

## A. Outline

School: Stokesay Primary School

Work Activity:

Working in the Schools during Covid19 Pandemic

Date of Assessment: 28/8/21

Name of Headteacher: P O'Malley

**Hazard** is something with the **potential** to cause **harm**. **Risk** is the **likelihood** of someone being hurt multiplied by the **severity** of the occurrence.

**Level of risk = likelihood x severity**

**B. Risk Matrix – This section is used for guidance to complete section C.**

### 5 x 5 RISK ASSESSMENT MATRIX

Increasing consequence or severity ↑	5	5 low	10 med	15 med	20 high	25 high
	4	4 very low	8 low	12 med	16 med	20 high
	3	3 very low	6 low	9 low	12 med	15 med
	2	2 very low	4 very low	6 low	8 low	10 med
	1	1 very low	2 very low	3 very low	4 very low	5 low
		1	2	3	4	5
		Increasing likelihood or probability →				

### PRIORITY OF ACTION

**High 17 - 25** Unacceptable – Stop work or activity until immediate improvements can be made.

**Medium 10 – 16** Tolerable but need to improve within a reasonable timescale, e.g., 1-3 months depending on the situation.

**Low 5 - 9** Adequate but look to improve by next review.

**Very Low 1 – 4** Residual risk acceptable and no further action will be required all the time the control measures are maintained.

**This Risk Assessment is informed by Government Guidance for fully Opening Schools taking into account system of controls: for protective measures for after step 4 of the reopening roadmap.**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/999689/Schools\\_guidance\\_Step\\_4\\_update\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999689/Schools_guidance_Step_4_update_FINAL.pdf)

As the country moves to Step 4 of the roadmap (July and August 2021), the government (and consequently our schools) will continue to manage the risk of serious illness from the spread of the virus. This marks a new phase in the government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.

As COVID-19 becomes a virus that we learn to live with, there is now an imperative on schools from the government to reduce the disruption to children and young people's education – particularly, we are told, that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses by mid-September.

The priority as described by the DFE is for us to deliver face-to-face, high quality education to all pupils. We are told that the evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.

#### CONTROL MEASURES:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

DFE / PUBLIC HEALTH REQUIREMENTS	SCHOOL ACTION / RESPONSE	Risk Low/ Med/ High
<p><b>AGREEING NEW PROCESSES</b></p> <p>Schools and trusts should work closely with parents and carers (future references to parents should be read as including carers), staff and unions when agreeing the best approaches for their circumstances.</p>	<p><i>What is the communication / consultation method with staff?</i></p> <p><b>Staff meeting to be held on PD day for teachers (and morning briefing for support staff) new processes upon return to ensure all staff and confident in maintaining new risk assessment.</b></p>	
<p><b>NO MORE COMPULSORY BUBBLES</b></p> <p>The DFE will no longer recommend that it is necessary to keep children in consistent groups ('bubbles').</p> <p>As well as enabling flexibility in curriculum delivery, this means that assemblies can resume, and you no longer need to make alternative arrangements to avoid mixing at lunch.</p>	<p><i>Will you keep any aspect of segregation / staggering / bubbles? If so what?</i></p> <p><b>Pupils will continue to use the correctly labelled door for their class (same as last academic year) on arrival and pick up. This will avoid parents/carers gathering on the site.</b></p> <p><b>Individual classes can be used as bubbles in the instance that a contingency plan was needed to be implemented.</b></p>	Med
<p><b>OUTBREAK MANAGEMENT PLAN</b></p> <p>The DFE say we should make sure your outbreak management plans cover the possibility that in some local areas it may become necessary to reintroduce 'bubbles' for a temporary period, to reduce mixing between groups.</p> <p>Any decision to recommend the reintroduction of 'bubbles' would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.</p>	<p><i>What will be your outbreak management plan if you have to return to 'bubbles' how will it work?</i></p> <p><b>In the event of a need to return to bubbles each class would become a 'bubble'.</b></p> <p><b>Toilets would be split for use by each class (or 'double bubble' in KS1).</b></p> <p><b>Staggered rota back in place at lunchtimes to avoid classes mixing.</b></p> <p><b>In instance of children in same space children to be split by bubble in different areas – mixing only with those in the same bubble.</b></p>	Low

