

**Horris Hill School**  
**COVID-19 Risk Assessment**  
**Updated: 6 March 2021**  
**Completed by: David Palmer, Bursar**

**Background**

Having stated on 4 January 2021 that all schools were required to partially close and to revert to remote mode for at least the first half of the Spring term, the Government announced on 22 February that from 8 March 2021 all pupils should attend school. The School will therefore be re-opening more fully to all pupils that are able to return for the remainder of the Spring term (with some boarders returning on 7 March).

The core obligation to ensure “so far as is reasonably practicable the health, safety and welfare of employees and the safety of non-employees” remains, as does the obligation to risk assess and implement relevant control measures. The latest Government guidance [Schools coronavirus \(COVID-19\) operational guidance](#) dated 22 February 2021, specifies a Public Health England (PHE) endorsed ‘system of controls’, being the actions that schools must take (grouped into ‘prevention’ and ‘response to any infection’) and describes how the Department for Education (DfE) expects schools to operate from 8 March 2021 onward. This guidance has been considered and incorporated into this risk assessment. The School established on-site testing for asymptomatic staff at the start of the term in January; in accordance with Government guidance, this is being extended to Year 7 and 8 pupils from 8 March and all staff participating in testing will transition to at-home self-testing.

The level of cases of Coronavirus (COVID-19) in the local area remains below the national average and it is considerably lower than in early January. The latest figure for Basingstoke & Deane is 49 confirmed cases in the past week per 100,000 people (the average area in England had 70; corresponding figures at the start of January were 515 and 531). The School is however also mindful of the risks posed by potential mutations of the virus and it would modify existing controls if appropriate given local circumstances.

This document, which utilises a regularly updated template and guidance provided by the Independent Schools’ Bursars Association, plus other appropriate guidance, records the School’s current assessment and management of the risks arising from the global COVID-19 pandemic. It reflects the School’s assessment and approach for the final part of the Spring term, which will be operating in ‘Open T’ mode: ‘In transition: most teaching in school and some remotely’.

This risk assessment is reviewed regularly by the Bursar, with support and input from the COVID-19 Response Team (CRT) and will be updated whenever advice, circumstances or any of the assessed risk factors are seen to have changed.

## Overall Risk Assessment in the COVID-19 Environment

	Hazard	Control measures	Remarks
A	Safeguarding policy and procedures not updated and / or staff and pupils not feeling safe.	<p>Safeguarding Policy updated, approved (8 April, 19 June &amp; 9 Nov 20) and circulated.</p> <p>Strong pastoral systems remain in place to support pupils.</p> <p>Staff asked in questionnaire to raise any concerns regarding their safety and this message has been reinforced in briefings from the Headmaster and Bursar.</p>	<p>Safeguarding policy updated for September; approved by Governors 9 Nov 20.</p> <p>Staff completed questionnaires when returning in September, November, January and March. No widespread concerns; specific queries raised by a few individuals were discussed with them.</p>
B	Government advice not being regularly accessed, assessed, recorded and applied.	<p>Headmaster, Bursar &amp; Assistant Bursar access and act on government advice daily. Sources include DfE, gov.uk, BSA, IAPS, ISBA, VWV &amp; ISC.</p> <p>'Phased Return to School Policy' identifies the Bursar as the 'COVID-19 Co-ordinator' with responsibilities for accessing, assessing and passing on such advice for action.</p> <p>Covid-19 Response Team continue to meet regularly to consider updates to Government advice, including recent changes for re-opening and wider testing.</p>	
C	Staff and parents do not know or understand the 'system of controls' (as referred to above) and how they are applied.	<p>All staff briefed ahead of the start of term and the March re-opening.</p> <p>Main aspects communicated to parents in regular newsletters, with additional detailed guidance ahead of March re-opening.</p> <p>Importance of self-isolating, testing and engaging with NHS Test and Trace process all emphasised; participation in asymptomatic testing programme also encouraged.</p>	Briefings also provided to new joiners when starting.

D	<p>Changes not regularly communicated to staff, their unions, pupils, parents and governors</p>	<p>Headmaster has communicated with parents regularly by e-mail and with teaching staff by e-mail, plus Zoom and physical staff meetings.</p> <p>Bursar has communicated to support staff on site, generally face to face.</p> <p>Headmaster and Bursar in regular contact with Chairman of Governors plus Governor with responsibility for oversight of Health, Safety &amp; Security.</p> <p>All staff and pupils briefed ahead of/at the start of Autumn and Spring terms, plus the March re-opening.</p> <p>Main aspects and changes communicated to parents by regular Headmaster's newsletters or specific e-mails.</p> <p>Subcommittee of Governors briefed on 7 September and 12 January and by e-mail on 5/6 March.</p>	<p>Staff, pupils and parents also informed about recent changes e.g. extension of asymptomatic testing.</p>
E	<p>Changes to assessments, procedures and other important matters not reviewed by Governors</p>	<p>Regular discussions with Governors at all key transition points.</p> <p>Risk assessments and procedures approved by Governors ahead of each phase of re-opening.</p> <p>Changes monitored by, Simon Hayes, Governor with responsibility for oversight of Health and Safety, at all key stages through regular direct discussion and within Health, Safety and Security Committee meetings.</p> <p>Subcommittee of Simon Hayes plus 3 other governors established to review key phases of re-opening; met on 7 September ahead of 'Phase 3' and on 12 January ahead of 'Phase 4'. Consulted by e-mail on 5/6 March ahead of wider re-opening on 8 March.</p>	<p>Updated Safeguarding Policy approved by Governors 8 April, 19 June &amp; 9 Nov.</p> <p>Re-opening of the School, Phased Return to School Policy and Risk Assessment approved by Governors on 29 May.</p> <p>Phase 2 of re-opening, including 19 June version of risk assessment plus associated procedures, approved by subcommittee of Governors on 19 June.</p> <p>Updated version of policy and risk assessment supported by Governors on 7</p>

			<p>September ahead of full re-opening.</p> <p>Arrangements and controls reviewed by subcommittee of Governors on 12 January.</p> <p>Status of project plan for re-opening, plus updated Risk Assessment, reviewed by subcommittee on 5/6 March.</p>
F	Insurers and / or brokers not updated with school's amended plans	Communicated with Zurich on 18 May, plus 1, 15 and 19 June, 7 September, 4 January and 3 March. Zurich advised School to update risk assessments, but do not require sight of those, and to refer to latest government guidance e.g. on testing.	
G	Not appreciating that Secretary of State has a statutory power to order schools to remain open.	Recognised by reference to ISBA guidance.	
H	Insufficient liaison with local authority and health protection team over testing and actions.	Prompt and extensive liaison with local Health Protection Team regarding positive cases amongst staff and pupils during Autumn term.	Would liaise as required if testing identifies positive case(s).
I	Active engagement with NHS Test and Trace not implemented and the procedures not understood by all staff and parents.	<p>All staff briefed ahead of the start of Autumn and Spring terms and the March re-opening.</p> <p>Main aspects communicated to parents in regular newsletters, with additional detailed guidance ahead of March re-opening.</p> <p>Importance of self-isolating, testing and engaging with NHS Test and Trace process all emphasised; participation in asymptomatic testing programme also encouraged.</p>	School now has experience of engaging with Public Health England local Health Protection Team to report, discuss and respond appropriately to positive cases amongst staff and pupils.
J	Insufficient staff to support training, testing and contact tracers.	<p>Structures and staffing in place to support an effective testing programme in school. Process overseen by Bursar; implementation, plus contact tracing, led by Lead Nurse.</p> <p>NHS/DfE webinars and online training modules viewed,</p>	Testing programme operated smoothly and effectively in January and February.

		<p>completed and recorded by staff involved in managing and delivering testing programme e.g. Lead Nurse and cleaners.</p> <p>N.B. DfE has confirmed that with pupils from R to Yr8, HH comes under the secondary school testing regime and not the primary school testing regime.</p>	
K	<p>Staff, parents (and pupils) do not understand and follow NHS Test and Trace procedures.</p>	<p>See comments under I above.</p>	<p>See comments under I above. Staff and parents have proven their understanding of and willingness to follow NHS Test and Trace procedures e.g. reporting positive results and self-isolating as required.</p>
L	<p>Testing Training modules and assessment not completed and recorded for specific roles.</p>	<p>Designated training completed as appropriate by all roles and recorded.</p>	
M	<p>Training and testing activities insufficient to provide reassurance, including feedback and Q&amp;A.</p>	<p>Briefing delivered to all onsite staff on 12 January, which included Q&amp;A.</p> <p>Bursar and Lead Nurse liaise regularly to review how testing programme is operating.</p> <p>NHS briefing materials (including video and visual guides) provided to all participating staff for transition to at-home self-testing.</p> <p>Staff encouraged to provide feedback through normal channels or by direct contact with Bursar or Lead Nurse.</p>	
N	<p>DfE advice to keep groups separate (in 'bubbles') not being fully implemented where appropriate.</p>	<p>Returning to the 3 'bubbles' that were established in the Autumn term (Years R to 3, Years 4 &amp; 5, Years 6 to 8).</p> <p>Additional measures in place to limit the number of potential close contacts within bubbles e.g. consistent sub-groups across boarding dorms plus class and dining seating.</p>	

O	Those working in the Asymptomatic Testing Site (ATS) not trained and competent to do so.	ATS is led by qualified and experienced Lead Nurse or Nurse who have completed all the required training modules.  Assistants in the ATS also complete necessary training modules and are overseen by Lead Nurse.	
P	Those that are self-testing (at home and in school) not trained and competent to do so	NHS briefing materials for on-site and at-home testing provided to all participating staff.  ATS overseen by experienced Lead Nurse or Nurse to assist those testing on-site (staff and pupils).	
Q	It is not understood which pupils are unlikely to be able to self-swab.	Lead Nurse and Nurse know the pupils well and understand who may have difficulties.	
R	Those unable to self-swab are not given additional support and reasonable adjustments.	Experienced Lead Nurse and Nurse would provide additional support and make reasonable adjustments.	
S	Each group's ('bubble') health not properly analysed and risk assessed (including to consider switching to remote learning if necessary).	Parents with pupils returning to site have completed questionnaires regarding health on return; reviewed by Lower School Lead Teacher or Headmaster's wife.  Any health concerns that arise to be discussed with Lead Nurse.  Lead Nurse liaises closely with Headmaster and Bursar regarding overall health of pupils.  CRT would discuss switch to remote learning if necessary.	All questionnaires received for January on-site bubble and March returners - no issues.
T	The definitions of 'close contact' and the trigger for pupils/staff to self-isolate not understood.	These are well understood from experience in the Autumn term and from review of latest Government operational guidance (pp.25/26).	
U	Record of names of pupils / staff in their groups / bubbles, locations visited, seating arrangements (via App / spreadsheet etc) not updated on a regular basis.	Bubbles, dormitory allocations and seating arrangements all documented for the 8 March restart and records maintained in Academic Resources.	

