

#### **ASSESS**

Who may be at risk: Employees, children and young people, families (parents, carers and siblings), visitors, contractors, members of public.

**Vulnerable groups** – this risk assessment considers vulnerable groups which the NHS lists as 'people at high risk (clinically extremely vulnerable)'; and 'people at moderate risk (clinically vulnerable)'.

Queries – should any stakeholder have a query or suggestion to improve this risk assessment, please email – manager@opportunity-group.co.uk

PL	AN	DO			REVIEW
Prepare Building and Contents	Prepare Employees, Parents and children	Control Access	Implementing Social Distancing	Implement Infection Control Measures	Communicate and Review Arrangements
<ul> <li>Use of small toys and having all of our toys available for children to access could contribute to the spead of infection, especially soft toys and toys that are hard to clean.</li> <li>Lack of airflow through building could contribute to</li> </ul>	<ul> <li>Risks might not be fully appreciated by all stakeholders – parents, staff, children.</li> <li>Members of staff with home needs, including caring for vulnerable relatives, may not be able to attend work at certain times due to</li> </ul>	<ul> <li>All gates and playroom door locked during sessions.</li> <li>Building access rules clearly communicated through signage on entrances and reminders by members of staff when needed.</li> </ul>	<ul> <li>Parents made aware of expectations and routines, including the requirement to pick up unwell children immediately. If parents don't agree, children will not be allowed to attend.</li> <li>Signage displayed in car parks about drop</li> </ul>	<ul> <li>Small toys and toys on surfaces have been removed and toy boxes stored in main playroom removed to Construction Room for controlled use and storage</li> <li>Soft toys and toys that are hard to clean have been</li> </ul>	<ul> <li>Consultation with stakeholders to develop and refine risk assessment.</li> <li>Risk assessment developed through consultation with staff, trustees, parents and GCC.</li> <li>Risk assessment published on COG</li> </ul>
<ul><li>spread of infection.</li><li>Too many people in the building could</li></ul>	specific shielding measures.  • Members of the community may not	Parents will not be permitted in the building at present.	off/pick up arrangements to ensure a smooth and safe start/end to sessions.	<ul> <li>Toys used during sessions can be monitored more</li> </ul>	website – all stakeholders directed to website and/or sent a copy.



contribute to sprea	C
of infection.	

- Parents may not be aware which entrance to use and of the system in use at drop off/pick up (for example if emailed documentation had not been received or read).
- Staff may be at risk of infection at drop off and pick up times.
- Unnecessary visitors may enter the building and potentially contribute to spread of infection.
- Surfaces and toys may become contaminated during a session, if a child puts a toy in their mouth for example.

- be fully aware of or have regard for fitness to attendance should symptoms of Covid-19 be apparent.
- Staff may feel anxious or uncertain about the working environment and/or of the procedures put in place.
- Parents may not be aware of the specific measures we have to put in place regarding protective measures preschools have been advised to take.
- If a member of staff falls ill or cannot work, this could affect the viability of COG to remain open to children.
- Parents asked to use nappies for children who are not toilet training and pull-ups

- Parents informed of drop off/pick up routines and asked to be on time.
- Parents asked to phone COG and make telephone appointments if they wish to discuss their child or at specific times of day when staff can be away from children and socially distanced.
- Clear guidance on expectations of bringing items from home.
- Only essential visitors permitted in the building and to have regard for regard to separate visitor risk assessment.
- Parent appointments will be held either outside or in areas of the building that can be sealed off and are

- 2m distance to be maintained between staff and parents/visitors in the car park at all times
- Children distanced through outdoor play/learning as much as possible.
- Children spread out at lunch times. The Annex will be utilised for lunch if necessary.
- Staff room is limited to 3 members of staff at any one time.
- Daily inspection of the premises before opening to children carried out by at least 2 members of staff.
- On-going inspections carried out during the day – amendments made

- easily and cleaned as and when required and at the end of a session.
- Toys will be used on a rotation basis so that quarantining can take place.
- All doors and windows remain open each day (where safe to do so) to allow for full ventilation of buildings.
- Frequent reminders to children of key messages – coughing, washing hands, 'catch it, bin, kill it' approach taken and consistent for all children in ways they can understand.
- Hand sanitiser provided to children on arriving and leaving and always

- Clear guidance shared with all members of the community regarding fitness to attendance should symptoms of Covid-19 be apparent.
- Timetables 'ready to go' to prioritise safety of community should further restrictions be enforced.
- Information shared about testing available for those with symptoms.
- Nominated employees tasked to monitoring protection measures.
- Employees encouraged to report any non compliance.
- The effectiveness of prevention measures will be monitored by senior members of staff.