DFE / PUBLIC HEALTH REQUIREMENTS	SCHOOL ACTION / RESPONSE	Risk Low/ Med/ High
<p><b>CLOSE CONTACTS</b></p> <p>Next term, close contacts will be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing.</p> <p>As with positive cases in any other setting, NHS Test and Trace will work with the positive case to identify close contacts.</p> <p>Contacts from a school setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact.</p> <p>You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.</p>	<p><i>What method will you have in place to support the NGS Test and Trace if required?</i></p> <p><b>School able to identify (from seating plans/class lists) those who children have been in close proximity with in an indoor space.</b></p> <p><i>How will you support NHS Test and Trace by ensuring the school community complies?</i></p> <p><b>School prepared to work with NHS Test and Trace if contacted, information available to identify close contacts. School to share information with close contacts as directed.</b></p> <p><b>Encourage families to follow and comply with all guidance.</b></p>	Low
<p><b>CHILDREN TEST AND TRACE</b></p> <p>Children under the age of 18 years old will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case. Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test.</p> <p>Public Health would encourage all individuals to take a PCR test if advised to do so.</p>	<p><i>How will you support NHS Test and Trace with pupils who have been contacted by Test and Trace?</i></p> <p><b>Provide support for those requiring a PCR test and support families to ensure access to a PCR test as soon as possible.</b></p> <p><b>Ask families to confirm the PCR test result with school as soon as it is received.</b></p>	Low
<p><b>SIXTH FORM</b></p> <p>18-year-olds will be treated in the same way as children until 4 months after their 18th birthday, to allow them the opportunity to get fully vaccinated. At which point, they will be subject to the same rules as adults and so if they choose not to get vaccinated, they will need to self-isolate if identified as a close contact.</p>	<p><i>How will we manage Year 13 pupils when they pass 18 years plus 4 months?</i></p>	

DFE / PUBLIC HEALTH REQUIREMENTS	SCHOOL ACTION / RESPONSE	Risk Low/ Med/ High
<p><b>FACE COVERINGS</b></p> <p>Face coverings will no longer be advised for pupils, staff and visitors either in classrooms or in communal areas.</p> <p>Face coverings are also no longer recommended to be worn on dedicated transport to school or college and are no longer legally required on public transport.</p>	<p><i>How will you communicate this change to pupils and staff?</i></p> <p><b>Staff to be made aware of this in staff briefing. Explain this change to pupils on their return to school.</b></p> <p><i>How will you communicate that staff may wear face coverings when in busy and communal areas, or amongst the class, if they wish, but should remove them when talking to the class to deliver a lesson?</i></p> <p><b>Guidance to be explained to staff in briefing. SLT available if staff have any questions</b></p> <p><i>Will you allow pupils wear masks if you wish? Secondary?</i></p> <p><b>As previously, reassure parents that it is not necessary for pupils to wear a face covering in school.</b></p> <p><i>Will you keep a stock of face masks in case of policy change or a local outbreak?</i></p> <p><b>A stock of disposable face masks to be kept in case of change in guidance. Staff also to have the option to wear own face mask.</b></p> <p><b>Transparent face masks to be available for staff working directly with pupil with a hearing impairment.</b></p> <p><i>Who will inform bus contractors of the change? (N/A)</i></p>	Med
<p><b>REINTRODUCTION OF FACE COVERINGS</b></p> <p>You may need to reintroduce face coverings....</p>	<p><i>How will you cover the possibility of reintroduction?</i></p> <p><b>Staff to be aware in advanced that face covering may need to be reintroduced.</b></p>	Med

