

How to use this Risk Assessment:

- This RA is used to mitigate the risk from COVID-19 and should be used alongside any other risk assessment for the task being undertaken.
- To calculate Risk Rating (R): assess the likelihood (L) of a member of staff/others contracting COVID-19, taking into account the control measures that will be in place against the **most** likely impact (I) of contracting COVID-19 might have **L x I = R**
- This risk assessment includes any Local COVID-19 Alert Levels (if in place) as a guide/ baseline on the likelihood of infection **without control measures in place** and whether a lockdown is in place.
- As the Local Alert Level or lockdown status changes the risk assessment should be reviewed – consider whether the likelihood of transmission of COVID has changed and whether the control measures you have in place remain effective
- The circumstances of vulnerable staff and staff that live with a vulnerable person will be considered individually and an Individual COVID-19 RA is available to support these staff. The individual RA can be used to support all staff that have personal or domestic concerns about returning to or working in the workplace

Task / Activity Covered by the assessment	Nurseries during Coronavirus Outbreak		National Covid 19 Alert Tool	Likelihood (L)	X	Impact (I)	
			1	Almost Impossible	1	Insignificant (minor injury, no time off)	
Setting	Honeycroft		2	Unlikely	2	Minor (non-permanent injury, up to 7 days off)	
Date of Assessment	12/01/22	Date Assessment to be reviewed	regularly	3	Possible	3	Moderate ((injury causing more than 7 days off)
Person Completing	N Silsby		4	Likely	4	Major ((death or serious injury)	
Staff involved in assessment	S Deda		5	Almost Certain	5	Catastrophic (multiple deaths)	
<i>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</i>				Low = 1-3	Moderate = 4-7	Significant = 8-14	High = 15-25

Covid Alert Level and Lockdown Status

Government’s LOCAL COVID-19 ALERT LEVEL for Brighton & Hove	Tier 1 MEDIUM	Tier 2 HIGH	Tier 3 VERY HIGH
Lockdown in Place [YES/ NO]	No		

What are the significant, foreseeable, hazards? (the dangers that can cause harm)	Who is at Risk?	Current control measures (What is already in place/done)	Risk Rating			Additional controls may vary depending on local levels of infection and individual risks identified in particular settings	Revised Risk Rating			Sign as done	
			L	I	R		L	I	R		
1. TRANSMISSION OF VIRUS											
1.1	Attendance of Children and Staff	Infection of staff, children and families	<ul style="list-style-type: none"> ○ 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 ○ Both local and 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. NB. Vaccines and teething may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless coronavirus is suspected. Parents and carers should monitor side effects from a vaccination or teething, and if they are concerned about their child's health, they should seek medical advice ○ Staff are provided with lateral flow test kits to carry out at home twice a week. Staff must report their result to NHS Test and Trace and should also share their result with the setting to help with contact tracing. ○ Communicate to staff and parents/carers that they need to be ready and willing to: <ul style="list-style-type: none"> - book a test if they or their children are displaying symptoms of coronavirus and must not attend the setting if they have symptoms or have tested positive in the last 10 days. All children can be tested, including children under 5 - Provide details of anyone they have been in close contact with if they test positive for coronavirus to NHS Test & Trace. ○ If PCR is positive, staff may be able to end their self-isolation period before the end of the 10 full days. They 	3	3	M	<p>All staff and children's temperatures taken and recorded at the start of each session.</p> <p>All staff are provided with enough lateral flow tests to carry out testing twice weekly ahead of starting shift.</p> <p>Confirmatory PCR tests following a positive lateral flow device (LFD) test result are to be temporarily suspended from Tuesday 11 January. This will mean that anyone who receives a positive LFD test result will be required to self-isolate immediately and will not be required to take a confirmatory PCR test.</p>	2	3	M	NS

