

		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
	MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
	SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

# COVID-19 Risk Assessment

## Form. Date: 6<sup>th</sup> September 2021

<b>Risk Assessment for (Activity/Process/Operation)</b>	<b>English Martyrs Catholic Primary: Special Educational Needs and Safeguarding</b>
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What are the hazards	Who might be harmed and how?	What existing control measures are in place to reduce / prevent the risk?	Considering existing controls, what is the current risk level	Further Action to be taken to control the risk? After further action risk identified as:	Assigned to	Completed by whom & when
Increased health risk: Pupils with underlying health or medical needs are at a higher level of risk.	EHCP pupils/pupils with a medical condition or underlying health need.	<ul style="list-style-type: none"> <li>Individual risk assessments completed for SEND pupils with identified medical conditions</li> <li>Medical register of all pupils with health conditions that could increase risk provided for all class teachers (asthma, heart conditions).</li> <li>Extra vigilance in relation to social distancing, cleaning of equipment, hygiene procedures.</li> </ul>	High	<ul style="list-style-type: none"> <li>Ensure that all parents provide current information about any changes to medical or health conditions that may increase risk for individual pupils.</li> <li>Request letters from parents for any CEV pupils who need to continue shielding</li> </ul>	School Admin	??????

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		<ul style="list-style-type: none"> <li>1:1 adults who are required to provide personal care to individual pupils wear PPE at their discretion and all have received the first dose of the Covid vaccine</li> </ul>		<ul style="list-style-type: none"> <li>Ensure that meetings with health professionals and parents are held prior to return of individual pupils to ensure that school are aware of requirements and procedures to follow for these individuals</li> </ul>		
Medicines kept in school may be out of date/ or have be returned to home prior to school closure	Pupils with medical or health conditions needs as recorded on school medical register.	<ul style="list-style-type: none"> <li>Check that Register of medical needs and medication kept in school is up to date.</li> <li>Only essential medicines to be stored or administered in school (epipen, diabetic check, inhalers and epipens).</li> <li>Children who are taking antibiotics to remain at home until the course is completed.</li> <li>Other medicines (e.g. for hayfever) to be administered at home before school.</li> </ul>	High	<ul style="list-style-type: none"> <li>Class TAs/ Admin staff to check medication kept in school for use by date(e.g. epipens and inhalers)</li> <li>Contact parents who need to provide medicines for use in school where none are present or are past use by date.</li> <li>PPE to be used for administering medicines- <b>only</b> to identified individuals (diabetes, epilepsy).</li> </ul> <p>Low</p>	???????	???????

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Personal care: Individual pupils with SEND requiring toileting support	Staff carrying out personal care are at increased risk of exposure	<ul style="list-style-type: none"> <li>SEND pupils with personal care needs are known to school and already have a personal care plan in place</li> <li>1:1 adults who are required to provide personal care to individual pupils wear PPE and all have received the first dose of the Covid vaccine.</li> <li>individual PPE bags for 1:1 adults supporting individuals are provided- these include: wipes, spray, gloves and apron, mask / visor.</li> <li>Children requiring personal care have a 'change bag' that remains in school. This includes: wipes, nappy or pads, change of clothing and underwear. This remains in school to prevent cross contamination and, should it need replenishing these items to come into school from home in a disposable bag.</li> <li>Any soiled items are kept in a sealed plastic bag in an identified place (disabled toilet</li> </ul>	High	<ul style="list-style-type: none"> <li>Discuss individual needs with parents of pupils requiring this support and ascertain whether a personal care plan is required.</li> </ul>		

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		and change room) until parent can collect at the end of the day.				
Hygiene procedures: SEND pupils with cognition and learning or processing difficulties may not understand the need for this.	All pupils or adults who may have contact with these individuals and/ or individual SEND pupil	<ul style="list-style-type: none"> <li>• Good hygiene procedures embedded in class routine: Regular handwashing, reminders to cough into elbow, not touch face, nose, eyes.</li> <li>• Clear and consistent adult prompts and reminders given.</li> <li>• Visual reminders and use of Communicate in Print symbols to reinforce these routines if needed.</li> <li>• Positive praise and recognition given to individuals who need this reinforcement.</li> <li>• Clear guidance about the structure of environment and routines has been shared with children and parents as part of the stakeholder information.</li> </ul>	high	<ul style="list-style-type: none"> <li>• Social stories and songs used to reinforce this message</li> <li>• Adults remain vigilant</li> </ul>	Classroom Teachers and TAs - classrooms	