DFE / PUBLIC HEALTH REQUIREMENTS	SCHOOL ACTION / RESPONSE	Risk Low/ Med/ High
<p>If you have an outbreak in your school, a director of public health might advise you that face coverings should temporarily be worn in communal areas or classrooms (by pupils, staff and visitors, unless exempt).</p> <p>You should make sure your outbreak management plans cover this possibility.</p> <p>In these circumstances, transparent face coverings, which may assist communication with someone who relies on lip reading, clear sound or facial expression to communicate, can also be worn. Transparent face coverings may be effective in reducing the spread of COVID-19.</p>	<p><b>Face coverings to be aware in this instance.</b>  <b>Parents/carers to be informed in a letter and signs on site for parents/carers and visitors requesting that face coverings should be worn.</b></p> <p><b>Transparent face masks to be available for staff working directly with pupil with a hearing impairment.</b></p>	
<p>OUTBREAKS</p> <p>If we have several confirmed cases within 14 days, we may have an outbreak.</p> <p>For our contingency plan we have used the following:</p> <p><a href="https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings">https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings</a></p> <p>We will call the dedicated advice service who will escalate the issue to your local health protection team where necessary and advise if any additional action is required, such as implementing elements of your outbreak management plan.</p> <p>DfE helpline on 0800 046 8687.</p>	<p><i>What are any other aspects of your contingency plan not already described (see link for the outline of what to include)?</i></p> <p><b>In the instance where:</b></p> <ul style="list-style-type: none"> <li>• 5 children, pupils, students or staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period; or</li> <li>• 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period</li> </ul> <p><b>Advice to be sought</b></p> <p><b>In advance:</b>  <b>Stock of tests to be kept in order that staff could increase frequency of testing</b></p> <p><b>Review risk assessment of any upcoming plans and limit events, such as:</b></p> <ul style="list-style-type: none"> <li>• residential educational visits • open days • transition or taster days • parental attendance in settings • live performances in settings</li> </ul>	High

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	<p><b>Be prepared to deliver high quality distance learning:</b></p> <ul style="list-style-type: none"> <li>• in the event (last resort) that advice was given by public health to limit attendance</li> <li>• in the event a pupil tests positive but is not unwell and therefore can access remote education from home</li> </ul> <p><b>Continue to provide free school meals support in the form of meals or lunch parcels for pupils who are eligible for benefits related free school meals and who are not attending school because they have had symptoms or a positive test result themselves</b></p>	
<p><b>HYGIENE</b></p> <p>Ensure good hygiene for everyone Hand hygiene Frequent and thorough hand cleaning should now be regular practice. You should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser.</p>	<p><i>How? Detail...</i></p> <p><b>Arrangements to remain in place for frequent hand washing/sanitising. Pupils to clean hands on arrival to school, before and after break and lunchtime, prior to going home.</b></p> <p><b>Hand sanitising posters to be displayed. Staff to monitor hand washing to ensure good hand hygiene.</b></p>	Low
<p><b>RESPIRATORY HYGIENE</b></p> <p>Respiratory hygiene The 'catch it, bin it, kill it' approach continues to be very important.</p> <p>The e-Bug COVID-19 website contains free resources for you, including materials to encourage good hand and respiratory hygiene.</p>	<p><i>How will you ensure good respiratory hygiene? And how will you continue to educate appropriately?</i></p> <p><b>Continue to have tissues available and encourage good respiratory hygiene.</b></p> <p><b>Separate lidded bin to be used for tissues.</b></p> <p><b>Resource materials to be displayed and utilised by teachers to remind pupils.</b></p>	Low
<p><b>CLEANING</b></p> <p>You should put in place and maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for</p>	<p><i>What will your cleaning regime be now? How will you monitor it? Do you have staff hours to change?</i></p> <p><b>Continue to have cleaning tray in each room with cleaning resources to clean frequently touched</b></p>	Low