			<p>can take an LFD test from 6 days after the day their symptoms started (or the day their test was taken if they did not have symptoms), and another LFD test on the following day (day 7). The second LFD test should be taken at least 24 hours later. If both these test results are negative, and they do not have a high temperature, they may end their self-isolation after the second negative test result and return to the setting on day 8.</p> <ul style="list-style-type: none"> ○ Public Health also recommend that staff continue to take daily LFD tests on day 8, 9 and 10 even if they have ended their isolation early following 2 negative LFD tests. If any of the test results are positive, the staff member should isolate and should wait 24 hours before taking the next LFD test. ○ Those who end their self-isolation period before 10 full days are also strongly advised to: <ul style="list-style-type: none"> • limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces • work from home if they are able to • wear a face covering in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people • limit contact with anyone who is at higher risk of severe illness if infected with COVID-19 (including not visiting those in care homes or hospitals) <p>This advice should be followed until 10 full days from when their self isolation period started. Settings should consider whether these conditions can be met, and if they cannot, it is recommended that the staff member carry out the full 10 days isolation period</p>								
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- Children may also end their isolation early, if the same conditions apply, however as the government states that regular LFD testing is not suitable for under 5s, children should isolate for the full 10 days before returning to the setting
- Self-isolate in line with government guidance, if they have been in close contact with someone who develops coronavirus symptoms or someone who tests positive for coronavirus or if they are required to quarantine following government travel advice after having travelled to England from another country.
- However, if staff live in the same household as someone with COVID-19 and are not symptomatic/unwell, are *fully vaccinated or aged under 18 years and 6 months, they are not required to self-isolate, but should take a LFD test every day for 7 days and continue to attend their setting as normal, unless they have a positive test result.
- If a child under 5 is a contact of a confirmed case, they are not required to self-isolate and do not need to start daily testing. If they live in the same household as someone with COVID-19 they should limit their contact with anyone who is at higher risk of severe illness if infected with COVID-19, and arrange to take a PCR test as soon as possible. They should not attend the setting while waiting for the PCR result and if the test is positive, they must follow the general self isolation guidance
- If (as a close contact), a staff member or child develops symptoms while they are isolating, they

			<p>should arrange to have a PCR test. If the test result is positive, they should follow the advice for people with COVID-19 to stay at home and must start a new self-isolation period.</p> <ul style="list-style-type: none"> ○ In an outbreak situation Public Health may also advise us to issue a template letter to parents instructing them to isolate their child as a contact of a case. ○ Parents and staff are asked to inform the setting immediately of the results of all PCR tests taken ○ If the result is positive, the setting will contact the local health protection team ○ 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	<ul style="list-style-type: none"> ● Shielding advice was paused nationally from 31 March. All CEV or CV children should attend their setting unless they are one of a very small number of children under paediatric or other specialist care and have been advised by their GP or clinician not to attend. CEV children returning to a setting should have an Individual Risk Assessment in place. ● Clinically Extremely Vulnerable staff are advised to follow medical advice and latest government CEV Guidance. CEV & CV staff and those who live with someone who is CEV will attend work subject to agreed Individual Risk Assessment in place/reviewed ● Pregnant staff should follow the government guidance for pregnancy & be subject to individual risk assessments. They are advised to take particular care to practise frequent, thorough hand washing, and cleaning of frequently touched areas in their home or workspace, taking particular care when they are 28 weeks pregnant and beyond. Further advice is available from the Royal College of Gynaecologists. ● 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 	3	4	M	<p>Staff are offered an individual risk assessment before returning to work. For clinically vulnerable staff who have continued to work, managers may wish to discuss flexibilities to support them, such as staggered start times to reduce travel during rush hour and offering and where possible offering on-site roles that enable them to stay 2m away from others.</p> <p>Consider, continuing to take care to socially distance from other adults including older children and adolescents wherever possible</p>	2	4	M	NS

