

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	01/03/22	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)		
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					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	Communicate to staff and parents/carers that they should: Follow government guidance People with COVID-19 and their contacts if they have COVID-19 symptoms. There is no longer a legal requirement for people with COVID-19 to self-isolate, however if they have any of the main symptoms of COVID-19 or a positive test result, the public health advice is still to stay at home and avoid contact with other people. Therefore:	3	3	M	All staff and children's temperatures taken and recorded at the start of each session. Confirmatory PCR tests following a positive lateral flow device (LFD) test result are suspended. This will	2	3	M	NS

- Symptomatic peoples should get a PCR test and are advised to stay at home and avoid contact with other people while waiting for the test result.
- Staff and children with COVID-19 should stay at home and avoid contact with other people. Where possible, staff should let people who they have been in close contact with know about their positive test result.
- If PCR/LFD is positive staff may still need to stay at home for up to 10 full days (or longer if they still have a high temperature). However, they can take an LFD test from 5 days after symptoms started (or the day a PCR test was taken if they did not have symptoms) followed by another LFD test the next day. If both these test results are negative, and they do not have a high temperature, they may return to the setting. If the day 5 LFD test result is positive, they should continue to take LFD tests until they receive 2 consecutive negative test results.

Those who end their self-isolation period before 10 full days are also strongly advised to:

- 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)

This advice should be followed until 10 full days from when their self isolation period started. Settings should consider whether

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, instead carry out a LFD on day 5 and day 6 to be able to end isolation period.

these conditions can be met, and if they cannot, it is recommended that the staff member carry out the full 10 days isolation period.

Children may also end their isolation early, if the same conditions apply, however LFD testing is at parental or guardian discretion (and the government states that regular LFD testing is not suitable for under 5s) therefore if LFD tests are not carried out, it is recommended that children isolate for the full 10 days

If staff live in the same household as someone with COVID-19 and are not symptomatic/unwell, are fully vaccinated, they do not need to self-isolate. However they are still advised to minimise contact with the person who has COVID-19, work from home if they able to do so, avoid contact with anyone who is higher risk of becoming severely unwell if they are infected with COVID-19, limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces and wear a face covering in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people.

Children who live with someone who has COVID-19 can continue to attend the setting as normal (if not symptomatic or unwell)

If (as a close contact), a staff member or child develops symptoms while they are isolating, they 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.

Parents and staff asked to inform the setting immediately of the results of a positive test.

Parents and carers closely monitor children for signs of Covid-19 symptoms in line with guidance. NB. Vaccines can cause a mild fever in children. This is a common and expected reaction and

			<p>isolation is not required unless Covid-19 is suspected. Whilst teething can cause some known side effects such as flushed cheeks and sore gums, NHS guidelines state that fever is not a symptom of teething. Parents and carers should monitor side effects from a vaccination or teething, and if their child has a temperature or displays other symptoms they should consider seeking medical advice before returning to the setting.</p> <p>Staff in EY settings are no longer expected to undertake twice weekly asymptomatic testing unless in specialist SEND settings. However, Honeycroft staff are encouraged to continue testing twice or after mixing with larger groups all the while the government provides free testing kits.</p>								
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	<p>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.</p> <p>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</p> <p>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.</p> <p>If people with possible risk factors are concerned, settings discuss their concerns and explain the measures the setting is</p>	3	4	M		2	4	M	NS

			<p>putting in place to reduce risks. Setting leaders should try as far as practically possible to accommodate additional measures.</p> <p>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.</p> <p>Settings support and encourage vaccine take up and enable all staff who are eligible for a vaccination to attend booked vaccine appointments, where possible.</p>								
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 to avoid mixing during the day • Each group has a staggered start time and consistent group leader/s • It is recommended to keep a record of children and staff in each group, and any close contact that takes places between children and staff however formal contact tracing has now ended • All children will have time allocated to spent outdoors 	3	3	M	If experiencing staff shortages refer to current DfE guidance regarding flexibility with ratios and grouping of children	2	3	M	NS

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				L	I	R		L	I	R	
1.4	Face coverings	Infection of staff and children	<p>Face coverings are no longer a legal requirement however the government recommends they are still worn in enclosed and crowded spaces where you may come into contact with people you don't normally meet. This may apply in settings at arrival and leaving times.</p> <p>Face shields should be worn by all staff when working in close contact and in particular;</p> <ul style="list-style-type: none"> • When on the door greeting children and parents for drop off or pick up times • When meeting an essential visitor • 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>In addition, if staff wish to still wear them in other circumstances, this will be supported</p>				A supply of face shields is held at the setting, in case forgotten, lost, damaged, damp or contaminated.				
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 	3	3	M		2	3	M	NS