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<p>example, twice per day), with a particular focus on frequently touched surfaces.</p> <p>See <a href="https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings">https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings</a></p>	<p><b>surfaces during the day. List of frequently touched surfaces to be displayed in each room. Daily cleaning undertaken – staff aware of current guidance.</b></p>	
<p><b>VENTILATION</b></p> <p>When your school is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained.</p> <p>You should identify any poorly ventilated spaces as part of your risk assessment and take steps to improve fresh air flow in these areas, giving particular consideration when holding events where visitors such as parents are on site, for example school plays.</p> <p>Mechanical ventilation should be considered for some spaces.</p> <p>Where mechanical ventilation systems exist, you should ensure that they are maintained in accordance with the manufacturers' recommendations.</p> <p>Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air. If necessary, external opening doors may also be used (if they are not fire doors and where safe to do so). You should balance the need for increased ventilation while maintaining a comfortable temperature.</p>	<p><i>Which areas are poorly ventilated and how will you compensate? Do you need fans? How will you manage ventilation in large functions / large congregation spaces? Do you have any mechanical air flow matters to consider in terms of maintenance?</i></p> <p><b>All spaces have access to external windows which can be opened to ensure spaces are ventilated. Staff to remain aware of need for ventilation and open windows.</b></p> <p><b>Once gates are locked external doors can be opened during the day and during events to provide additional ventilation.</b></p>	Low
<p><b>MANAGING CASES</b></p> <p>When an individual develops COVID-19 symptoms or has a positive test Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do.</p> <p>They should not come into school if they have symptoms, have had a positive test result or other reasons requiring them to stay at home due to</p>	<p><i>How will you communicate this and ensure it remains clearly understood?</i></p> <p><b>Initial letter at beginning of term to remind parents and carers of guidance.</b></p> <p><b>Staff to be reminded in briefing.</b></p> <p><b>Information to be displayed on website for reference.</b></p>	Low

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the risk of them passing on COVID-19 (for example, they are required to quarantine).	<b>Admin</b> be prepared to advise if parent/carer calls to clarify guidance.	
<p><b>CASES IN SCHOOL</b></p> <p>If anyone in your school develops COVID-19 symptoms, however mild, you should send them home and they should follow public health advice.</p> <p>For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.</p> <p>If a pupil is awaiting collection, they should be left in a room on their own if possible and safe to do so. A window should be opened for fresh air ventilation if possible. Appropriate PPE should also be used if close contact is necessary, further information on this can be found in the use of PPE in education, childcare and children’s social care settings guidance.</p> <p>Any rooms they use should be cleaned after they have left. The household (including any siblings) should follow the PHE stay at home guidance for households with possible or confirmed coronavirus (COVID-19) infection.</p>	<p><i>What will your new arrangements be for pupils ill in the day? (Note - No need for the old quarantine processes)</i></p> <p><b>In the instance a pupil is unwell during the day admin to contact parent/carer.</b></p> <p><i>How will you get pupils home who are ill?</i></p> <p><b>Parent/carer to collect ill pupils.</b></p> <p><i>Where will ill pupils wait?</i></p> <p><b>Pupil to wait in allocated space in main reception.</b></p> <p><i>How will you ensure first aiders and office staff have PPE to hand?</i></p> <p><b>PPE to be stored in class trays and also in office to be used by staff member and office staff.</b></p>	Med
<p><b>SECONDARY ONLY TESTING IN SEPTEMBER</b></p> <p>As pupils will potentially mix with lots of other people during the summer holidays, all secondary school pupils should receive 2 on-site lateral flow device tests, 3 to 5 days apart, on their return in the autumn term.</p>	<p><i>What are the arrangements for on-site testing (secondary schools only)?</i><b>N/A</b></p>	
<p><b>LFTs</b></p> <p>Staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.</p>	<p><i>How will you communicate this? What are your arrangements?</i></p> <p><b>Message to staff to be sent in advance of return to school to remind them to undertake LFT.</b></p>	Low