			<p>leaders should try as far as practically possible to accommodate additional measures.</p> <ul style="list-style-type: none"> • Staff and the families of children who have been travelling abroad should follow the rules on arriving in England following international travel, as set out in red, amber and green list rules for entering England. • Settings support and encourage vaccine take up and enable all staff who are eligible for a vaccination to attend booked vaccine appointments, where possible. 								
1.3	Physical distancing	Infection of staff and children	<ul style="list-style-type: none"> • Adult: child ratios specified by the Early Years Foundation Stage are maintained • Parents are aware of all measures in place ahead of attending • Children have been group by age based and adult:child ratios and do not mix during the day • Each group has a staggered start time • Each group has consistent group leaders • If staff need to move between groups of children, they should try and keep their distance from other staff as much as they can, ideally 2 metres from other adults • It is recommended settings keep a record of children and staff in each group, and any close contact that takes places between children and staff however as of 19th July, close contacts will be identified via NHS Test and Trace and settings will no longer be expected to undertake contact tracing , unless contacted in exceptional cases to help identify close contacts • All children will have time allocated to spent outdoors • Sleeping blankets are not shared and washed at a higher temperature 	3	3	M	<p>If local infection rates are high and the risk is increased, consider the following:</p> <p>Continuing to minimise mixing where possible, keeping groups apart as much as possible and assigning the same practitioners to each group</p> <p>Continuing with 2 metre distancing between groups and from other adults as far as possible</p> <p>Continuing with cots/sleeping arrangements adhering to physical distancing where possible</p> <p>Having rotas in place to stagger staff arrival, departure and the use of staff rooms and offices to maintain distancing.</p>	2	3	M	NS

What are the significant, foreseeable, hazards? (the dangers that can cause harm)		Who is at Risk?	Current control measures (What is already in place/done)	Risk Rating			What additional controls will be put in place to reduce the risk further?	Revised Risk Rating			Sign as done
				L	I	R		L	I	R	
1.4	Face coverings	Infection of staff and children	<ul style="list-style-type: none"> Face shields are reinstated and worn by all staff when working in close contact and in particular; When on the door greeting children and parents for drop off or pick up times When meeting an essential visitor When meeting with others for longer than 15 minutes and a 2-meter distance cannot be maintained When working alongside others in one spot for longer than 15 minutes and a 2-meter distance cannot be maintained Staff are responsible for ensuring their face shield is; Clearly named, Kept clean and sanitary and Stored away safely when not in use, not left lying around 				<p>Children in EY settings should not wear face coverings</p> <p>A supply of face shields is held at the setting, in case forgotten, lost, damaged, damp or contaminated.</p> <p>Face shields should be worn correctly and clear instructions given including importance of washing hands.</p>				
1.5	Health and hygiene	Infection of staff and children	<ul style="list-style-type: none"> 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 do so 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 has high ceilings and in general is well ventilated but can be increased by using the ventilation units if required Paper towels are used in bathroom area and bins emptied regularly 	3	3	M	Heating should be used as necessary to ensure comfort levels are maintained, particularly in occupied spaces.	2	3	M	NS

			<ul style="list-style-type: none"> • Cleanliness habits are reinforced through games, songs, visuals, adult support and repetition • Poorly ventilated areas identified and steps taken to improve fresh air flow – extra consideration when holding events/others on site • Use of fans discouraged, as can spread contaminated air from one person onto another – and only used after considering other ventilation and heat reducing measures. Sited (e.g.. under/in an open window) so drawing and pushing fresh air around a room and not directed/blowing air from one person to another. 										
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				L	I	R		L	I	R	
1.6	Cleaning	Infection of staff and children	<p>Surfaces that children touch, such as toys, books, tables, chairs, doors, sinks, toilets, are cleaned more regularly than normal using standard detergents</p> <ul style="list-style-type: none"> • Toys that have been mouthed by babies and young children are placed in the sterilising buckets immediately • any shared items and surfaces are cleaned and disinfected frequently • Touch points of outside equipment is wiped down after use • 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 • Children wash their hands thoroughly before and after messy play and frequently touched surfaces, equipment, tools and resources are cleaned and dried 	3	3	M	Staff belongings have been allocated an individual non-shared area	2	3	M	NS
1.7	PPE and cleaning supplies	Risk of infection if supplies run out	<ul style="list-style-type: none"> • 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	3	M	Supplies are monitored for PPE and cleaning equipment to ensure that a supply of stock is available at all times	2	3	M	NS

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				L	I	R		L	I	R	
1.8	Arrivals and departures	Infection of staff, children and families	<ul style="list-style-type: none"> All parents dropping off or picking up children have been asked to now; <ul style="list-style-type: none"> - Wear a face covering - Remain behind the 2-meter mark - Wait at two meter intervals from each other - Staggered start times in bubbles - Be patient while waiting for the door to be opened 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 that that they cannot gather at entrance or enter the site (unless they have a pre-arranged 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 If parents need to enter a nursery face coverings to be worn and social distancing maintained. This will be by prior arrangement only. 	2	3	M	Guidance has been shared with all parents who, by sending their children, agree to follow it	2	3	M	NS

