**Risk Assessment**

**Staff and children returning to Cool Club**

**Key:**

1. Minor Injury = Abrasions, bruising, minor burns (reddening of the skin).
2. Significant Injury = Lacerations leading to blood loss, secondary burns (leading to blistering), sprains & strains, muscle & ligament injury, minor head injuries. of underlying conditions i.e. asthma, epilepsy, bronchitis, diabetes, hyper/hypothermia.Acute representations
3. Serious Injury = Fractures, trauma leading to significant blood loss, head injuries leading to periods of unconsciousness.
4. Major Injury = Multiple fractures, spinal or cervical injury, multiple trauma, injury affecting respiratory system, head injuries leading to significant periods of unconsciousness.
5. Major Incident/Fatality = Single or multiple fatality or large numbers of injuries in cat 3-4.

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|  | **Severity** |  | **Likelihood** |
| **1** | Minor Injury | **1** | Unlikely |
| **2** | Significant Injury | **2** | Possible |
| **3** | Serious Injury | **3** | Highly Possible |
| **4** | Major Injury | **4** | Probable |
| **5** | Major Incident/Fatality | **5** | Certainty |

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| **Severity x Likelihood = Risk** | 1 | 2 |  | 3 | 4 | 5 |
| 1 | 1 | 2 |  | 3 | 4 | 5 |
| 2 | 2 | 4 |  | 6 | 8 | 10 |
| 3 | 3 | 6 |  | 9 | 12 | 15 |
| 4 | 4 | 8 |  | 12 | 16 | 20 |
| 5 | 5 | 10 |  | 15 | 20 | 25 |
|  |  | | |  |  |  |
|  | **Risk** | | |  |  |  |
|  | **Acceptabl** | | | |  |  |
|  | **e with** | | |  |  |  |
|  | **Adequate** | | | |  |  |
|  | **Control** | | |  | **Unacceptable** | |
| **Acceptable Risk** | **Measures** | | | | **Risk** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Who is at Risk** | **Risk Rating** (no control measures) | | | Control Measures | **Risk Rating** (with control measures) | | | | **Additional Controls** | |
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| **S** | **L** | **R** | **S** | **L** | **R** |  | |
| **Families will pick up and drop off at the same time increasing the risk of contracting COVID 19**   * A number of people dropping off and picking up children accompanied by siblings, increasing the risk of contracting COVID * No knowledge of family’s current health or COVID status. * Health and hygiene not maintained * Non-essential travel and social interaction guidelines not followed by staff and families increasing risk of COVID * Families not making us aware of child having had medication * Enough staff in to ensure children can adapt easier to routine changes during drop off and collection | Parents, children and staff | 5 | 2 | 10 | * Families to be aware of social distancing when dropping off and picking up, by following social distancing guidance within the nursery. Staggered times will be allocated * Only children who are symptom free or have completed the required isolation period attend the setting. * On arrival at the setting, it is reasonable to ask if parents, children or any member of the household have any of the symptoms of COVID-19 (high temperature or a persistent cough). If the answer is yes, they should not be allowed to leave their child at the setting. The child cannot return until a negative test result has been confirmed and agreed return with preschool or current isolation guidelines followed. * No toys, teddys or blankets (or similar) to be brought in from home. * Children to enter the setting and staff take them to wash hands thoroughly on arrival at the setting, when changing rooms and before eating. * Encourage children to avoid touching their face, eyes, nose and mouth. * All children coming to the setting should avoid all non-essential public transport travel, and outside of setting hours, follow national guidelines for social interaction. * Any child who has been told to shield or who is clinically vulnerable or lives in a household with someone who has been advised to shield or is clinically vulnerable cannot attend the setting. * Any child who has taken any form of paracetamol or ibuprofen will not be allowed into the setting for 48hours after symptoms have ended. * Any child who displays signs of a cold will not be allowed in preschool until 48hours after symptoms have ended * Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child. * Aim to limit drop off and pick up to 1 adult per family * Automatic Sanitiser, paper towels, tissues available at entrance. * Notices around the building advising good hygiene practice * Ensuring a member of staff is available to support children and families at drop off and collection times. * All cleaning and infection control protocols to be followed | 5 | 1 | 5 |  | |
| **Contracting COVID due to the grouping of children within the setting**  Staff mixing with different staff and groups of children leading to cross contamination. | Staff and children | 5 | 2 | 10 | * Children’s are organised into groups dependent on their year group. These will be reviewed when information gathered from parents informs us of the numbers of children requiring childcare. Bubble groups will be implemented. * Care routines including provision of snacks should be within the space allocated to each “bubble” wherever possible. * Staff will stay with children with their bubble * The use of communal internal spaces should be restricted as much as possible. * Outdoor spaces should be used by different “bubbles” at different times of the day, set times will be arranged | 5 | 1 | 5 |  | |
| **Risk of contracting COVID due to play arrangements which do not allow social distancing.**   * Social distancing not being maintained * Parents gathering outside * Children not understanding health and hygiene measures * Children’s wellbeing not maintained. | Children and staff | 5 | **2** | 10 | * Implement social distancing where possible using small groups or bubbles * Parents encouraged to leave the site promptly after dropping off children. * Minimise the resources available to those that can be cleaned effectively. * Ensure children wash hands regularly, throughout the day, as well as before eating, after coughing or sneezing. * Be responsive to children’s wellbeing, and their ability to manage the change. Communicate processes effectively with parents to ensure they understand the changes in place. * Member of staff available to ensure parents leave the setting promptly when dropping of and picking children up. * Staff awareness of children needing more reassurance * Follow current guidance on changes to EYFS, relevant to Covid 19 response | 5 | 1 | 10 |  | |
| **Toileting and cleaning up of accidents, leading to COVID contamination** | Children and staff | 5 | 2 | 10 | * Children should be supported to do as much for themselves as possible. * Limit number of children using sinks and toilets * If an accident happens whilst it is dealt with no one else should use the bathroom. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. * Children must be accompanied when using the toilet to ensure prompt cleaning and limit contact between children in bathroom * Additional cleaning of bathroom areas to take place. | 5 | 1 | 10 |  | |
| **Child displays symptoms of COVID leading to possible further infections** | Staff and children | 5 | 2 | 10 | * Continuous cough or a high temperature, they should be sent home to isolate per the guidelines. * A child awaiting collection should be moved, if possible and appropriate, to a room where they can be isolated behind a closed door. If it is not possible to isolate them move them to an area which is at least 2 metres away from other people. A window should be opened for ventilation. * If they need to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. * If a member of staff has helped someone who displayed symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. * Management to decide who is to accompany the child whilst awaiting pick up.   If clinical advice is needed, the setting staff, parent or guardian should go online to NHS 111 (or call 111 if they don’t have internet access) | 5 | 1 | 5 |  | |
| **Staff spreading COVID whist attending Cool Club** | Staff and children | 5 | 3 | 15 | * Staff should only attend the setting if they are symptom free, have completed the required isolation period or achieved a negative test result. * Risk assessing with regular health questionnaires for returning staff. * Consideration should be given to limiting the number of staff in the setting at any one time to only those required to care for the expected occupancy levels on any given day. * All staff coming to the setting should avoid all non-essential public transport travel, whenever possible and outside of setting hours, should minimise social interactions, as per the national guidelines. * Staff should receive clear communication regarding the role they play in safe operating procedure and all measures being taken to ensure the safety of the children and themselves. * Staff to be vigilant on health and stay away if unwell. * Current government guidance to be followed. * Practitioners to receive a copy of policy and risk assessment documents before return. A copy will be retained at Cool Club signed by all staff to say that they have received and read a copy. * If a staff member or child becomes infected by COVID and this infection can be traced to the setting a RIDDOR report should be completed. | 5 | 2 | 10 |  | |
| **Visitors to the setting** | Staff and Children | 5 | 2 | 15 | * Attendance to the setting should be restricted to children and staff as far as practically possible and visitors should not be permitted to the setting unless essential (e.g. essential building maintenance). | 5 | 1 | 10 |  | |
| **Travel arrangements by staff and parents leading to increased risk of contamination** |  | 5 | 2 | 10 | * Wherever possible staff and parents should travel to the nursery using their own transport.   If public transport is necessary, current guidance on the use of public transport must be followed. | 5 | 1 | 5 |  | |