V	Insufficient information to identify close contacts of symptomatic individuals and support contact tracing.	Information as noted in U above. Small size of school, staff body, bubbles, forms, boarding houses and dorms limits the number of potential close contacts and makes it easier to trace contacts.	Experience in Autumn term confirms no difficulties in tracing close contacts of staff and pupils for contact tracing.
W	No contingency plans for self-isolation of individuals, groups, multiple pupils and or staff.	Updated 'Procedure for dealing with a suspected or confirmed case of Coronavirus on site' describes process for arranging for pupils and staff to self-isolate at home/off-site.  Parents of boarders informed that self-isolation will be at home and not at school.  Overseas parents have been informed of the need to have a guardian arrangement in place to enable their son to self-isolate there if need be.	Declarations of UK based parent/ guardian provided by all parents ahead of the start of Autumn term and the March restart.  No issues encountered in implementing arrangements for staff and pupils (including overseas pupils) to self-isolate.
X	Insufficient preparation (letters etc) to communicate with parents, carers, staff and pupils in case of infection and groups needing to self-isolate.	Templates in place for communication to parents. Other communications to staff are by e-mail or directly in person to teams (aided by small size of school). Communication to pupils is direct in assemblies.	Communications for positive cases in Autumn term were prompt and effective.
Y	Insufficient consideration to minimising contact and maximising distance between all those in school wherever possible.	Pupils divided into 3 'bubbles' to reduce contact (Years R to 3, 4 & 5, 6 to 8), with each one assigned to a different area of the school for lessons.  Years 6 to 8 are remaining in their classrooms with teachers coming to them, rather than pupils moving to teachers.  Boarding house allocations by year group (Year 8 in Wood, Year 7 in Bank, Year 6 in Hill, Years 3 to 5 in Private Side).  School routine restructured to help reduce contact e.g. staggered break and meal-times.  Physical arrangements and barriers in place in various areas (e.g. dining room, changing room, boarding	

		dorms and classrooms) to provide for distancing.  Staff meetings are generally by Zoom, even if staff involved are on site.	
Z	Social Distancing (SD), hygiene and ventilation rules not sufficiently robust, understood, communicated, applied or checked.	Staff briefed ahead of the start of terms and periodically thereafter.  Pupils briefed on 9 and 10 September and regularly thereafter.  Teaching and other staff, plus pupils, encouraged to maintain good ventilation in all rooms.  Effectiveness of and adherence to rules regularly reviewed and reinforced by managers and teachers.	
AA	No consideration of place markers on the floor to indicate appropriate SD, physical screens, splash barriers or 'drop zones' for passing materials between people.	Signage in place around the school to encourage SD; physical screens in place in some locations e.g. dining hall and Reception.	
BB	SD rules and safety precautions for activities (play, games, drama, music) not understood or adhered to?	Considered and implemented by staff in charge of activities.	
CC	Unsuitable enhanced cleaning regime, not regularly re-assessed or revised for high-risk areas such as toilets, door handles, keypads, switches, hand rails and frequently used hard surfaces.	Existing staff rotas amended and additional staff recruited to provide coverage until 6.45pm on weekdays and until late afternoon on Saturday and Sunday.  Enhanced cleaning regime in place to focus on high-risk areas.	
DD	High-risk areas not being regularly monitored (including boarding areas) for hygiene.	Monitored by Cleaning Supervisor, Housemothers and Lead Nurse.	
EE	Contract providers and services suspended or unable to attend school.	All services are being maintained as normal.	
FF	Access to school not controlled effectively and visitor (if allowed) details not recorded.	Reception office manned from 8am to 7pm Monday to Friday and from 8am to 1pm on Saturday to control visitors. Front door and other entrances are kept locked at other times.  'Visitor and Contractor Induction Checklist' operating	

		to control and record visitors and contractors on site.	
GG	Insufficient supplies of hygiene materials and not readily available, suitably stored or located.	Sanitiser dispensers and wipes (or spray and cloths) added in numerous locations from March onwards, in September and in November.  Cleaning Supervisor, Head Chef, Senior Housemother and Assistant Bursar review supplies regularly and order stocks as required.	
HH	Inadequate contingency plans for changes to school operation such as local or national lockdown, re-closing, loss of catering or teachers?	Demonstrated in first half of Summer term that the school could operate effectively in remote mode; would therefore return to that established model if forced to close completely.  Loss of a small number of teaching staff would be covered by existing mechanisms.  Would attempt to cover loss of catering staff within the team, or by use of regular agency staff from current provider, Blue Arrow. Catering rotas restricted from November to establish 2 bubbles to reduce the risk of losing the whole team at the same time.  COVID-19 Response Team would further develop the response to any situation that arose.  CRT operated effectively to prepare for return to remote mode at short notice following government announcement on 4 January and for full-reopening from 8 March with 2 weeks' notice.	Ability to plan for and cope with changing situations was demonstrated in previous phases.  Experience either side of Autumn half-term has demonstrated ability to cope with a handful of staff absences and hybrid teaching with a significant number of boys in different groups isolating at home.
II	Insufficient contingency plans in case of medical need for self-isolation of individuals, multiple pupils, staff or local outbreaks?	Arrangements in place to live stream and record lessons for pupils not at school.  Other aspects as described above.	
JJ	Risk assessments and protective measures for holiday clubs, after-school clubs and other out-of-	No out-of-school clubs. After school activities are an extension of normal school	

	school clubs not regularly updated.	activities e.g. no children come in from outside and normal bubbles are maintained.	
KK	Are all Risk Assessments regularly reviewed and updated based on feedback and lessons identified from all those in school including pupils and support staff, visitors and contractors.	This risk assessment is reviewed by the Bursar as necessary in response to changing Government guidance, other changes in the environment or in the light of operational experience.  Bursar prompts review and update of other risk assessments as necessary.	This general risk assessment was updated during Phases 1 and 2, for Phase 3, for 'Lockdown 2' and for Phase 4/'Lockdown 3'.  Lower School risk assessment was updated again for Phase 3, after Oct. half-term and for 'bubble operations' in Spring 21.
LL	All hazards identified properly mitigated and regularly re-assessed?	Regular re-assessment of hazards led by Bursar as COVID-19 Co-ordinator and supported by CRT. Additional control measures identified, implemented and incorporated into updated risk assessments and associated documentation.  Covid-19 Response Team meets fortnightly, or more often if required, to discuss hazards and effectiveness of control measures.	Extensive consideration of additional hazards presented by wider re-opening in Phase 2, including boarding and catering, and then again for full re-opening in Phase 3.  Additional hazards presented by rising case levels also considered ahead of Phase 4. Additional hazards associated with testing programme also incorporated into the latest risk assessments.

### Risk Assessment for COVID-19 Test and Trace Process

	Hazard	Control Measures	Remarks
1	Explanatory T&T letters / emails not sent to parents / pupils, staff and governors.	Letters sent to staff and parents of boys participating in the testing programme based on templates provided by NHS/DfE.	Includes parents of Year 7 and 8 boys who will now be tested.
2	No school "COVID-19 Testing Privacy statement".	"COVID-19 Testing Privacy Statements" completed	

		based on templates provided by NHS/DfE.	
3	“COVID-19 Testing Privacy statement” not communicated to staff, parents, pupils and governors.	“COVID-19 Testing Privacy Statement” sent to staff and parents of boys participating in the testing programme.	Includes parents of Year 7 and 8 boys who will now be tested.
4	Separate school register not kept of those tested to inform next test date, ordering test kits etc.	Separate test registers maintained for staff and pupils. Staff self-testing at home to report results by Google spreadsheet.	
5	T&T data not recorded securely and kept until further guidance is given to delete the information.	T&T data recorded on a spreadsheet that is password protected.  Consideration will be given to deletion after 14 days.	
6	‘Test kit log’ and ‘test results register/log’ documents not kept separately for data protection purposes.	These are separate password protected documents.	
7	Repeated or similar issues (e.g. multiple repeat void tests, unclear results, leaking/damaged tubes etc.) not recorded by the school and reported to DfE Helpline.	Repeated void tests would be picked up by Lead Nurse and recorded and reported as necessary.  Staff encouraged to report any issues to Lead Nurse.	On-site testing has worked smoothly with only one void result in 7 weeks.
8	Those that have had “close contact” with someone tested positive for COVID-19 do not know they they must self-isolate.	Communicated to staff and parents in fresh consent letter dated 4 March.	
9	Age-appropriate consent statement for testing (under / over 16) not properly completed.	Consent statement provided based on NHS/DfE templates.  Completed by all those participating in testing programme (parents for pupils as they are under 16).	
10	Test instruction posters, booklets, FAQ and briefings not readily available and apparent.	All materials provided in testing area in DT.  Briefing provided to staff on 12 January.  Guidance materials for at-home self-testing, including NHS video, provided to staff on 4/5 March.	
11	Testing Training modules and assessment not completed and recorded for specific roles.	All modules and assessments completed by staff as appropriate for their roles and recorded.	

