoms	
The Setting will contain any outbreak by following local	
health protection team advice and by notifying Ofsted	

S	What are the significant, foreseeable, hazards? (the dangers that can Risk?		Current control measures (What is already in place/done)		sk Ra	ating	What additional controls will be put in place to reduce the		Revised Risk Rating		Sign as
(the da ca	angers that can ause harm)		(What is already in place/done)	L	Ι	R	risk further?	L	I	R	done
1.11	Sickness at the setting continued	Infection of staff and children	 Personal Protective Equipment Gloves, an apron, protective glasses and a face mask from the 'isolation' kit will be worn by the supervising adult. Additional cleaning will be carried out if there is a suspected/confirmed case of Covid-19, following government advice If child tests positive for Covid-19 other children in their group will be asked to self-isolate for 14 days Testing will be available for remaining staff and children in group The Confidentiality Policy is followed at all times – this includes withholding the names of staff, volunteers and children with either confirmed or suspected cases of coronavirus Gloves continue to be worn for nappy changing, food preparation and distribution and first aid administration. Staff are encouraged to wash their hands frequently and have access to hand sanitiser in each zone Staff can select to wear face coverings and gloves routinely if they choose to 				If a member of staff or child attending the setting tests positive for coronavirus, reporting the case to PHE SE Health Protection Team on 03442253861. They will liaise with the local Health Protection Team and provide any necessary information or support If there is an outbreak (2 or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus is suspected), the HPT will advise whether any further action is needed. In some cases, they may recommend a larger				

					group self-isolate as a precautionary measure or where an outbreak is confirmed (and in consultation with the local Director of Public Health), they may dispatch a mobile testing unit		
1.12	Nappy changing and hazard waste removal	Staff may be exposed to the virus	 Children whose care routinely already involves the use of some PPE due to their intimate care needs continue to receive their care in the same way Additional government guidance is followed on waste removal 				

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cause harm)1.13Reception areas, offices and staff rooms	Staff exposed to the virus through shared equipment	 All tables, shared devices, chair backs and telephones to be cleaned by staff before and after use and at the end of the day with antibacterial cleaner Staff have access to different spaces for breaks to allow for social distancing Staff each have individual space to keep personal items Staff have hanger to store coats Staff leave fleeces onsite and take home to wash at the end of each week 	2	3	M	Cleaning materials are available in all area to enable staff to clean the handles of white goods/ cupboards etc and encourage staff to provide their own crockery/ mugs and to remove them from kitchens, and lunch boxes from shared fridges daily	2	3		NS																								

What are the significant, foreseeable, hazards? (the dangers that can cause harm)		Who is at Risk?	k? Current control measures (What is already in place/done)		Risk Ratin		What additional controls will be put in place to reduce the		evis Risk Ratin		Sign as
			(What is already in place/done)	L	I	R	risk further?	LI	R	done	
2.			WELLBEING								
2.1	Staff wellbeing	Staff are worried and feel stressed because of the pandemic and fear of the risk of infection	 Staff made aware of the measures in place to reduce infection as specified in the RA and given an induction before returning to work Staff are encouraged to raise concerns and suggest additional measures Rotas are in place to stagger use of staff break spaces as much as possible Staff have carried out free eLearning on Infection Control before returning to work Staff have been given access to BHCC information and well-being support as part of their induction before returning to work Staff meetings taking place remotely via video or audio link, outdoors or in well-ventilated rooms Changes to working practices do not result in staff missing out on breaks 	2	2	M	Either in-person or video induction is given to all staff before returning to work including opportunity to ask questions and rise concerns Increase the frequency of supervision for vulnerable staff	2	2	M	NS
2.3	Children's wellbeing	Children anxious about returning or impact of lockdown	 Children's sessions have been reserved based on parent's assessment of if the child is ready to return or not Regular updates from home are encouraged via Tapestry and daily care diary, with option to send messages home, is completed for each child each day 	2	2	M	Photos of key people, and the altered environment have been sent out to families for them to talk about before start back	2	2	Μ	NS