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1.9	Visitors	Infection of staff, children and visitor	<ul style="list-style-type: none"> • If a decision has been made to require face coverings for staff in certain situations where social distancing is difficult, such as in communal areas, the arrangements should also be communicated to visitors. • Essential delivery workers and suppliers are informed not to enter the setting if they are displaying any symptoms of coronavirus • All essential maintenance and building work are completed outside of operational hours where possible • Any visitors to the setting are informed of health and safety procedures. • A record is kept of all visitors which follows the guidance on maintaining records of staff, customers & visitors to support NHS Test & Trace (date & time of visit, name & contact details, who they interacted with). 	2	3	M	<p>If local infection rates are high and the risk is increased, consider the following:</p> <p>Consider restricting all visits to the setting to those that are necessary and make use of remote visits wherever possible</p> <p>Food deliveries arranged to maintain hygiene and social distancing advice, with outdoor drop-off when possible</p> <p>Consider designating a specific toilet for visitors which can be cleaned between use</p> <p>For new admissions, consider providing virtual tours for prospective parents and carers.</p>	NS
1.10	Sickness at the setting	Infection of staff and children	<p>Covid-19 sickness procedure.</p> <p>Adult: If a member of staff fell ill whilst at the setting they would return home immediately and arrange a test.</p> <p>Child: A procedure is in place to be followed if a child began to show symptoms of coronavirus. This includes:</p> <ul style="list-style-type: none"> •The child being moved to a designated 'safe zone' (preferably a separate room, where the door can be closed, but a window can 	4	3	M	<p>Consider the following:</p> <p>Ensuring a duplicate PPE kit, including a face mask is available and accessible</p>	3 3 M NS

		<p>be opened for ventilation. If this is not possible, an area at least 2 metres from others – state room or area designated)</p> <ul style="list-style-type: none"> •One adult to stay with the child •The child to leave the building with parent/ care via the shortest route •If the child needs the bathroom while waiting to be collected, they will be taken to a separate bathroom if possible and the bathroom will be cleaned and disinfected using standard cleaning products before being used by anyone else. •After any contact with someone unwell, staff must wash their hands thoroughly and the area around the person with symptoms should be cleaned with normal household disinfectant after they have left <ul style="list-style-type: none"> •Notify confirmed cases in settings to Brighton & Hove Local Authority Education Department by email: eyc@brighton-hove.gov.uk •Report confirmed staff or child cases to Ofsted. They should also be informed if the setting need to be closed •Follow latest PHE South East Health Protection Team: Managing Suspected and Confirmed COVID-19 cases in Childcare and Educational Settings FLOWCHART in Outbreak Pack •Engage with the NHS Test & Trace procedure where a child or member of staff is symptomatic or has been diagnosed. <p>Personal Protective Equipment</p> <ul style="list-style-type: none"> •A face mask will be worn by the supervising adult if two metres cannot be maintained with the child. If contact or personal care for the child is necessary, gloves, an apron and a face mask will be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection will also be worn. 							
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			<ul style="list-style-type: none"> •Additional cleaning will be carried out if there is a suspected/confirmed case of Covid-19, following government advice •Symptomatic child’s household (including any siblings) should follow the PHE: Stay at home guidance •Testing will be available for remaining staff and children. •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 •Settings should not request evidence of negative test results or other medical evidence before welcoming children back after a period of self-isolation, however if a parent or carer insists on a child attending the setting, and the setting has concerns that the child has not fully recovered or completed the full isolation period, the setting can take the decision to refuse the child if, in their reasonable judgement, it is necessary to protect their children and staff from possible infection with coronavirus Any such decision would need to be carefully considered in the light of all the circumstances and current public health advice 							
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			L	I	R		L	I	R	
1.11 Local outbreak within setting (2 or more confirmed cases within 14 days, or an		<ul style="list-style-type: none"> • Aware of and follow the Contingency Framework for managing local outbreaks of COVID-19 and the Public Health England Education Settings Outbreak Pack. • Follow any additional local measures/restrictions put in place by the local authority (BHCC), Director of Public Health and/or 				Additional local measures/restrictions may include (but not be limited to):				