12	Tests not supervised or conducted by trained staff.	Testing programme overseen by the Bursar (Covid-19 Co-ordinator). Testing undertaken by Lead Nurse and Nurse.  All have viewed and completed necessary webinars and training modules.	
13	Testing area not sufficiently controlled to limit access to testers, those being tested and supervisors	Testing area is in a designated and separated zone in DT. Access is by one door only and this is kept locked unless the Lead Nurse or Nurse is present.	
14	Test process not maintaining social distancing where appropriate, good hand and respiratory hygiene or keeping occupied spaces well ventilated.	Testing area enables appropriate SD for test staff and those being tested. Only one testing bay as tests are being undertaken one at a time.  Materials in place for good hand and respiratory hygiene.  DT has sufficient windows to keep the space well ventilated.	
15	Social distancing advice between testing staff and those being tested including distances between desks, chairs etc not being observed and supervised.	Adherence to SD overseen by Lead Nurse /Nurse.	
16	Staff assisting with taking and processing swabs not wearing appropriated PPE.	Appropriate PPE provided and is being used in accordance with training.	
17	Process of swabbing not following training and / or updated guidance.	Swabbing overseen by Lead Nurse /Nurse.	
18	Tested sample incorrectly handled safely during the process including disposal.	Lead Nurse/Nurse handles tested sample in accordance with training.  Procedures for disposal understood and confirmed with Grundon.	
19	Process for informing parents / pupils / staff not understood and implemented.	Process understood from extensive NHS/DfE training and materials and implemented accordingly.	
20	The process of barcoding, recording and communicating test results is not accurate and supervised	All steps of process undertaken by Lead Nurse/Nurse	

21	Inadequate supervision / checking to ensure equipment handled correctly and not shared.	All steps of process undertaken by Lead Nurse/Nurse.  Only one testing bay, so no sharing of equipment.	
22	Process of lost LFD, failed scans or damaged barcodes not understood or properly implemented.	Process understood from extensive NHS/DfE training and materials and implemented accordingly.	
23	Extraction solution with lab test kit (there are no manufacture anticipated hazards) are inappropriately handled, stored and disposed.	Processes understood from extensive NHS/DfE training and materials and implemented accordingly.	
24	The training does not reflect hazards identified with testing and these are not communicated to testing and cleaning staff.	NHS/DfE training and materials are extensive and sufficient. No additional hazards identified based on specific facilities and arrangements in place at HH.  Testing and cleaning staff have completed necessary training.	
25	Those tested positive not informed of the need to self-isolate in accordance with public health advice.	Explicit in updated consent form issued 4 March 2021 and would be reinforced by Lead Nurse/Nurse in the event of a positive result.	Requirement for a confirmatory PCR test has been suspended for on-site testing.
26	Key layout requirements including staff (see next grid below) not being fully met.	Layout of testing area implemented in accordance with NHS guidance.	

### Risk Assessment for COVID-19 Test Sites

	Hazard	Control Measures	Remarks
27	Insufficient staff available (depending on throughput: Team Leader, Test Assistant, Processor, Coordinator, Registration Assistant, Results Recorder, Cleaner)	Sufficient staff available for small throughput.  Bursar is Co-ordinator. Cleaning staff in place. All other roles undertaken by Lead Nurse/Nurse testing staff/pupils over 2 days each week (generally sufficient as only one bay and tests being carried out one at a time). Trained Assistant available for days with higher volumes.	
28	Training time and content inadequate (3 hrs with introduction video, on-line training and assessment plus rehearsal.)	Training completed as necessary for roles.	

		Training materials are extensive and adequate for purpose.	
29	Consent forms are not available and properly completed.	Consent forms provided based on NHS/DfE templates and updated 4 March 21.	
30	Test site not kept separate from other activities (where space allows).	Separated from rest of DT by partitions and DT not in general use for remainder of the term.	
31	Test site flooring is not non-porous.	Sealed wooden floor.	
32	Test site is not well lit with a good airflow	Testing area in DT has good lighting, heating and airflow.	
33	Test site Registration, Swabbing, Recording and Processing Desks and waiting areas not on a one-way system.	Staff/pupils are being tested one at a time following a publicised timetable so no requirement for a one way system. DT has a foyer for the next person to wait in if necessary.	
34	Test chair in the swabbing bay not a minimum of 2m apart.	Only one bay. Staff/pupils being tested one at a time.	
35	Each swabbing desk and associated processing desk not more than 1m away and Recording desk not located close by.	All desks are appropriately positioned and spaced.	
36	No clear division and demarcation between swabbing and processing area.	Separate desks each clearly designated.	
37	Non-authorized people and test subjects able to enter the processing area	Testing area is in a designated and separated zone in DT. Access is by one door only and this is kept locked unless the Lead Nurse/Nurse is present.	
38	Inadequate evidence of quality assurance, guidance and supervision.	Quality assurance records maintained by Lead Nurse.  Bursar to review quality assurance with Lead Nurse on a regular basis.	
39	Processing bays not properly cleaned, and waste (including clinical waste) is not properly disposed.	Cleaners trained and in place to clean the area frequently on an agreed schedule.  Processes for waste disposal confirmed and implemented with Grundon (additional specialist bins).	
40	Disorderly entry, processing, social distancing and exit movement.	Testing of staff/pupils is one at a time.	

41	Manual handling of testing kits, pallets, boxes, packages and waste not considered in terms of bulk, weight and access.	Manual handling aspects considered. Testing materials are on nearby desks in DT and are easy to access. Small volume of waste of low weight.	
42	Testing kits not stored at 2 - 30°C and tests not given in the appropriate ambient temperature of 15 - 30°C.	DT selected as testing area as it has a good heating system. Electronic thermometer in place to ensure temperature remains within necessary range.	
43	Inadequate provision of a quiet space to talk with the pupil/member of staff mindful of the need for social distancing / PPE / wellbeing.	Quiet space available in Health Centre.	

### Risk Assessment for COVID-19 Self-Testing

	Hazard	Control Measures	Remarks / Re-assessment
44	LFD kits not supplied and distributed in time or safely.	Distributed to staff from 5 March.	
45	Test kit not stored at room temperature (2C – 30C) or in a cool dry place.	Part of guidance.	
46	LFD Testing kits not properly managed and tracked	Issue recorded in Test Kit Log using NHS/DfE template.	
47	Test kit not kept away from children until needed.	Part of guidance.	
48	Self-testing not conducted in accordance with guidelines and supervised where required.	NHS guidance materials issued to staff.	
49	Positive results not reported.	Staff informed of need to report all results to NHS online service and to the school.	
50	All results not reported, collated and recorded by the individual and the school.	Staff informed of the need to do this. Reporting to school by Google Form.	
51	Incidents not reported to school or reported to DfE / DHSC (to help identify emerging issues).	Staff informed of the need to report incidents to Lead Nurse/Nurse, who would then report onwards as necessary.	
52	Incident protocols and feedback loop not understood and / or implemented.	Understood by Lead Nurse/Nurse based on NHS guidance materials.	
53	Where appropriate test and report on children under 12 not tested by confident adult.	Currently testing Year 7 and 8s onsite. Overseen by Lead Nurse/Nurse.	

54	Are those unable to self-swab given additional support and reasonable adjustments?	Support from Lead Nurse/Nurse. Could test on site rather than at home if having difficulties self-testing at home.	
55	Are there measures in place to reduce anxiety over testing and coping with a positive result?	Support from Lead Nurse/Nurse.	
56	Clinical incident which has potential to harm not reported to <a href="https://coronavirussyellowcard.mhra.gov.uk">https://coronavirussyellowcard.mhra.gov.uk</a> and school.	Staff informed of the need to report incidents accordingly.	
57	Clinical incident which has led to harm and requires immediate medical care not reported to 111 or 999 and then to school.	Staff informed of the need to report incidents accordingly.	
58	Non-clinical incidents occurring at home (something damaged, or missing or difficult to use in the kit, unable to log result etc) not reported to 119.	Staff informed of the need to report incidents accordingly.	
59	Do not eat or drink for at least 30 minutes before doing the test to reduce the risk of spoiling the test.	Part of NHS guidance provided to staff.	
60	Video on how to take the swab test: <a href="http://www.gov.uk/covid19-self-test-help">www.gov.uk/covid19-self-test-help</a> not referred to before testing.	Link to video provided to staff.	
61	Surface and hands not cleaned before test or after test (if more than one test).	Part of NHS guidance provided to staff.	
62	Test kit not checked for damage or expiry date.	Part of NHS guidance provided to staff.	
63	Testing process not followed correctly for self / child including rubbing fabric tip of swab 4 x over both tonsils (or where they would have been) and then 10 complete circles of one nostril.	Part of NHS guidance provided to staff.	
64	Processing of the swab not completed in-line with guidance including transferring the sample into the liquid and the liquid then on to the well on the test strip.	Part of NHS guidance provided to staff.	
65	Not waiting 30 minutes, recording the result correctly with NHS and then taking the appropriate action if positive.	Part of NHS guidance provided to staff.	
66	Soft, fabric tip of swab and fabric strip touches hands.	Part of NHS guidance provided to staff.	
67	Fabric tip of swab touches tongue, teeth, cheeks, gums, or any other surfaces.	Part of NHS guidance provided to staff.	
68	Test kit not properly disposed of in waste bag provided and placed in general household waste.	Part of NHS guidance provided to staff.	
69	Test on children under 12 continued despite child feeling pain.	Currently testing Year 7 and 8s onsite. Overseen by Lead Nurse/Nurse.	
70	Test kit and each item in the test kit used more than once. (Do not re-use items. Each person's result must be reported).	Part of NHS guidance provided to staff.	

71	Problems with hands or vision. (May need someone to assist with the swabbing and testing process).	Support from Lead Nurse/Nurse. Could test on site rather than at home if having difficulties self-testing at home.	
72	No alternative measure if nose piercing (swab the other nostril or if both nostrils pierced remove one piercing before swabbing.)	Part of NHS guidance provided to staff.	
73	Nosebleed within the last 24 hours (swab other nostril or wait 24 hours).	Part of NHS guidance provided to staff.	
74	Unable to take a throat swab. (then swab both nostrils)	Part of NHS guidance provided to staff.	