DFE / PUBLIC HEALTH REQUIREMENTS	SCHOOL ACTION / RESPONSE	Risk Low/ Med/ High
	<p><b>Results to be reported twice weekly to admin. Staff to be reminded in briefing.</b></p> <p><b>SLT to update staff when this is reviewed at end of September.</b></p>	
<p>TESTING SITES</p> <p>Secondary schools should also retain a small asymptomatic testing site (ATS) on-site until further notice so they can offer testing to pupils who are unable to test themselves at home.</p>	<p>Where will this be? <b>N/A</b></p>	
<p>POSITIVE CASES</p> <p>Staff and pupils with a positive LFD test result should self-isolate in line with the stay at home guidance.</p> <p>They will also need to get a free PCR test to check if they have COVID19. Whilst awaiting the PCR result, the individual should continue to self-isolate.</p> <p>If the PCR test is taken within 2 days of the positive lateral flow test, and is negative, it overrides the self-test LFD test and the pupil can return to school, as long as the individual doesn't have COVID-19 symptoms.</p>	<p>How will you communicate this to your school community?</p> <p><b>Information to be given in staff briefing and to be shared with parents and carers in initial letter. Letter to be available on website for reference. Admin to be clear on guidance to explain information in the instance that parent/carer calls to confirm.</b></p> <p>How will you manage staff absence if infection rates / illness is high?</p> <p><b>Staff to be prepared to cover in instance of staff absence. SLT to organise appropriate for situation.</b></p>	Low
<p>CEV CHILDREN</p> <p>All CEV children and young people should attend their education setting unless they are one of the very small number of children and young people under paediatric or other specialist care who have been advised by their GP or clinician not to attend.</p>	<p>Do you have any CEV pupils in this group/ If so what are the arrangements?</p> <p><b>NO CEV pupils</b></p>	
<p>REFUSING ENTRY</p> <p>In most cases, parents and carers will agree that a pupil with symptoms should not attend the school, given the potential risk to others. If a parent</p>	<p>What will your process be? How will you communicate this strategy in advance to all parents?</p> <p><b>Initial letter to explain to parents that pupils with symptoms should not attend school.</b></p>	Low

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<p>or carer insists on a pupil attending your school, you can take the decision to refuse the pupil if, in your reasonable judgement, it is necessary to protect other pupils and staff from possible infection with COVID-19.</p> <p>Your decision would need to be carefully considered in light of all the circumstances and current public health advice.</p>	<p><b>In this instance SLT to communicate with parent/carer to explain reason for decision to protect other pupils and staff.</b></p>	
<p><b>ATTENDANCE CODES</b></p> <p>Where a child is required to self-isolate or quarantine because of COVID-19 in accordance with relevant legislation or guidance published by PHE or the DHSC they should be recorded as code X (not attending in circumstances related to coronavirus).</p> <p>Where they are unable to attend because they have a confirmed case of COVID-19 they should be recorded as code I (illness). 12 For pupils abroad who are unable to return, code X is unlikely to apply. In some specific cases, code Y (unable to attend due to exceptional circumstances) will apply.</p>	<p><i>How will you ensure correct codes are used?</i>  <b>Admin aware of the attendance codes. Admin send daily attendance reports to SLT.</b></p>	Low
<p><b>TRAVEL</b></p> <p>Parents travelling abroad should bear in mind the impact on their child's education which may result from any requirement to quarantine or isolate upon return.</p>	<p><i>How will you manage this?</i>  <b>Manage based on individual circumstances – in the instance that pupil/families must quarantine or isolate consider provision of remote education.</b></p>	
<p><b>VIRTUAL LEARNING</b></p> <p>Not all people with COVID-19 have symptoms. Where appropriate, you should support those who need to self-isolate because they have tested positive to work or learn from home if they are well enough to do so. Schools subject to the remote education temporary continuity direction are required to provide remote education to pupils covered by the direction where their attendance would be contrary to government guidance or legislation around COVID-19.</p>	<p><i>What will your remote learning be?</i>  <b>Remote education to be provided on Tapestry, with links to videos/resources to support learning.</b>  <i>How will you make sure it is the equivalent to a school day?</i>  <b>Where practically possible remote education provided to meet learning objectives in line with those being taught in the classroom. Remote learning provision to match timetable of school day.</b></p>	Low