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•	It is possible that	for children who are		not needed by		immediately should		available to staff and	•	This risk assessment
	some smaller areas	toilet training to		children and pre-		the need arise.		visitors.		will be reviewed if the
	of our premises may	minimise time that		school staff.						risk level changes
	become busy at	staff are changing			•	No volunteers or	•	COVID-19 posters/		and/or in light of
	times with too many	children and being in	•	Senior staff on duty		students will be		signage displayed.		updated guidance.
	adults in a room.	'face-to-face' close		in car park to		invited back to COG				
	This may increase	contact with them.		monitor protection		at the present time.	•	Staff provided with	•	Members of staff with
	the likelihood of			measures and				fabric and disposible		home needs, including
	infection.			amend where	•	Only essential		masks, acetate face		caring for vulnerable
				necessary.		visitors permitted in		shields and gloves		relatives, have been
				•		the building and to		along with guidance		taken into
			•	Daily inspection of		have regard for		and		consideration when
				the premises before		regard to separate		recommendation of		planning staffing and
				opening to children		visitor risk		when they should be		supervision. Staff
				carried out by at		assessment.		used – ie.		'teams' may be
				least 2 members of				particularly at drop		reinstated to help
				staff.				off, pick up, nappy		with potential
								changing, toileting.		situations arising.
			•	On-going inspections				changing, concerng.		sicuations arising.
				carried out during			•	Staff have their own	•	Staff fully briefed
				the day –			_	personal face shields		about the plans and
				amendments made				with their names on.		protective measures
				immediately should				These can be		identified in the risk
				the need arise.				sanitzed.		assessment.
				the need arise.				Samilzeu.		assessifierit.
							_	Staff have their own		Staff are aware that
							•		•	
								personal fabric face		timetabling
								masks which they		arrangements could
								can take home to		change at a moment's
								wash.		notice should
										member(s) of staff
							•	Hand sanitizer and		need to self-isolate or
								disinfectant available		that this could result
								at all times to staff –		in the closure of COG
						·		·		



		to clean toys/surfaces and theirs and chidlren's hands.  Frequent hand washing encouraged for adults and children (following guidance on hand cleaning) — children reminded at key points during the session — after going to the toilet, before and after eating.  Staff and children will wash their hands for 20 seconds on arrival at COG, before and after eating, and after sneezing or coughing.  Daily inspection of the premises before opening to children carried out by at least 2 members of staff.	until such time as statutory staffing requirements can be met.  Parents made aware of attendance priority 1) Key workers/vulnerable. 2) children attending primary school next year. 3) younger children. Therefore, should we be understaffed and unable to cater for all, youngest children will be first unable to attend. Parents aware that this may happen on the morning of expected attendance.  Keep external meetings on a 'virtual platform' where possible. Parent appointments closely monitored by Outreach — phone/text/WhatsApp where possible.
		least 2 members of	phone/text/WhatsApp



On-going inspections     carried out during     the day —     amendments made     immediately should     the need arise.
Adults and children     (who understand)     are encouraged not     to touch their     mouth, eyes and     nose.
All encouraged to     use a tissue or elbow     to cough or sneeze     and use bins for     tissue waste ('catch     it, bin it, kill it')
Thorough cleaning of rooms at the end of the day – to include tables, chairs, door handles – full expectations of cleaning clearly documented.
Artwork created by children will stay at COG and be quarantined for 72



		hours (if not used for displays) before being taken home.
		Limited messy play will be available on an indivudual basis — play dough, finger paint, foam etc — and safety measures relevant to the type
		<ul> <li>of materials used will be in place.</li> <li>Should someone become unwell, all</li> </ul>
		members of the group will be moved to an outside area and separated fully until the area is fully disinfected. Child or adult who is unwell
		will be kept in isolation outside (if weather allows) or inside away from other children until they are collected/can leave.
		Parents of unwell     child will be     immediately notified



		to collect them and advised to arrange a covid test (in line with SHE guidance from GCC).
		Parents of all     members of the     session will be     notified as soon as     possible and given     SHE guidance.
		Staff providing close hands-on contact with children need to increase their level of self-protection, such as minimising close contact whenever possible, more frequent handwashing and other hygiene measures, and regular cleaning of surfaces.
		Staff will wear relevant PPE at certain times – such as drop off and pick up, nappy changing.



		Arrangements made for additional cleaning—full expectations of daily clean outlined and	
		agreed.	

#### NOTE:

Wearing a face covering or face mask in schools or other education settings is not recommended by PHE. However, staff will be wearing a face covering during drop-off and pick-up times under most circumstances.

The majority of employees in education settings will not require PPE beyond what they would normally need for their work (determined by existing risk assessment), even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- pupils whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way;
- if a pupil becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. However, PPE packs are being provided by GCC for all schools and settings and settings can decide to use PPE at certain times if/when they deem fit..

Employees providing first aid to pupils will not be expected to maintain 2m distance. The following measures will be adopted:

- washing hands or using hand sanitiser, before and after treating injured person;
- wear gloves or cover hands when dealing with open wounds;
- if CPR is required on an adult, attempt compression only CPR and early defibrillation until the ambulance arrives;
- if CPR is required on a child, use a resuscitation face shield if available to perform mouth-to-mouth ventilation in asphyxial arrest.
- dispose of all waste safely.

Should employees have close hands-on contact they should monitor themselves for symptoms of possible COVID-19 over the following 14 days.