### Pupils, Parent and Staff Risk Assessment in the COVID-19 Environment

	Hazard	Control Measures	Remarks
1	Communication channels not working and not being reviewed. (Email, text, facebook etc).	All channels have been working effectively e.g. e-mail, newsletters, Zoom meetings and face-to-face.  Communication plan (internal & external) circulated to CRT.	Positive feedback from parents regarding level and content of communications.
2	Staff, parents and pupils returning to school not provided or updated with full induction process or aware of changes and potential hazards.	Staff inducted in groups ahead of the start of terms. Teachers updated through weekly staff meetings.  Parents briefed and updated by regular Headmaster's newsletters.  Pupils briefed on 9 and 10 September and updated through weekly assemblies.  Staff and pupils to be updated again on 8 March.	
3	Lack of a robust feedback and reply system to ensure best practice and two-way communications for pupils, parents, staff and governors	Channels for two-way communication are strong as the school community is relatively small and communication is regular.	
4	No Governor and / or SLT member for school / department nominated to be responsible for COVID-19 matters. Governor / SLT members' contact details not known and not on call.	Simon Hayes is the Governor responsible for the oversight of Health, Safety and Security.  Headmaster and Bursar have day-to-day responsibility for Health and Safety, including COVID-19 matters, and are	

		<p>on call. Bursar identified as COVID-19 Co-ordinator.</p> <p>A subcommittee of 4 Governors was also established to consider each phase of re-opening.</p>	
5	No school representative identified to liaise with local authorities and local health protection team.	Headmaster would liaise with local authority. Lead Nurse or Nurse would liaise with local health protection team.	Both the Headmaster and the Lead Nurse have liaised with the local Health Protection Team regarding positive cases during the Autumn term.
6	Local authorities and health protection teams not engaged prior to re-opening (and the benefit of their services in case of infection).	Not required ahead of re-opening.	
7	No plan to inform local health protection team if two or more confirmed cases within 10 days or there is an overall rise in sickness absence.	Identified in procedure for dealing with a suspected case of coronavirus on site. Headmaster, Bursar and Lead Nurse maintain close contact and Lead Nurse would contact local health protection team if these circumstances arose.	Both the Headmaster and the Lead Nurse have liaised with the local Health Protection Team regarding positive cases during the Autumn term.
8	No system to communicate with staff that have not returned to school for fear of infection.	<p>No staff have been absent for this reason.</p> <p>Communication channels are in place to communicate with all staff, whether on site or not.</p>	
9	Lack of mechanism for parents of pupils with significant risk factors to discuss concerns and provide reassurance of the measures put in place to reduce the risk in school.	<p>Parent questionnaire provides a mechanism to raise concerns. Existing communication channels are strong as the community is small and parents have numerous staff they could discuss concerns with.</p> <p>Reassurance also provided in regular communications from Headmaster.</p>	Parent questionnaire repeated for return in November after half-term, for boys returning to 'bubble' in January and for wider re-opening in March.
10	No staff, pupil and / or parent health declaration implemented or recorded.	<p>All staff and parents required to complete questionnaires ahead of the start of terms / half-terms.</p> <p>Reviewed by Headmaster, Deputy Head, Lower School Lead Teacher or</p>	These questionnaires have worked effectively in all phases.

		Headmaster's Wife (pupils) and Bursar/Assistant Bursar (staff).	
11	Lack of knowledge of where pupils / staff have travelled from (other than home and school) on holiday or at weekends.	This is a specific question in the staff and parent/pupil questionnaires.	
12	Insufficient information on where pupils, staff and visitors have been located in school including the make-up of bubbles and activity groups.	Location of pupils and staff is well-documented in school routines and timetables. Make-up of 3 bubbles and activity groups is documented and information is easy to access.  It is known which essential contractors are working on site and where.	No visitors unless essential e.g. no school gatherings such as concerts, plays, parent meetings or open days.  Limited prospective parent tours subject to specific protocols.
13	Staff, parents and pupils not self-isolating after holiday and work visits (for 2 weeks?) to non-government agreed countries.	This is a specific question in the staff and parent/pupil questionnaires.	
14	Lack of rules / procedures for hygiene standards for staff and pupils – and failure to adequately enforce standards	Rules / procedures for hygiene standards in place. SMT and all staff will continue to monitor and enforce.  Staff briefed by Headmaster ahead of start of term.  Pupils briefed on 9 and 10 September.  Standards being reinforced by SMT and teachers.  Staff and pupils to be briefed again on 8 March.	
15	Class and activity rooms not properly and regularly ventilated with fresh air.	Staff aware of the need to ventilate rooms regularly. Windows are being left open in all areas to enhance ventilation.	
16	Staff not trained or regularly updated in COVID-19 symptoms, SD and how these rules apply to teaching?	Staff briefed by Headmaster ahead of start of terms and March re-opening.  Updated 'Procedure for Dealing with a Suspected or confirmed Case of Coronavirus On-Site' issued to all staff ahead of the start of Autumn term and again on 8 March.	

17	At drop-off and pick-up parents not complying with SD policy outside gates and entrances.	Parents to remain in or by vehicles in car park. Staff will be present to enforce this and SD in that area.  Different drop-off points and routes into the school identified for each of the 3 groups.	
18	Staff and parents not cleaning frequently touched surfaces of bike, car, pram etc before and after journeys to school.	Parental responsibility.	
19	Insufficient or no guidance on safe travel to and from school (e.g. encouraging walking, cycling, minimise car sharing) or protocols at school gates etc.	Only 1 boarding pupil is likely to use public transport to get to school. No day pupils are believed to use public transport to get to school.  Limited car sharing by parents and car sharing currently discouraged.	
20	Transit spaces (corridors), social zones (car parks, common rooms, playgrounds) do not support SD. Walk on the left protocol?	Marquees put in place for queuing outside dining hall to avoid use of Cocoa Passage.  Large outdoor spaces facilitate SD.  Pupil routes designed to avoid use of main entrance and foyer.  Different groups use different areas for pick-up / drop-off and for entering/leaving school buildings.  Pupils informed of walk on left rule.  Occupancy limits set for shared rooms in main school.	Face masks issued to all staff and to pupils in Years 6 to 8 to be used from 9 November in areas where it is more difficult to maintain SD.  In accordance with government guidance, pupils in Years 6 to 8 will also wear masks in classrooms from 8 March (to be reviewed at Easter).
21	Learning and recreational spaces not de-conflicted or configured to SD rules for different groups or bubbles.	3 bubbles assigned to different learning areas (Years 6 to 8 in Stow building, Years 4 & 5 in main school, Years R to 3 in Greenhill. Classrooms configured to provide for SD.  Boarding dorms configured to provide for SD.  Art and DT also configured for SD.  Recreational spaces allocated to groups by offset times rather than by area.	

22	Little consideration of different age groups in timetabling, length of the school day and exposure to other age groups.	3 bubbles operating in different areas of the school as described above.  School routine and timetable redesigned to allow for staggered breaks and meal times and to be appropriate for different age groups.	
23	Insufficient consideration and alternatives to using public transport including staggering school start and finish times.	As noted above, negligible use of public transport by HH pupils.	
24	No system in place to deal with bereavements, trauma, anxiety, behavioural and sleep issues.	Normal pastoral care arrangements, including opportunity for counselling.  Parents asked to advise of any such issues that the School should be aware of.	
25	Strategy to keep children safe online not re-assessed and insufficient consideration of supervising access to the internet, checking apps, websites and search results etc	Existing mechanisms are effective.	

### **Pupil and Staff - Safety Risk Assessment in the COVID-19 Environment**

	<b>Hazard</b>	<b>Control Measures</b>	<b>Remarks</b>
1	Lack of review, update or sharing of safeguarding, code of practice, and staff handbook policies.	Safeguarding Policy updated, approved (8 April & 19 June and 9 November 20) and circulated.	
2	Inset does / did not reflect required training for COVID-19 related procedures, safeguarding, H&S, well-being etc	Inset ahead of the start of Autumn and Spring terms covered all of these matters.	
3	Staff have insufficient instruction and training on identifying and supporting vulnerable pupils, parents and other staff.	Safeguarding briefing delivered to all staff ahead of Autumn term.  Staff also required to complete Educare training on Mental Wellbeing in Children and Young People.	
4	System of controls (see explanation above) not understood and / or properly implemented.	System of controls described to staff and pupils in briefing at start of terms and reinforced through updates from and interactions with management/teachers.  Implementation overseen by senior staff and discussed by CRT.	

5	DSL and ADSL not easily contacted and their contact information not known to all.	DSL and Deputy DSLs on site and known to all.	
6	No COVID-19 specific policy that includes medical responses, SD, teaching, socialising, feeding, hydration, well-being etc.	Updated Phased Return to School Policy in place and approved by Governors on 7 September 2020.  'Procedure for dealing with a confirmed or suspected case of coronavirus on site' updated 6 March 21.  Further detail incorporated into this and other risk assessments, plus associated documentation.	
7	Revised fire drills, registers, routes and assembly points not rehearsed (to ensure where safe to include SD).	Drills, routes and assembly points for this phase are as normal, but with more spacing for SD. To be rehearsed by all pupils and staff during w/c 8 March.	
8	Needs of each age group and class not considered discretely in terms of support, activities and facilities.	Needs of Lower School and Upper School have been considered separately, with arrangements specifically designed for each group.	
9	Staff moving between classes and year groups not maintaining distance from pupils and other staff (ideally 2 m between adults)	Staff briefed accordingly.  CRT review whether this is being achieved.	
10	Staff and pupils (where applicable) not wearing face coverings when and where appropriate.	Face masks issued to all staff and to pupils in Years 6 to 8 to be used from 9 November in areas where it is more difficult to maintain SD.  In accordance with government guidance, pupils in Years 6 to 8 will also wear masks in classrooms from 8 March (to be reviewed at Easter).	
11	Supply, peripatetic and/or other temporary staff moving between schools not minimising contact, maintaining as much distance as possible from other staff or observing hygiene rules.	Includes music teachers, drama and sports coaches.  Staff briefed and monitored by Directors of Music and Sport and other Teachers i/c activities.	
12	Roles conducive to home working and therefore helping to reduce infection (e.g. some administrative roles) not identified.	Considered but very few roles deemed to be suitable	Bursary team currently working

		for this other than on an occasional basis.	from home on some days.
13	The "ideal" of adults maintaining 2 m distance from each other, and from pupils not realised or insufficient mitigating measures.	<p>All staff briefed accordingly and consideration given as to how to maintain this in each area of the school e.g. teachers encouraged to remain at the front of the class, staff not generally sitting on dining tables with pupils (other than the youngest ones), restriction on people allowed into Reception, reduced use of the staff room, limits on numbers using the catering rest room (3/4), use of different preparation areas in the kitchen.</p> <p>CRT review whether this is being achieved in practice.</p>	<p>Screens in use in some areas e.g. Reception, Bursary, Dining Hall &amp; Chapel Office.</p> <p>Face masks issued to all staff and to pupils in Years 6 to 8 to be used from 9 November in areas where it is more difficult to maintain SD and in classrooms from 8 March. Have however emphasised that this is to supplement SD i.e. SD is still the key control.</p>
14	Contact between groups or bubbles is not minimised or distance between individuals maintained and properly supervised.	<p>Pupils divided into 3 groups (Years R to 3, Years 4 &amp; 5, Years 6 to 8) each of which generally uses a different area of the school (Greenhill, Main School and Stow respectively). Boarding arrangements reflect, but are not identical to, main groupings (Y8 in Wood, Y7 in Bank, Y6 in Hill, Y3 to Y5 in Private Side). Classrooms reconfigured to provide 1m spacing between desks/seats. Normal communal activities, e.g. chapel and assemblies, restructured to avoid or reduce contact between bubbles. Groups use the dining hall at different times, or screens are in place to divide groups. Defined places at dining tables provide for distance between boys; marquees erected outside the dining hall to provide space for boys to stay distanced when queuing. Boarding dormitories reconfigured to</p>	<p>Critical aspect of the RA.</p> <p>Additional measures in place to limit the number of potential close contacts within bubbles e.g. consistent sub-groups across boarding dorms plus class and dining seating.</p>