			<ul style="list-style-type: none"> Paper towels are used in bathroom area and bins emptied regularly Cleanliness habits are reinforced through games, songs, visuals, adult support and repetition 								
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 	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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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 maintain distancing when they drop off and collect children 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 If parents need to enter a nursery face coverings to be worn and social distancing maintained. 	2	3	M	Guidance has been shared with all parents who, by sending their children, agree to follow it	2	3	M	NS
1.9	Visitors	Infection of staff, children and visitor	<ul style="list-style-type: none"> Visitors are required to either use face coverings or maintain social distancing 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 	2	3	M	If local infection rates are high and the risk is increased, we will restrict all visits to the setting to those that are necessary and make use of remote visits wherever possible including virtual tours for prospective parents and carers.				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 be opened for ventilation. If this is not possible, an area at least 2 metres from others – state room or area designated) One adult to stay with the child 	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

- 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
- Notify confirmed cases in settings to Brighton & Hove Local Authority Education Department by email: eyc@brighton-hove.gov.uk
- Follow latest PHE South East Health Protection Team: Managing Suspected and Confirmed COVID-19 cases in Childcare and Educational Settings FLOWCHART in Outbreak Pack

Personal Protective Equipment

- 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.
- 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
- The Confidentiality Policy is followed at all times
- 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

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<p>1.11</p> <p>Local outbreak within setting (2 or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus is suspected)</p>		<ul style="list-style-type: none"> Aware of and follow the Contingency Framework for managing local outbreaks of COVID-19 and the thresholds used as an indication for when to seek public health advice. For most education and childcare settings, these include: A higher than previously experienced and/or rapidly increasing number of staff or pupil absences due to COVID-19 infection Evidence of severe disease due to COVID-19, for example if a child or staff member is admitted to hospital due to COVID-19 A cluster of cases where there are concerns about the health needs of vulnerable staff or children within the affected group. Settings can seek advice and support from BHCC Early Years team and Local Public Health Team. Follow any additional local measures/restrictions recommended by the local authority (BHCC), Director of Public Health and/or local Health Protection Team (as part of their local outbreak management responsibilities). 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), and contacting publichealth@brighton-hove.gv.uk If you think you may need to close the setting contact the DfE Helpline 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. 				<p>Additional local measures/restrictions may include (but not be limited to):</p> <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>				

			<ul style="list-style-type: none"> Induction/updates for all to explain the latest site COVID-19 RA, required controls and safety arrangements. 								
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, 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 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	<p>Cleaning materials are available in all area to enable staff to clean after themselves</p> <p>If local infection rates are high and the risk is increased rotas will be put in place for access to staffrooms to adhere to distancing</p>	2	3	M	NS
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 Staff are encouraged to raise concerns and suggest additional measures Staff have carried out eLearning on Infection Control Staff have been given access to BHCC information and well-being support Any changes to working practices do not result in staff missing out on breaks 	2	2	M	<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

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				L	I	R		L	I	R	
2.3	Children's wellbeing	Children anxious about returning or impact of lockdown	<ul style="list-style-type: none"> Regular updates via Tapestry and daily care diary is completed for all children attending High priority is given to support those we determine as 'vulnerable' Children will be settled personally, linking to specific needs and special interests. The theme for the new term is 'healthy me' which includes positive mental health strategies specifically planned to support this Guidance on supporting children's mental health and wellbeing during the coronavirus pandemic has been shared with staff 	2	2	M		2	2	M	NS
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
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 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	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 Staff to notify manager as early as possible if they or any member of their household are presenting Covid-19 symptoms Staff to notify manager as early as possible if they have travelled to a country that requires them to self-isolate 	4	3	M		4	3	M	NS

	<ul style="list-style-type: none"> - qualified staff - 121 support 		<ul style="list-style-type: none"> • Manager to monitor daily supervision levels to ensure staffing requirements are met • Inform Ofsted if the setting needs to close 								
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5.	EMERGENCY EVACUATION & FIRE										
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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
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Updated national guidance - this guidance stands until 31st March at which point we are expecting further changes / withdrawal of national guidance.

- [Guidance for early years and childcare providers](#) – this is the overall operational guidance that has been in place throughout the pandemic
- [UKHSA guidance on people with Covid and their contacts](#) – this is the key updated UKHSA guidance which sets out the actions people should take if they are symptomatic and / or test positive for Covid and people who live in the same household as, or who have had close contact with, someone who has COVID-19. We are strongly recommending that this guidance is followed.
- [Guidance to parents and carers](#) – this has been updated to mirror the UKHSA guidance

Advice to parents/carers [an update on advice to parents/carers on the council website](#)

Outbreak management The [contingency framework](#) has been updated. The key changes are that the focus is now on baseline measures which include following the national guidance if you have symptoms, ensuring good hygiene and ventilation and encouraging vaccination. There is also a change in the thresholds for considering additional action or seeking advice. It no longer specified 5 or more cases or 10% of a group.