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Making the transition back to school: SEND pupils with Autism, attachment or anxiety may find this difficult.	SEND Pupils with SEMH, increased anxiety (ASC or attachment needs).	<ul style="list-style-type: none"> <li>Parents have advance notice of return to school start date and information about how school will operate, be organised and how the environment will look (Stakeholder Guidance).</li> <li>Meetings with specific parents have been held, with plans made for graduated transition</li> <li>Parents prepare child in advance for this and remind child of school routines (walking/ driving to school, uniform, packed lunch etc).</li> <li>Communication between parent and SENDCO/ parent and class teacher to prepare for return to school</li> <li>STS autism and EPS have provided additional guidance and resources such as social stories to support transition.</li> </ul>	high	<ul style="list-style-type: none"> <li>Contact parents of individual pupils to discuss their current needs and levels of anxiety.</li> <li>Consider a phased transition back into school if this is required (supported by an agreed written transition plan)</li> <li></li> </ul>		
Coming into school and leaving parent: Pupils with SEMH needs may show reluctance or	SEND Pupils with increased anxiety (ASC or attachment needs)	<ul style="list-style-type: none"> <li>Specific pupils to have meet and greet as needed.</li> <li>Specific pupils allowed to enter school late at quieter times</li> <li>Professional guidance given/ and adhered to re Team Teach strategies for de-escalation (Julia Jessop)</li> </ul>	High	<ul style="list-style-type: none"> <li>Children who have not been attending school offered a phased return / transition support where anxiety levels are high</li> </ul>		

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refusal to separate from parent.		<ul style="list-style-type: none"> <li>•</li> </ul>				
Managing emotions during the day: Pupils with SEMH may experience moments of heightened anxiety during the school day	SEND Pupils with increased anxiety (ASC or attachment needs)	<ul style="list-style-type: none"> <li>• Individual risk assessments completed for high profile pupils</li> <li>• Regular Emotional checks-ins throughout the day.</li> <li>• Children use non-verbal signals or cues to communicate emotional need.</li> <li>• Reminders given to use calming or breathing techniques</li> <li>• Use of a visual timetable and prompts so that individuals are prepared for activities and transitions between these</li> <li>• Identify a safe space for individuals to use times of heightened anxiety.</li> <li>• Key adults have completed Emotion coaching training and Team Teach training.</li> <li>• THRIVE practitioners aware of and supporting individual children</li> <li>• PIP in place with risk assessments for high risk children</li> </ul>	High	<ul style="list-style-type: none"> <li>• Implementation of a THRIVE curriculum having an increased focus on emotional needs.</li> <li>• PSHE and Protective behaviours embedded in curriculum and revisited: – evidenced in planning/ daily timetables.</li> <li>• Implementation of mindfulness, calming and breathing activities, movement breaks at regular points of the day at class teacher discretion</li> <li>• All children reminded daily about how to recognise early warning signs of anxiety rising. Reminders of strategies for self-regulation</li> <li>• Worry boxes in classrooms</li> <li>• Referrals made to RISE where anxiety levels remain high</li> </ul>		
Emotional meltdowns:	SEND Pupils with increased	<ul style="list-style-type: none"> <li>• Individual risk assessments completed for high profile pupils</li> </ul>	High	<ul style="list-style-type: none"> <li>• Revisit Protective behaviours work on recognising feelings of</li> </ul>		

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Pupils with SEMH may display aggressive behaviour during times of heightened anxiety. This would increase the risk of exposure through touch or contact with saliva	anxiety (ASC or attachment needs)  All pupils or adults who may have contact with these individuals	<ul style="list-style-type: none"> <li>• Verbal and visual reminders given for OK, Not Ok behaviours.</li> <li>• Remind individuals that a 'safe space is available for</li> <li>• Familiar adults notice signs of anxiety rising.</li> <li>• Use change of activity or distraction if there are signs of increased anxiety.</li> <li>• Use of de-escalation strategies and language.</li> <li>• Current Team Teach guidance and principles shared with staff</li> <li>• adults to note any equipment which has been mouthed and ensure that this is washed immediately after use</li> </ul>		anger and 'when my feelings get too big' <ul style="list-style-type: none"> <li>• Use social stories- When I am angry.</li> <li>• Individual handling plans written if required.</li> <li>• Advice sought from STS (Emma Donnelly) or Team Teach (Julia Jessop)</li> <li>• Stage offered as safe space for THRIVE identified pupils</li> </ul>		
Changes to the school day	SEND pupils with cognition and learning or processing needs may struggle to understand and adapt to changes to the routine of their usual school day.	<ul style="list-style-type: none"> <li>• Stake holder guidance shared with parent prior to return to school.</li> <li>• Teachers introduce and explain new structures and routines to for the school day.</li> <li>• Consistency and predictability of routines.</li> <li>• Visual reminders and prompts given frequently until new routine is established.</li> <li>• Use of a visual timetable.</li> </ul>	High	<ul style="list-style-type: none"> <li>• Preparation for transitions given</li> <li>• Use of Now and Next language</li> <li>• Allow additional time for new routine to be embedded</li> <li>• Repetition, reminders and reinforcement of new routines and structures.</li> </ul>		