		<p>reduce the numbers in each dorm and to have adequate space between beds (also no bunk beds). Main changing room reconfigured to provide distance between boys and Whiterock partitions installed between areas that would otherwise be facing. Towel room not used. Hill bathroom used during the day to reduce numbers using the main changing room. Common rooms in main school not used.</p> <p>Management and all staff supervise and encourage maintenance of appropriate distancing.</p>	
15	<p>Distinct and consistent groups or 'bubbles' not maintained or separated and so, in the event of a positive case, difficult to identify those who may need to self-isolate.</p>	<p>See above regarding distinct and consistent bubbles for the bulk of the school day.</p> <p>Records kept of limited occasions when consistency and separation of groups is not maintained e.g. 1 Year 3 Boarder plus late-stay and weekend activities.</p>	<p>Additional measures in place to limit the number of potential close contacts within bubbles e.g. consistent sub-groups across boarding dorms plus class and dining seating.</p>
16	<p>Insufficient controls measures and safety precautions for larger groups with greater risk of infection.</p>	<p>The school is a relatively small community (126 pupils) so no groups of pupils or staff are particularly large. No whole school gatherings and arrangements are in place for any bubble gatherings to include SD.</p> <p>RA documents control measures in place to minimise the likelihood of pupils and staff being regarded as 'close contacts' and therefore having to isolate in large numbers.</p> <p>Catering rotas changed to divide team into 2 bubbles from start of November.</p>	
17	<p>Large gatherings such as assemblies or collective worship with more than one group not avoided.</p>	<p>Chapel and assemblies restructured to be by group.</p>	

18	Insufficient controls for those pupils allowed to mix into wider groups for specialist teaching, wraparound care and transport.	Groups do not mix into wider groups for specialist teaching and the only crossover for boarding is a small number of year 3 boarders (additional controls maintained within the house).  Most pupils travel independently and do not use shared transport. Additional control measures in place where transport is shared.	
19	Younger pupils not supported in understanding the importance of maintaining distance, not touching staff and their peers - where possible.	Younger pupils supported in a positive and encouraging manner. Parents also encouraged to reinforce this.	
20	No specific help and preparation for the changes to routine for pupils with SEND (whether education, health and care plans or on SEN support).	Tutors and Learning Support will support. No pupils with EHC plans.	
21	Where a pupil attends more than one setting on a part time basis (e.g. dual registered) the system of controls not considered collaboratively to address identified risks.	No pupils attending more than one setting.	
22	Classrooms do not have side-by-side seating or forward facing desks to reduce risks.	Classrooms have been reconfigured in this way.	
23	ITT trainees not sufficiently briefed, hosted and integrated in their support to school.	No ITT trainees.	
24	Volunteers not checked, left unsupervised, allowed to work in regulated activity or supported.	Small number of volunteers; all are checked, supervised and supported.	
25	Recruitment process and pre-appointment checks not following legal requirements.	Normal recruitment process and pre-appointment checks maintained.	
26	New staff and pupil registration and induction processes not adapted or compliant.	Pupil returns staggered to allow for more thorough induction of new pupils.  All staff returned earlier to allow for a longer period of induction and training. SMT oversee induction of new staff.	
27	Support staff and TAs in regulated activity do not have the appropriate checks.	Appropriate checks maintained.	
28	SCR not updated with DBS related issues and required documents not properly verified or recorded.	SCR maintained and documents checked as usual by Assistant Bursar.	
29	Plans to separate work, learning, meetings, activities and play outside not fully considered	School has extensive facilities and grounds that provide for effective	

		<p>separation of different activities. Separation also facilitated by offset times.</p> <p>Use of bubbles and areas as described above also provides for separation.</p> <p>Year R to 3 have their own adventure play area.</p>	
30	External coaches, clubs and organisations for curricular activities not risk assessed, or systems of control measures implemented.	<p>Only external coaches/ volunteers to be used on site this term are golf and bridge (Judo is on hold).</p> <p>Employed peripatetic staff come in for Music and Chinese.</p>	
31	Opportunities for non contact sport, adventure play, Forest School, gardening etc not regulated or considered	<p>School has extensive programme of non-contact activities throughout the week and this is being maintained as far as possible with appropriate controls. Avoiding contact and maintaining distance considered by each individual activity.</p> <p>Years R to 3 have woodland school as part of curriculum.</p>	
32	Physical education, sport and physical activities not following the measures in their system of controls.	<p>These activities have been considered carefully by SMT and Director of Sport, with reference to government, sector and national body guidance.</p> <p>Adherence to agreed measures overseen by Director of Sport.</p>	
33	Indoor sports and activity areas not sufficiently well and regularly ventilated with fresh air.	<p>Indoor sports and activity areas include sports hall, squash courts, music hall and theatre. All are naturally ventilated, but staff also leave and windows doors open when possible to aid ventilation.</p>	
34	Sporting, play and SD rules unclear to staff, pupils, parents and visitors.	<p>Sector and governing body guidance considered and circulated.</p> <p>No parents or visitors currently allowed on site to view activities.</p>	

35	Pupils not kept in consistent groups, maximising distance between pupils or paying scrupulous attention to cleaning and hygiene during sports activities.	Sporting activities structured in line with 3 groups as far as possible and distancing encouraged.  Cleaning and hygiene considered and provided for as appropriate for each sporting activity.	
36	Sports equipment not sufficiently cleaned between each use by different individual groups.	Cleaning and hygiene considered and provided for as appropriate for each sporting activity.	
37	Risk assessment for play, drama and dance and music activities not re-assessed, applied or checked.	Risk assessments revised and reviewed.	
38	Added risk of infection where there is singing, chanting, playing wind or brass instruments not reviewed.	Considered and addressed in revised risk assessment for music.	
39	Shared staff spaces are not set up or used to allow staff to distance from each other.	Spaces used for meetings are selected and arranged to allow for distancing e.g. theatre.  Limited use of shared staff room.	
40	Staff meetings and staff rooms unregulated in terms of space, equipments, resources (copiers, kettles, biscuits tins etc) timings, SD and purpose.	Limited use of shared staff room. Hygiene regime in place and SD maintained. Fridge and coffee machine (multi-touch points) removed.  Wipes provided next to copiers.	
41	Staff not having sufficient down time / rest during the working day / week.	Sufficient staff in place for normal school routines throughout the week.  Senior Management to monitor.	
42	Staff schedules do not build in the need to avoid increases in unnecessary and unmanageable workload burdens.	Considered by senior management during timetabling and allocation of duties.  Senior Management to monitor.	
43	Staff unable to manage the provision of both in school and remote learning.	Remote learning for limited number of overseas pupils to be by means of streaming and recording lessons. Staff managed this during the Autumn term.	

		Senior Management to monitor.	
44	Security, CCTV and access systems not regularly checked, updated and (where necessary) re-coded.	Identified staff check the security of buildings each day.	
45	Parent, Pupil, Staff, Contractor, Visitor drop-off and pick-up procedures, in and out routes not shared, understood or applied.	Drop-off and pick-up procedures communicated to staff and parents.  Contractors/visitors limited to those that are essential. Arrangements made to keep them separate from pupils.	
46	Appropriate safety measures not in place for wraparound childcare for both indoor and outdoor provision.	Breakfast club covered by arrangements for dining (see above).  Measures considered and documented for after school clubs and activities.	
47	Transit spaces (corridors), social zones (common rooms / playgrounds) not configured to separate different groups.	3 different groups generally assigned to separate parts of the school (described above). Marquees added for queuing outside the dining hall to avoid use of 'Cocoa Passage'.  Use of outdoor spaces assigned by offset times.	
48	Classrooms don't reflect recommended layout, PPE, screening, enhanced cleaning rules and timings.	Classrooms reconfigured with forward facing desks/seats and spacing between pupils.  Enhanced cleaning in place with cleaning of shared spaces between uses by different groups.	
49	Hand washing not part of school culture or routine e.g. no regular breaks for handwashing during the school day.	Supervision in place to promote regular handwashing.	Well-established in earlier Phases.
50	Insufficient hygiene stations at entrances, exits, toilets, classrooms, play areas, common rooms, staff areas etc	Lower School group use facilities in Greenhill.  Years 4 and 5 use toilets by Macarthur in Main School.  Years 6 to 8 use toilets by main school changing room.  Staff use toilets by Reception, in Greenhill foyer and (ladies) opposite Macarthur.	