DFE / PUBLIC HEALTH REQUIREMENTS	SCHOOL ACTION / RESPONSE	Risk Low/ Med/ High
<p>You should maintain your capacity to deliver high quality remote education for next academic year, including for pupils who are abroad, and facing challenges to return due to COVID-19 travel restrictions, for the period they are abroad.</p>	<p><i>How will you make adjustments for SEND?</i>  <b>Individual SEND adjustment to ensure provision is accessible. Where appropriate additional remote support – TA/teacher.</b></p>	
<p>PUPIL WELL BEING</p> <p>Some pupils may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as anxiety, stress or low mood. You can access useful links and sources of support on promoting and supporting mental health and wellbeing in schools.  <a href="https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges#contents">https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges#contents</a></p>	<p><i>How will you support mental Health and wellbeing?</i></p> <p><b>Wellbeing to be taught and supported both discreetly and indiscreetly.  Teachers to use the supporting resources and be responsive to pupil needs. SLT/DSL to be available to provide additional support to staff and pupils.</b></p>	Med
<p>CEV ADULTS and PREGNANCY</p> <p>Clinically extremely vulnerable (CEV) people are no longer advised to shield but may wish to take extra precautions to protect themselves, and to follow the practical steps set out in the CEV guidance to minimise their risk of exposure to the virus.</p> <p>Staff in schools who are CEV should currently attend their place of work if they cannot work from home.</p>	<p><i>Because most staff cannot work from home (eg classroom staff)... how will you ensure CEV staff can discuss with you any mitigations to support them?</i>  <b>Saff to update SLT if any change in circumstances from current postions</b></p> <p><i>How ill you encourage vaccine take up (this is requested by public health that we do this)?</i>  <b>SLT to encourage vaccine take up</b></p> <p><b>Any pregnant staff? SPEAK TO HR ASAP</b></p> <p><i>Careful risk assessment processes will be used for all pregnant staff, with particular modifications after 28 weeks.</i>  <b>Risk assessments for pregnant staff to be modified due to stage of pregnancy in line with up to date guidance from HR.</b></p>	High

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<p>FSM</p> <p>You should continue to provide free school meal support to any pupils who are eligible for benefits-related free school meals and who are learning at home during term time.</p>	<p><i>What are your arrangements going to be?</i></p> <p><b>Provide access to vouchers via FSM voucher scheme?</b></p>	Low
<p>TRIPS</p> <p>Given the likely gap in COVID-19 related cancellation insurance, if you are considering booking a new visit, whether domestic or international, you are advised to ensure that any new bookings have adequate financial protection in place.</p> <p>We continue to recommend you do not go on any international visits before the start of the autumn term.</p> <p>From the start of the new school term you can go on international visits that have previously been deferred or postponed and organise new international visits for the future. Be aware restrictions on travel are very subject to variation, including at no notice.</p> <p>You should speak to either your visit provider, commercial insurance company, or the Risk Protection Arrangement (RPA) to assess the protection available.</p> <p>. You should undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment.</p>	<p><i>What will your approach to visits and trips be? What will be your instructions to staff?</i></p> <p><b>Opportunity for trips and visits to be taken. Careful risk assessment to be undertaken in advance to ensure appropriate controls can be put in place. Information to be gathered from possible trip provider. SLT/EVC to agree this in advance before bookings are finalised.</b></p> <p><b>If trip is not possible to arrange safely then alternate arrangements to be made e.g. speaker/virtual experience</b></p>	Med
<p>WRAP AROUND AND CLUBS</p> <p>Wrap around and enrichment can be undertaken.</p>	<p><i>What / how will you do this?</i></p> <p><b>Wrap around and clubs to run following same guidance as in classrooms (hand hygiene, cleaning, ventilation). In instance contingency plans are actioned and bubbles required clubs</b></p>	Low

<b>DFE / PUBLIC HEALTH REQUIREMENTS</b>	<b>SCHOOL ACTION / RESPONSE</b>	<b>Risk Low/ Med/ High</b>
	<b>to run in outdoor space/hall and split children into bubble groups.</b>	