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Risk of EHCP outcomes and targets for high level needs pupils not being met and learning gaps widening	EHCP pupils:	<ul style="list-style-type: none"> <li>• Individual risk assessments written for EHCP pupils</li> <li>• Welcome back to school meetings and, where applicable Annual review meetings held to identify gaps in progress against outcomes.</li> <li>• Risk assessments identify which outcomes were not supported during school closure</li> <li>• Period of revisiting and revising learning for all pupils and new baselines established.</li> </ul>	high	<ul style="list-style-type: none"> <li>• 1:1 adults to implement short, frequent intervention linked to all individual outcomes as outlined on EHCP</li> <li>• STS, IDS and SALT to provide guidance and resources for supporting individual specific targets.</li> <li>• Physiotherapy to provide guidance on how to make provision for physical skills programmes whilst adhering to current COVID 19 guidance</li> <li>• AfL and baseline assessment used to identify where there has been slippage and there is increased risk of the gap widening - Priority pupils identified for intervention</li> <li>• Intervention timetables created to ensure that provision is made for pupils most in need –</li> <li>•</li> </ul>		



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Safeguarding : school not aware of safeguarding incidents that occurred during school closure	Vulnerable children. Those where Early Help, Child in Need or Child protection in place	<ul style="list-style-type: none"> <li>• DSLs and SLT have maintained communication with known key families and regular contact via telephone calls or email has taken place.</li> <li>• Regular contact with social workers and Early Help officers maintained throughout school closure and partial school opening period.</li> <li>• Early Help, CLA/ePEP and Child in Need meetings conducted via video conferencing.</li> <li>• Incidents recorded on CPOMs / green forms completed and discussed as part of DSL Safeguarding meetings</li> <li>• Safeguarded policy and procedures adhered to.</li> <li>• Safeguarding training revisited with all staff and delivered to new staff</li> </ul>	High	<ul style="list-style-type: none"> <li>• Update the register of vulnerable 'at risk pupils'</li> <li>• Well-being check ins with vulnerable families to continue.</li> <li>• Concerns followed up and referrals made where required (MASH, FSW, COMPASS)</li> <li>• PSHE and Protective behaviours embedded in curriculum and revisited: – evidenced in planning/ daily timetables.</li> <li>• Revision, in-particular of Early Warning signs and Safe Network.</li> <li>• Opportunity for children to share their worries and staff vigilant to and curious about signs of worry and heightened anxiety or changes in behaviour in pupils</li> <li>• Daily use of worry boxes</li> <li>• Counselling or CBT offered to individuals with identified SEMH needs/ vulnerable pupils.</li> </ul>	DSLs	
Safeguarding : Pupils may have suffered	Vulnerable families Individual pupils who	<ul style="list-style-type: none"> <li>• Increased opportunities/ priority given for PHSE and Protective behaviours lessons, in particular Early Warning signs, safe</li> </ul>	High	<ul style="list-style-type: none"> <li>• Share information with staff recognising signs of depression and anxiety.</li> </ul>		

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abuse during school closure and not been able to disclose this to anyone	may have experienced abuse	<p>network, no secret is too bad it cannot be shared.</p> <ul style="list-style-type: none"> <li>• Signposting children to 'how to get help' points of contact/ websites such as Child Line, Young Minds, Samaritans</li> <li>• Remind pupils of who they can talk to in school.</li> <li>• Safeguarding posters prominently displayed in school.</li> <li>• Parents signposted to points of support (Family Information Service, Parent mentoring, Family Support helpline)</li> </ul>		<ul style="list-style-type: none"> <li>• Remind staff of Safeguarding training – signs of abuse and using Green forms/ cPOMs to record causes for concern.</li> <li>• Recovery curriculum to include opportunities for teacher/ pupil relationships to be rebuilt and trust re-established (games, positive verbal interactions)</li> <li>• Opportunity for children to share their worries and staff vigilant to and curious about signs of worry and heightened anxiety or changes in behaviour in pupils</li> <li>• Worry Boxes</li> </ul>		

<b>Name of Assessor</b>	Claudia Paterson	<b>Signature</b>	
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<b>Name of Manager responsible for activity / process</b>	Liz Petras	<b>Signature</b>	
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**Risk Assessment Review Log**

Only use this log to confirm that there have been no changes to the current assessment; otherwise an updated risk assessment must be done

Initial Review Date			
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Next Review Date	12 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	24 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	36 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