		Sanitising gel (>60% alcohol) also in place at various other locations, for instance at entrances to buildings, classrooms, in boarding dormitories and at entrance to dining hall.	
51	Hygiene stations (including bins) not stocked, checked and cleaned regularly.	Part of daily regime for cleaning team. Cleaning team in place throughout the whole week Monday to Sunday.	
52	Unnecessary and unused items not removed from classrooms and other learning environments.	Unnecessary furniture removed from classrooms, dining room and library.	
53	Soft furnishings, soft toys, spare furniture and items that are hard to clean not removed and stored securely.	Done wherever possible e.g. in boarding houses.	
54	Individual and frequently used equipment, such as pencils and pens not shared by staff or pupils (who use their own).	Staff and pupils encouraged not to share such equipment.  Individual art equipment packs purchased for each pupil.	
55	Classroom based resources, such as books and games and all frequently touched surfaces, which are used and shared within a group or bubble not regularly cleaned.	Cleaning regime adapted to prioritise cleaning of frequently touched surfaces, between changeovers.  Teaching staff also provided with materials to clean frequently touched surfaces in their areas between groups.	
56	Management of resources shared between classes or bubbles not cleaned frequently and meticulously or rotated to be left unused and out of reach for a period of 48 hours (72 hours for plastics).	As above.	
57	Regulating the use and cleaning of locker, changing rooms, toilets and showers not managed and supervised.	Use and allocation of changing rooms and showers has been reconfigured as described above (Hill boys to use the Hill rather than main changing room).  Cleaning of these areas between groups is a priority identified on the cleaning schedule.	
58	Pupils not limiting the amount of equipment brought into school daily to essentials such as bags, lunch boxes, hats, coats, books, stationery and mobile phones.	Pupils instructed to limit what they bring into school; lunch boxes not required.	

59	Pupils and staff taking necessary books and other shared resources home not sufficiently managed.	Staff and pupils would not generally take shared resources home.  Lower School reading books are quarantined for 72 hours after return before being issued again.	
60	Outdoor playground equipment should be more frequently cleaned or left fallow.	Adventure playground is only used by the Lower School group and will be regularly cleaned.	
61	Assemblies, break times, drop-off and collection times not sufficiently well staggered.	Break times, meal times, drop off and collection times all staggered.  Assemblies are by separate group.	
62	Non-overnight educational visits not organised in line with protective measures (keeping children within consistent groups) and COVID-19 measures in place at destination.	All such visits are individually risk assessed, such assessments to include Covid-19 measures.	No such visits currently due to national lockdown.
63	Meal times not de-conflicted or possible to achieve SD in the servery and dining areas whilst still providing sufficient nourishment.	Meal times split to reduce numbers in the dining hall.  Dining room arranged to facilitate SD; boys and staff assigned to individual places. Additional tables added and designated spaces 1m apart. Screens in place to enhance separation between groups.  Food is individually plated to avoid need for 'family serving'; no salad bar to reduce movement.  Staff not sitting at pupil tables, other than the youngest ones.  Marquees added outside to provide more space when queuing.  Steps taken to eliminate shared items, for instance through use of individual packs of cereals and condiments.	
64	Catering staff rota not configured to avoid all catering staff having to self-isolate in case of infection and kitchen closing.	Catering rotas restructured and additional temporary prep space provided to enable team to be split into two bubbles.	

65	Organisation of breakfast and after school club not revised in to small, consistent groups and maintaining year groups or bubbles.	Breakfast club seating consistent with year group.  After school activites maintain normal bubbles.	
66	Pupil and staff mental health and wellbeing not considered with individual needs not identified or supported.	Normal management and pastoral care arrangements in place.  Specific briefing to all staff at the start of term.  Staff and parent/pupil questionnaires seek information on this.  Staff also required to complete Educare training on Mental Wellbeing in Children and Young People.  DSL providing additional material to staff with regard to Mental Health this term.	No significant issues arising from review of staff and parent/pupil questionnaires.
67	Insufficient pastoral and extra-curricular support for pupils to rebuild friendships and social engagement.	Extensive support in place e.g. house parents, tutors and wide-ranging opportunities to rebuild friendships and engage socially throughout the week.	
68	Insufficient support to address and equip pupils to respond to COVID-19 related issues.	Extensive support in place e.g. senior management, house parents, tutors and Health Centre.	
69	Re-scheduling of activities not operating efficiently or safely due to SD rules and timings	Timetables for school routines, lessons and activities have been carefully designed to operate efficiently and safely.	
70	Plans, briefing and statistics for ISI / Ofsted visit not updated.	ISI inspections postponed until Summer 2021. Required information continues to be updated as part of normal operations.	
71	Those working/schooling at home not provided sufficient information and training to work safely.	During this next phase there will not be any staff working at home on a frequent basis.	
72	Those working/schooling at home not advised on suitable furniture and equipment.	During this next phase there will not be any staff working at home on a frequent basis.	
73	Those working/schooling at home not completed a Display Screen Equipment (DSE) assessment.	During this next phase there will not be any staff working at home on a frequent basis.	

74	Those working/schooling at home not able to take regular breaks, stretching exercises, avoiding eye fatigue etc.	During this next phase there will not be any staff working at home on a frequent basis.	
75	Those working/schooling at home not kept in regular contact with the school and insufficient regard to their well-being.	During this next phase there will not be any staff working at home on a frequent basis.	
76	Those working/schooling at home not advised on stress and mental health.	During this next phase there will not be any staff working at home on a frequent basis.	
77	Those working/schooling at home do not have an emergency point of contact or know how to gain help if needed.	During this next phase there will not be any staff working at home on a frequent basis.	

### Medical Risk Assessment in the COVID-19 Environment

	Hazard	Control Measures	Remarks
1	Sickness management rules and the “don’t come to work if you are ill” not understood or observed.	All staff briefed. Procedure for dealing with a suspected or confirmed case updated and issued to all staff.	
2	Staff and pupils who are ill or tested positive in the last 10 days do not know or are unwilling to stay at home.	All staff and parents briefed. Message is explicit in the questionnaire completed by all staff and parents prior to return to school.	No issues experienced in requiring staff and pupils to self-isolate during Autumn term.
3	The procedure for isolating or sending staff and pupils home for 10 days and arranging a COVID-19 test is not understood (if anyone becomes unwell in school).	Procedure for dealing with a suspected or confirmed case updated 6 March and issued to all staff.	Experience has demonstrated that this procedure operates effectively.
4	Given (Serial 1 & 2) above household or group members do not understand that they must self-isolate for 10 days.	Stated in updated procedure for dealing with a suspected or confirmed case. Lead Nurse / Nurse would also emphasise this if a member of staff or pupil was sent home with symptoms.	
5	No isolation room and separate bathroom available, inadequate signs (from reception?) for those waiting collection and no access to PPE for those attending to unwell staff and pupils.	Isolation area and separate bathroom available in Health Centre.  PPE available for those attending to unwell staff and pupils.	
6	Procedure is not clear for those Staff who have helped someone with symptoms and pupils who have been in “close contact”.	Clear in updated procedure for dealing with a suspected or confirmed case.	

7	<p>Staff not aware of meaning of “close contact” i.e.:</p> <ul style="list-style-type: none"> <li>• Same household</li> <li>• Face-to-face contact including being coughed on or having a face-to-face conversation within 1 metre.</li> <li>• Been within 1 metre for 1 minute or longer without face-to-face contact.</li> <li>• Sexual contacts.</li> <li>• Been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day).</li> <li>• Travelled in the same vehicle or a plane.</li> </ul>	All staff briefed at the start of terms and reminded subsequently by e-mail and/or in person briefings.	
8	Procedures for reporting COVID-19 instances to external authorities not known or applied.	Clear in updated procedure for dealing with a suspected or confirmed case, which includes details of local PHE health protection team. Lead Nurse / Nurse would contact.	Headmaster and Lead Nurse have communicated effectively with local PHE health protection team.
9	Procedure for washing hands thoroughly for 20 seconds with soap and running water or using hand sanitiser after any contact with someone who is unwell is not understood or applied.	Stated in updated procedure for dealing with a suspected or confirmed case	
10	Procedure for cleaning, with normal household bleach, the area around a person with symptoms after they have left (to reduce the risk of infection) is not understood or applied.	Stated in updated procedure for dealing with a suspected or confirmed case	
11	Science of risk not understood e.g. less severe symptoms than in adults, younger children less likely to become unwell. Consistent groups help.	This is understood by senior management, CRT and staff.	
12	Although a useful confidence measure routine temperature testing is not a reliable method to identify COVID-19 (PHE advice refers).	Routine temperature testing is not being undertaken.	
13	Insufficient medical staff to deal with temperature testing (if used), isolating and monitoring suspect COVID-19 cases, outside appointments and normal medical issues.	Lead Nurse or Nurse on-site 24/7 during term-time. Headmaster's Wife would also support if necessary.	
14	No or insufficient training for those operating temperature testing or other precautions that require new equipment. Training not recorded for future reference.	Not operating routine temperature testing or other precautions requiring new equipment.	
15	Medical staff have insufficient or unsuitable PPE, cleaning materials and training for tasks.	Medical staff have sufficient, suitable PPE and cleaning materials. Lead Nurse and Nurse are fully qualified and highly experienced.	
16	Temperature testing undertaken using unsafe methods, not reflecting SD rules, not recorded or kept appropriately.	Not undertaking routine temperature testing.	
17	No separate area for temperature testing, holding and isolation of pupils/staff. Areas not easily identified or regularly cleaned?	Suitable isolation area in Health Centre.	

18	Insufficient registration, induction, supervision (and temperature checking) of contractors working on site.	Induction questionnaire completed with all new contractors working on site. Contractors supervised and kept away from pupils and staff as much as possible.  Government guidance does not recommend temperature checking for contractors.	
19	Young children not supervised using hand sanitiser (risk of ingestion). (Note: Skin friendly cleaning wipes is an alternative).	Young children are supervised using hand sanitiser.	
20	Young children and those with complex needs not supported in understanding importance of hygiene rules.	Young children are supported in understanding hygiene rules.	
21	Lack of information on how to react to coughing and sneezing using tissues (and their disposal), crook of arm and immediately cleaning hands with soap and water or hand sanitiser.	Pupils rebriefed at the start of terms. Also captured in Aide Memoire prepared by Headmaster.	
22	Hygiene rules not effective. "catch it, bin it, kill it" not re-publicised or applied.	Staff supervise to encourage pupils to adhere to hygiene rules.  "Catch it, bin it, kill it" posters in place in areas that pupils will use.	
23	Pupils not aware of behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting).	Pupils rebriefed at the start of terms.	
24	No / insufficient staff supervising / supporting normal medical staff, particularly in their liaison with GPs, Public Health Team etc.	Lead Nurse and Nurse have access to normal GP surgery for additional advice if required. Headmaster, Bursar and Headmaster's Wife would also liaise with Lead Nurse and Nurse in the event of suspected or confirmed cases.	
25	Visits of or to GPs / nurses / dentists and local surgeries changed and not known by staff and or pupils.	Co-ordinated with parents by Lead Nurse / Nurse and through Reception and School Diary.	
26	Staff are not aware those with COVID-19 symptoms should not go to a GP surgery, pharmacy, urgent care centre or hospital.	Procedure is to send staff and pupils home to self-isolate and arrange a test. Government guidance explains further.	
27	No procedure considered if a mobile testing unit is dispatched to test others in school. (Testing will focus on the person's class, followed by their year group, then the whole school if necessary).	CRT would convene to agree and implement arrangements depending on the guidance from local health protection team.	