	overall rise in sickness absence where coronavirus is suspected)		<p>local Health Protection Team (as part of their local outbreak management responsibilities).</p> <ul style="list-style-type: none"> Procedures in place for local Outbreak Management considerations to include: Informing DfE Helpline DfE (call helpline on 0800 046 8687 and select option 1 for advice on the action to take in response to a positive case), PHE and local PHT/LA and following their guidance. If you think you may need to close the setting contact your HPT first to discuss the public health perspective. Review of setting's Covid-19 RA and arrangements and any additional controls required. Communications to staff and parents/carers on any changes etc. Provision of wellbeing support. Induction/updates for all to explain the latest site COVID-19 RA, required controls and safety arrangements. 				<p>Limited attendance including prioritising certain pupil groups.</p> <p>Re-introduction of shielding for CEV and essential visitors only, with Covid induction/protocols.</p> <p>Consideration of the reintroduction of other additional measures such as distancing, bubbles, use of face coverings etc</p> <p>Review whether planned trips, events etc. can go ahead.</p>				
1.12	Nappy changing and hazard waste removal	Staff may be exposed to the virus	<ul style="list-style-type: none"> 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 								
1.13	Reception areas, offices and staff rooms	Staff exposed to the virus through shared equipment	<ul style="list-style-type: none"> 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 breaks are staggered to avoid unnecessary contact and space is organised to allow for social distancing 	2	3	M	Cleaning materials are available in all area to enable staff to clean after themselves	2	3	M	NS

			<ul style="list-style-type: none"> • 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 			<p>If local infection rates are high and the risk is increased, consider the following:</p> <p>Rotas in place for access to staffrooms and offices to adhere to distancing</p> <p>Staff to have allocated phones and desks wherever possible.</p> <p>Workstations positioned to give two metre distance.</p> <p>Limit use of high-touch items such as printers.</p>			
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			L	I	R		L	I	R		
2.	WELLBEING										
2.1	Staff wellbeing	Staff are worried and feel stressed because of the pandemic and fear of the risk of infection	<ul style="list-style-type: none"> Staff made aware of the measures in place to reduce infection as specified in the RA and given an induction before returning to work via zoom meeting Staff are encouraged to raise concerns and suggest additional measures Rotas are in place to stagger staff on site – separating out into two teams who do not cross over 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 onsite and currently furloughed are updated regularly Changes to working practices do not result in staff missing out on breaks 	2	2	M	<p>Either in-person or video induction is given to all staff before returning to work including opportunity to ask questions and rise concerns</p> <p>The government have compiled a list of mental health resources for staff, parents, carers and children: https://dfemedia.blog.gov.uk/2021/02/01/mental-health-resources-for-children-parents-carers-and-school-staff/</p>	2	2	M	NS
2.3	Children's wellbeing	Children anxious about returning or impact of lockdown	<ul style="list-style-type: none"> Children's sessions have been reserved based on parent's assessment of if the child should attend or not Regular updates via Tapestry with home learning options are available to all children and daily care diary is completed for all children still attending High priority is given to support those we determine as 'vulnerable' to continue to attend during this time 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 	2	2	M		2	2	M	NS

			<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
3.	COMMUNICATION										
3.1	Staff not up to date with most recent advice/guidance	Staff or children may risk exposure to virus if staff are not aware of relevant guidance	<ul style="list-style-type: none"> 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	Children may risk injury. Staff at work may suffer increased stress	<ul style="list-style-type: none"> All Paediatric First Aid and Designated Safeguarding Lead requirements are met with updated training taking place this summer (July 2020) 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 10 days on their return 	4	3	M		4	3	M	NS

	- 121 support		<ul style="list-style-type: none"> • 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 							
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5.		EMERGENCY EVACUATION & FIRE									
5.1.	Staff and children unable to evacuate the building safety	Injury to children or staff	<ul style="list-style-type: none"> • In case of fire or fire alarm activation, everyone to use their nearest available exit routes • 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	M					NS

Guidance on infection prevention and control: <https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures?priority-taxonomy=b350e61d-1db9-4cc2-bb44-fab02882ac25>

Current restrictions: <https://www.gov.uk/coronavirus>