**GUIDANCE FOR STAFF  
  
Social distancing**

* Staff members should avoid physical contact with each other including handshakes, hugs etc
* Wherever possible, staff should remain with the small group of children, the “bubble” of children who they are allocated to and not come into contact with other groups.

**Training**

* All staff members must receive appropriate instruction and training on infection control and the standard operation procedure and risk assessments within which they will be operate.

**Food preparation**

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* Staff and children MUST wash hands after eating
* Be mindful of the number of bubbles in food area.
* Spread tables out.
* Staff and Children MUST wash hands before prep or eating.
* Gloves must be worn whilst preparing/serving food.
* Staff and Children must be responsible for their own rubbish where applicable.

**Communication and Staff well being**

* Staff and Parents should receive clear communication regarding the role they play in safe operating procedure and all measures being taken to ensure the safety of their children and themselves. This signed and returned by parents and staff
* Management should ensure that staff have the opportunity to share their concerns, and that all changes are communicated to them.
* Management team to identify those who cannot return to work due to vulnerability
* Staff who are feeling anxious/concerned need to raise issues with management team in timely manner and through appropriate channels
* Review processes with staff on a weekly basis

**Use of PPE to reduce the risk of spread of infection**

* If a child becomes unwell with symptoms of coronavirus and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a face mask should 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 should also be worn
* Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus.
* The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including: - Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way

**Ensuring adequate cleaning to prevent the spread of COVID**

On-site cleaning to maintain all cleaning standards and additional duties

* Wear gloves whilst cleaning
* Regularly clean all resources and/or play equipment
* Regularly cleaning ‘touch points’
* Regularly cleaning tables and chairs
* Waste from possible cases and cleaning of areas where possible cases have been, should be double bagged and put in a suitable and secure place, marked for storage until collected.
* If the individual tests negative; waste can then be put in with the normal waste
* the individual tests positive or results not known; then store it for at least 72 hours and put in with the normal waste
* All infection control protocols and guidance should be followed