28	Testing equipment (such a Samba 2) not operated by trained staff or not compliant with CQC and GDPR rules.	No such equipment is being used.	
29	Insufficient or no procedure for summoning emergency services, lack of safe RV and cleared routes in and out.	Normal procedures and arrangements are sufficient,  Lead Nurse or Nurse would summon. Clear route leads to centre of the school near the Health Centre.	
30	No early liaison with local health protection teams and LA who provide advice (and may recommend large groups self-isolate or school closure)	This step is clear in the procedure. Lead Nurse or Nurse would contact and relay advice to Headmaster and Bursar.	Headmaster and Lead Nurse have communicated effectively with local PHE health protection team.
31	Insufficient First Aid trained personnel (ratio) for pupils in school and on activities and sport.	Lead Nurse / Nurse and other trained staff are sufficient.	
32	Actions for using first aid on those with no COVID-19 symptoms unclear and not briefed.	Lead Nurse / Nurse and other trained staff would respond as normal.	
33	Not compliant with requirements for EYFS and PFA certification.	Compliant. Lead Nurse, Nurse, Lower School Lead Teacher and TA, plus Private Side Housemaster are PFA qualified.	
34	Medical policy, procedures and appropriate response to spectrum of medical issues not being revised or shared?	Medical policy includes section on pandemic response. Reviewed by Lead Nurse.  Guidance on protocols for providing First Aid during the pandemic circulated to all First Aid trained staff.	
35	Pregnant women are in the 'clinically vulnerable' category and not following the relevant guidance.	No pregnant women on the staff. (Would be identified on staff questionnaires.)	
36	Lack of School decision or policy for level of PPE required for pupils and staff.	Staff and pupils not required to use any PPE other than that normally required for roles.  Exceptions: additional PPE (face shield, mask, apron and gloves) provided to Lead Nurse / Nurse and Boarding staff (and available to other staff) in case they need to deal with a suspected case; PPE to be used by catering staff e.g. gloves and mask when plating food and whenever 'front of house'.	

		Face masks issued to all staff and pupils in Years 6 to 8 to be used from 9 November in areas where it is difficult to maintain SD and in classrooms from 8 March (to be reviewed at Easter).	
37	Insufficient training for all those that wear face coverings including fitting, storing, care and disposal arrangements.	Standard face coverings issued to staff and pupils. 2 different colours issued to pupils so they can wear a clean one each day while the other is washed.	
38	Different age groups with different risk profiles for each group of staff and pupils not risk assessed?	Staff and parents/pupils required to return questionnaires providing information to support such risk assessments.	No significant issues arising from review of staff and parent/pupil questionnaires.
39	School unaware of those that have been identified as Clinically Extremely Vulnerable (CEV) via a letter to the individual from NHS or their GP.	Staff and parents/pupils required to return questionnaires to identify such individuals.  No CEV staff or pupils.	
40	Clinically Extremely Vulnerable (CEV) staff and pupils have not been advised whether to work from home or go to school during period of national restrictions.	No CEV staff or pupils.	
41	Measures in school are not sufficiently robust for clinically vulnerable staff and pupils.	Measures are robust and are discussed with such individuals.	
42	Medical advice for vulnerable staff and children not being followed and insufficient support both at school and at home.	Would discuss with vulnerable staff. Advice and support for vulnerable pupils would be discussed with Lead Nurse.	
43	Those with particular characteristics and an increased COVID-19 risk not identified and sufficient measures taken to reduce risks.	Staff and parents/pupils required to return questionnaires providing information on such conditions.  School already holds this information for pupils as part of normal health care procedures.	No significant issues arising from review of staff and parent/pupil questionnaires.
44	Lack of knowledge on whom has been tested positive for COVID-19 and if it is recorded (for elimination purposes). Evidence of negative result should not be requested.	Staff and parents/pupils required to return questionnaires providing this information. Staff and parents would be expected to report fresh positive tests. Lead Nurse and Assistant	Recorded from responses to questionnaires.  Record maintained of positive and

		Bursar would maintain records.	negative tests and self-isolations.
45	Insufficient information and / or record of who is still shielding or had contact with anyone tested positive or suspected of COVID-19 and why this may preclude their attendance at school.	Staff and parents/pupils required to return questionnaires providing this information.	Recorded from responses to questionnaires.
46	Lack of recording of which staff and pupils have been sent home with COVID-19 symptoms (a cough, high temperature or shortness of breath).	Normal health records maintained for all pupils. Headmaster and Bursar to be made aware if a pupil or member of staff is sent home with COVID-19 symptoms. Assistant Bursar to record (and Lead Nurse for pupil).	Record maintained of positive and negative tests and self-isolations.
47	Lack of regular dialogue with those that have suffered from COVID-19 and / or are isolated at home.	Would maintain contact with such staff or pupils.	Done successfully during Autumn term.
48	Policy on wearing uniform and if washing also required to prevent infection for staff and pupils not re-considered.	Pupils wearing uniform as normal; more frequent washing of some items e.g. jumpers and towels.  Staff wearing uniform as normal and advised to wash it regularly.	

### Boarding Risk Assessment in the COVID-19 Environment

	Hazard	Control Measures	Remarks
1	Boarding policies and procedures not updated, regularly reviewed and communicated.	Normal policies and procedures supplemented by measures for minimising close contact and encouraging distancing.	
2	Security and access systems not regularly checked, updated and re-coded.	Normal security procedures in place.	
3	Boarding staff have inappropriate PPE, cleaning materials and training for tasks.	PPE (gloves, masks, visors and aprons) provided to boarding staff. Normal cleaning materials available.	
4	Communication and procedures for welcoming back boarders and part-time boarders not applied.	Frequent communication with all parents, including boarding families, throughout Phase 4 and ahead of return on 7/8 March. Return of all boarders staggered to allow	

		more time for arrival and reintegration.	
5	Insufficient consideration of measures and precautions for flexi and weekly boarders.	Weekly and transition boarders are housed with full boarders based on their yeargroup i.e. consistent with the bubble structure.	
6	Insufficient efforts by school and parents to reduce travel between home and school and so reduce risk of infection.	No changes to normal arrangements i.e. no more travel than would normally be the case. Would respond positively to parent requests for transfer to fuller boarding.	
7	No plans or alternative arrangements for boarders to travel on dedicated school transport rather than public transport.	Boarders to make own arrangements for return (no dedicated school transport). Only one is likely to use public transport.	
8	Insufficient space and resources for isolating overseas pupils (for 10 days) on their return.	School is not offering a facility for quarantine. Overseas pupils are expected to complete quarantine offsite before returning to school.	
9	Insufficient controls for boarders to move between residential and school day groups.	Boarding and day groups are consistent other than for one Year 3 boarder.	
10	SD, separation and socialising rules not adhered to in the boarding house.	Rules explained to boarders ahead of return and reinforced consistently while in the house.	
11	Rules and procedures for exeat, trips and activities out, appointments or visits from family and / or guardians not complied with or understood.	Trips and activities out to be individually risk assessed. Parents not allowed on site without appointment / invitation.	No trips or activities out currently due to national lockdown.
12	Fire instructions and new procedures not reviewed, understood or rehearsed.(Fire drills, routes and assembly points)	Reviewed with boys on their return and rehearsed within the first 48 hours.	
13	Insufficient rooms to isolate and supervise pupils (and staff).	A suspected pupil case would be isolated in the Health Centre until collection; staff member would self-isolate at home.	
14	Do those involved in attending isolated cases know the procedures and have access to PPE?	Boarders will isolate offsite and not at school.	
15	Have parents been consulted prior to start of term as to where boarders will self-isolate should it be required? Advice suggests boarders should self-isolate in school (rather than go home).	Parents have been informed that boarders will have to isolate at home or with a guardian.	All parents provided confirmation of where their son would isolate e.g. with parent or guardian.

16	Laundry, bedding, furnishings, games and items that are hard to clean not removed and stored securely.	Dorms cleared of any non-essential items.  House supply of reading books not to be used at this time.  House water cups to be named, kept by bed and cleaned daily (no communal supply of cups).  Parents instructed to only bring in specified essential items.	
17	Staff to pupil ratio does not reflect SD rules (including medical and emotional support).	Normal house staffing provides for support and allows for SD.	
18	Insufficient bathroom facilities if bed spaces have been reconfigured.	Sufficient facilities given the relatively low numbers in each house.	
19	Boarders not equipped with authorised and compliant equipment to stay-in touch with parents.	Each house has a number of IP and mobile phones for contact with parents.  House phones cleaned afterwards if used.	Investigating provision of laptops for video calls with parents.
20	Boarders aware of global news and how it may affect them or their family.	Daily contact with parents if boys wish; news shared with boys through tutors and assemblies.	

### Dedicated School Transport and Driver Risk Assessment in the COVID-19 Environment

*Note: only dedicated transport provided by the school is the day boy bus from Winchester on Monday mornings; Maintenance Manager is the driver for 4 boys using the 17 seater minibus.*

	Hazard	Control Measures	Remarks
1	Drivers not regularly briefed on changes or included in staff briefings and revised schedules and notices.	Maintenance Manager briefed by Bursar. Teachers informed that minibuses are not to be used at this time.	
2	Drivers not fully considered, supported or rostered (particularly relating to age and vulnerability).	Considered by CRT and supported by senior management.	
3	Drivers have insufficient / inappropriate PPE, cleaning materials and training.	Masks, sanitiser, cleaning materials and training provided.	
4	Drivers not protected by screens and / or procedures that should be known to parent, carers and pupils.	Have not installed screens. Masks issued to and used by drivers and all pupils.	