			•	High priority is given to wellbeing and any changes to behaviour or concerns are address with parents as soon as possible								
s forese	hat are the significant, eable, hazards?	Who is at Risk?		Current control measures (What is already in place/done)	Risk Rating		ng	What additional controls will be put in place to reduce the	Revised Risk Rating			Sign as
(the dangers that can cause harm)				(What is already in place/done)	L	1	R	risk further?	L	1	R	done
2.3	Children's wellbeing continued	Children anxious about returning or impact of lockdown	•	Children will be welcomed back and settled personally, linking to specific needs and special interests. The theme for the new term is 'all about me' specifically planned to support this								
			•	Guidance on supporting children's mental health and wellbeing during the coronavirus pandemic has been shared with staff								
2.3b	Children's wellbeing unable to provide meals	Children at risk of missing a meal	•	Nursery to inform parents/carers to bring in a pack lunch if meals are unavailable for any reason Ensure any food preparation policy in place for COVID-19 including: hygiene, cleaning of equipment and arrangements to ensure social distancing for their own staff and when making deliveries	2	1	L		2	1	L	NS
2.4	Staff home working	Staff may be injured as they are not used to working at home and have limited equipment	•	Staff have received guidance to support working from home Staff receive regular 'check-ins' whilst working from home	2	1	L		2	1	L	NS

What are the significant, foreseeable, hazards? (the dangers that can cause harm)		Who is at Risk?	Current control measures	Risk Rating			What additional controls will be put in	Revis Risl Ratir			Sign as
			(What is already in place/done)		I	R	place to reduce the risk further?	L	I	R	done
3.			COMMUNICATION								
3.1	Staff not up to date with most recent advice/guida nce	Staff or children may risk exposure to virus if staff are not aware of relevant guidance	 Managers to read, review and share all relevant information to ensure all staff are kept up to date Designated staff member to check for Government / Council guidance changes daily and notify managers of any significant changes Emergency procedures are regularly reviewed, updated and shared as required Agreed methods of communication – e.g. email, WhatsApp groups, staff contact numbers, etc. Managers has updated contact list for all members of staff 	2	1	L	Ensure all key information and changes are understood by all staff	2	1	L	NS
4.			STAFFING						•		
4.1	Reduced staffing resulting in insufficient -supervision ratios - trained first aiders - qualified staff - 121 support	Children may risk injury. Staff at work may suffer increased stress	 All Paediatric First Aid and Designated Safeguarding Lead requirements are met with updated training taking place this summer Staff to notify manager as early as possible if they or any member of their household are presenting Covid-19 symptoms and to follow NHS/111 isolation/medical advice Staff to notify manager as early as possible if they have travelled to a country that requires them to self-isolate to 14 days on their return 	4	3	Μ		4	3	Μ	NS

5.			 Manager to monitor daily supervision levels to ensure staffing requirements are met Inform Ofsted and the Family Information Service if the setting needs to close EMERGENCY EVACUATION & FIRE 							
5.1.	Staff and children unable to evacuate the building safety	Injury to children or staff	 In case of fire or fire alarm activation, everyone to use their nearest available exit route If the recommended social distancing between different groups, in corridors and assembly points is not achievable, ensure the greatest separation available is utilised Staff to be informed of any changes to the fire evacuation procedures if any changes have taken place a fire drill is carried out to practise the new routes/measures 	2	3	М			NS	
Guidan	ce on infection p	revention and cont	ol							
• <u>Safe</u>	working in educ	cation, childcare and	d children's social care settings, including the use of personal p	oroteo	ctive	equi	pment (PPE)			
Other re	Other relevant guidance									
 Supporting vulnerable children and young people during the coronavirus outbreak Guidance on the temporary early years foundation stage (EYFS) coronavirus (COVID-19) disapplications Ofsted's response to coronavirus (COVID-19) EYFS reforms: government consultation response 										