5	Dedicated transport not aligned with the principles underpinning the system of controls	Day boy bus is the only dedicated transport. Control measures in place are consistent with the overall system of controls.	
6	Travel in or out of local areas not minimised or avoided, and the number of journeys not reduced where possible.	Only travel currently is the collection of 4 day boys on a Monday morning. No general use of minibuses for the remainder of this term.	
7	Dedicated school transport not operating to SD and hygiene rules or with sufficient PPE and cleaning arrangements.	Only dedicated school transport is the collection of 4 day boys on a Monday morning. SD applied in 17 seater bus, with masks worn by driver and boys, plus cleaning of touch points before & after the journey.	
8	Pupils not grouped together on transport reflecting consistent bubbles or groups that are adopted within school.	No general use of minibuses for the remainder of this term.	
9	Insufficient or no use of hand sanitiser upon boarding and/or disembarking.	Sanitiser provided for use on boarding and disembarking.	
10	No additional cleaning of vehicles (all touch points) before and after each journey.		
11	Poorly organised queue and boarding process and SD not observed within vehicles wherever possible.	Drivers briefed to organise and supervise accordingly.	
12	Use of face coverings for children over (and potentially under) the age of 11 as a mitigating measure not understood by pupils and parents.	Masks issued to and used by drivers and all pupils.	
13	Measures, in case of emergency, for the movement of a symptomatic pupil by school transport not considered in policy.		
14	School vehicles not fully registered, insured, maintained and stocked with appropriate hygiene materials.	Registered, insured and maintained as normal. Stocked with hygiene materials.	

### Support Staff Risk Assessment in the COVID-19 Environment

	Hazard	Control Measures	Remarks
1	Support and contract staff not briefed on changes regularly.	Bursar briefs his team face-to-face as changes arise.  Support staff briefed by Headmaster and Bursar on return.	
2	Physical meetings recognise SD, hygiene arrangements including well-ventilated rooms or, if possible, outside.	Larger meetings in Music School or Theatre.	
3	Support staff and cleaners not fully considered or supported (particularly relating to age and vulnerability).	Considered by CRT and supported by senior management.	

4	Support staff have insufficient/inappropriate PPE, cleaning materials and training.	Cleaning Team provided with appropriate PPE, materials and training.  Catering staff provided with appropriate PPE e.g. gloves and masks for plating food.  All staff issued with face masks to use in areas where it is more difficult to maintain SD.	
5	Cleaning regimes not enhanced, regularly reviewed or inspected or conforming to revised hygiene rules.	Cleaning regime designed by Headmaster's Wife and agreed with Cleaning Supervisor.  Would be reviewed and updated as circumstances change.	
6	Security and access systems not regularly checked, updated and re-coded.	Checked as used.	
7	Reconfigured areas, zones and routes hampering fire exits and routes.	No areas reconfigured. Fire exits and routes checked ahead of start of terms and wider re-opening on 8 March.	
8	Fire and other emergency procedures not reconfigured, routes not clear or regularly inspected.	No areas reconfigured. Normal procedures.	

### Facilities Management Risk Assessment

	Hazard	Control Measures	Remarks
1	Insufficient hand washing or hand sanitiser 'stations' for all pupils and staff to clean their hands regularly.	Sufficient handwashing facilities available for each group of pupils (in school buildings and in boarding houses) and for staff. Sanitiser in place in numerous locations, including at entrances to buildings, classrooms and boarding houses.	
2	Policy and procedures for contractors including signing in and out, and badges on school sites not reviewed, and / or enforced.	Contractors continuing to sign in and out at/by Reception and to be badged as normal.	
3	Contractor health declaration and pre-work briefings not considered or implemented.	Contractor induction questionnaire completed prior to commencing work on site.	Includes contact information for purposes of Test and Trace.
4	Contractor (and visitor) hygiene arrangements not considered including parking, guiding, supervision, breaks, meals and toilets.	Contractors directed to use handwashing facilities or sanitiser upon first entry and to use toilets by Reception. Contractor visits and movements planned and supervised to avoid contact	

		with pupils and staff as far as possible.	
5	Insufficient heating and/ or cooling system (including insufficient fuel levels if applicable).	Normal procedures maintained, including oil deliveries as required.	
6	Insufficient gas supply, venting and valves?	Normal procedures maintained.	
7	Air conditioning units, ducts not checked on re-occupying school facilities.	N/A as none on site.	
8	Centralised ventilation system that removes and circulates air to different rooms is not using a fresh air supply.	N/A as none on site.	
9	Electrical tests not up-to-date including emergency lighting and PAT including electrical equipment bought in to school.	Normal procedures maintained for electrical testing and emergency lighting. PAT testing completed in all areas 27 May. Pupils only bring in electric toothbrushes and tablet/mobile chargers.	
10	Water testing for temperature, flow and legionella not in date, recorded or tested on re-opening facilities.	Normal procedures maintained including regular monthly checks and recording.	
11	Insufficient arrangements for the operation, additional cleaning and security (and use) of the swimming pool.	Pool fully serviced in March before being put back into operation. Normal arrangements for cleaning and uses. Enhanced cleaning regime included the pool area. Pool secured; inspected daily when in use.	Not being used until start of Summer term.
12	Fire alarm panel, system and extinguishers not in date and not serviced.	Normal servicing and testing maintained.	
13	Fire doors improperly propped open to limit use of door handles and increase ventilation.	Staff reminded to use windows and other doors for ventilation and not to prop open fire doors.	
14	Limiting occupancy of as many rooms as possible (offices, laundry, common rooms etc) not considered.	Reduced use of staff room. Use of kitchen areas considered and occupancy of catering rest room limited to 3 or 4. Use of Reception limited. Reduced staff in laundry from 2 to 1. Identified maximum occupancy of main meeting rooms.	Maximum occupancy of rooms specified on doors.
15	Kitchen not reconfigured, stocked and cleaned if closed over a long period.	Head Chef returned on 2 March to restock. Staff restarted from 3 March to complete thorough clean of all areas.	
16	Insufficient chefs, supervising staff and cleaners to maintain high standards of hygiene.	Catering team sufficient to maintain high standards of hygiene in kitchen, preparation and dining areas.	

		<p>Existing Cleaning staff rotas amended and additional staff recruited to provide coverage until 6.45pm on weekdays and until late afternoon on Saturday and Sunday.</p> <p>Enhanced cleaning regime in place to focus on high-risk areas.</p>	
17	<p>Servery and dining room rules inadequate or unsafe including wiping table, chairs and hard surfaces between sittings.</p>	<p>Extensive planning by Bursar, Head Chef and Headmaster's wife ahead of re-opening of catering provision for Phases 2 and 3.</p> <p>Catering staff will not enter dining room when boys are there.</p> <p>Use of PPE e.g. gloves and masks while plating food.</p> <p>Food plated for individual boys and staff by catering staff.</p> <p>Dining room arranged to facilitate SD; boys and staff assigned to individual places.</p> <p>Tables cleaned between sittings.</p> <p>Steps taken to eliminate shared items, for instance through use of individual packs of cereals and condiments.</p>	
18	<p>Insufficient drinking supplies and hydration available in dining room and around the school.</p>	<p>Individual drinks provided to boys and staff in dining room.</p> <p>Sufficient drinking supplies available elsewhere for staff and pupils.</p>	
19	<p>Cleaners changed working patterns during the day not discussed or agreed to meet the revised hygiene requirements.</p>	<p>Existing Cleaning staff rotas amended and additional staff recruited to provide coverage until 6.45pm on weekdays and until late afternoon on Saturday and Sunday.</p> <p>Enhanced cleaning regime in place to focus on high-risk areas.</p>	
20	<p>Cleaners have insufficient or revised instructions and training for appropriate cleaning and the wearing and disposal of PPE.</p>	<p>Cleaners briefed on new cleaning regime.</p>	

21	New service level agreement not agreed for contract cleaners, maintenance and grounds for a new working environment.	Not applicable as no contract staff for cleaning or maintenance.	Agency cleaners briefed when used.
22	Insufficient cleaning staff for revised cleaning schedule and deep clean of each room and space daily unless left fallow.	Existing staff rotas amended and additional staff recruited to provide coverage until 6.45pm on weekdays and until late afternoon on Saturday and Sunday.  Enhanced cleaning regime in place to focus on high-risk areas.	
23	Insufficient immediate procedures (quarantine and deep clean) and PPE where areas contaminated with bodily fluids.	Documented within procedure for dealing with a suspected or confirmed case. Lead Nurse to clean as required in Health Centre and cleaning team to clean elsewhere.	
24	Cleaning staff not equipped or using appropriate PPE including aprons, gloves, face coverings and their subsequent disposal.	Appropriate PPE provided to cleaning team.	
25	Laundry wash and dryers not serviceable, unable to cope with temperature requirements and insufficient wash products.	Laundry operative to check machines and stocks on 9 March. Commercial machines able to cope with temperature requirements and volumes.	
26	Suspended services not re-set or reviewed to cater for current school operation including waste disposal	No facilities services suspended.	
27	Scheduled or on-going building works not reviewed given revised school timetables, staggered drop-off / pick-ups times.	All work on the theatre completed before start of term. No other ongoing building works.	
28	Suppliers not following appropriate SD, hygiene measures and new routes, arrival details etc	Monitored by staff receiving deliveries of supplies. Delivery drivers not generally allowed into buildings; would wear masks if they do enter.	
29	Waste procedures not reviewed or sufficient to cater for increase in waste measures.	Normal waste collections resumed. Will monitor and could be increased if necessary.	
30	Pest control services not sufficiently regular, recorded, deficiencies not identified and actioned.	Normal procedures maintained.	

## Appendix 1 – Register of Revisions and Updates

<b>Date</b>	<b>Comments</b>
6 March 2021	Updated RA for 'Open T' status and wider re-opening from 8 March 2021
12 January 2021	Updated RA for 'Open T' status from 14 January 2021
12 November 2020	Updated RA following some recent positive cases amongst staff and students plus revised Government guidance in conjunction with national lockdown from 5 November.
5 September 2020	Updated RA for full reopening with some restrictions
19 June 2020	Updated RA for 'Open B' status; wider re-opening with 39 boys from 22 June, including 8 boarders.
5 June 2020	Updated RA for 'Open T' status following 1 week of operation
28 May 2020	Updated RA for 'Open T' status from 1 June 20
22 May 2020	Updated RA for 'Open R' status
12 May 2020	RA for 'Open R' status