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| **Activity/****Situation** | **General and Clinical Activities on the Asymptomatic Testing Site** |
| **Location** | **Erymsted’s Grammar School**  |
| **Persons at Risk** | **Pupils** [ ]  | **Employees**[ ]  | **Visitors** [ ]  | **Contractors** [ ]  |
| **HAZARD(S)** | ***Note:*** *this list is not exhaustive and* ***must*** *be adapted for your own needs** **Inadequate Staffing/Information/Instruction/Training**
* **Inadequate Infection Prevention and Control (IPC)**
* **Inadequate Setting Up Of Testing Environment and Testing Arrangements**
* **Inadequate PPE for Staff**
* **Inadequate Self-Swabbing Sample Collection Procedure**
* **Inadequate Sample Processing and Analysis Procedure**
* **Recording of Results**
* **Negative Results**
* **Invalid Results**
* **Positive Results**
* **Travel Advice for Positive Results**
* **Inadequate Infection Prevention and Control: Equipment**
* **Inadequate Cleaning Regime**
* **Spillages**
* **Inadequate Waste Management**
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| **CONTROL MEASURES** | **ADDITIONAL INFORMATION** | **YES** | **NO** | **N/A** |
| ***Note:*** *you* ***must*** *amend and adapt this generic risk assessment to suit your own needs by selecting the controls from the examples provided (adding and amending others where necessary) and then evaluate the overall risk for the activity/situation.* |
| **Schools *MUST* follow the Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges to ensure they are administering the tests correctly and that they are covered from an indemnity perspective** |
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|  | School comments have been added in red in this column |  |  |  |
| **Inadequate Staffing/Information/Instruction/Training** |
| School follows the Clinical Standard Operating Procedure (SOP) for Mass Testing with Lateral Flow Antigen Testing Devices in Schools and Colleges and ensures that tests are administered correctly | Once mass testing is implemented (currently paused) all staff involved will be provided with training information.Links to written information and video guidance have been prepared and already shared with staff who are likely to be involved.The School Business Leader has sent detailed instructions to all staff (12 January) concerning the provision for staff testing including links to both written and video guidance. |[x] [ ] [ ]
| Covid Coordinator/Team Leader is (name) | Mr Evans (Headmaster)Mr Wooley(School Business Leader) |[x] [ ] [ ]
| The nominated Quality Lead is (name) | Mr Evans (Headmaster)Mr Wooley(School Business Leader) |[ ] [ ] [ ]
| Queue Coordinator in place each day |  |[x] [ ] [ ]
| Registration Assistant in place each day |  |[x] [ ] [ ]
| One or more Test Assistants in place each day |  |[x] [ ] [ ]
| One or more Processing Operatives in place each day |  |[x] [ ] [ ]
| Results Recorder in place each day |  |[x] [ ] [ ]
| Cleaner(s) in place at the time of testing |  |[x] [ ] [ ]
| Appropriate training package in place for operators to be trained to be able to conduct the test in a safe and effective manner | Information and video links have been sent to all staff.Additional role specific training will be provided before mass testing is started. |[x] [ ] [ ]
| Staff have watched the approved video package which demonstrates how physical tests are conducted | Information and video links have been sent to all staff. |[x] [ ] [ ]
| Staff have read through of materials outlining the infection prevention and control measures and the appropriate use of personal protective equipment, including the proper procedure for donning and doffing | Information and video links have been sent to all staff.Additional role specific training will be provided before mass testing is started. |[x] [ ] [ ]
| Staff have undertaken several tests under supervision | The first test of a small cohort of pupils were conducted on 22 and 25 January.  |[x] [ ] [ ]
| School conducts a regular audit of performance and overall testing process PPE, dealing with any contamination or other untoward incidents | All testing will be supervised by a member of SLT. Protocols are in place for the recording of incidents to the School Business Leader |[x] [ ] [ ]
| Regularly (minimum six monthly) undertaking updated online training to ensure standards are adhered to and any new requirements are included. Or as required should new training modules be provided | Will be established at the appropriate time. |[x] [ ] [ ]
| Staff who are required to top up supplies within test areas should do so at the beginning of each testing group and when no subjects are present |  |[x] [ ] [ ]
| All staff are reminded of the importance of IPC guidance. Regular handwashing and consistent social distancing are key to ensuring safety for all roles |  |[x] [ ] [ ]
| **Inadequate Infection Prevention and Control (IPC)** |
| Asymptomatic: All subjects are advised in advance not to attend if they have any symptoms of COVID 19, or live with someone who is showing symptoms of COVID 19 (including a fever and/or new persistent cough) or have been in close contact with someone who is displaying symptoms | Advice and guidance shared repeatedly with staff, parents and pupils over many months. |[x] [ ] [ ]
| Those staff who may be exposed to symptomatic individuals will be provided with IPC advice based on government guidance for managing a Subject with possible COVID-19 |  |[x] [ ] [ ]
| All workers on site are fully briefed and trained about PPE and IPC standards, including those approved by the NHSE/I IPC Cell |  |[x] [ ] [ ]
| Guidance of IPC standards is clearly displayed |  |[x] [ ] [ ]
| All staff members are encouraged to not neglect the importance of hand hygiene, not to touch their face whilst working with samples, and importantly stay at home if they develop COVID-19 related symptoms |  |[x] [ ] [ ]
| Testing booths or sample collection areas are equipped with hand sanitiser dispensers for use throughout the testing process |  |[x] [ ] [ ]
| Staff will focus on maintaining social distancing when communicating with subjects | Advice and guidance shared repeatedly with staff, parents and pupils over many months. |[x] [ ] [ ]
| **Inadequate Setting Up Of Testing Environment and Testing Arrangements** |
| The test cartridge and extraction solution is stored at ambient temperature (2-30 degrees Centigrade) | Materials are stored on the balcony outside the main hall of the Refectory. |[x] [ ] [ ]
| The reagents and devices are at room temperature (15-30 degrees centigrade) when used for testing | Materials are stored on the balcony outside the main hall of the Refectory. |[x] [ ] [ ]
| The manufacturer’s instructions for use are shared with all relevant members of staff |  |[x] [ ] [ ]
| Test Site set up in accordance with the “Rapid Testing in Schools and Colleges – How To Guide” |  |[x] [ ] [ ]
| Test Site is separate from the main area of business operations for privacy, safe queue management, and to limit disruption to both testing and BAU activity | Testing is being carried out in the Refectory which allows for all of the guidelines in terms of queue management, flow of people and distancing to be maintained. |[x] [ ] [ ]
| Sufficient space for appropriate social distancing | The testing of pupils is being carried out in the Refectory which allows the guidelines concerning distancing to be maintained.The testing of staff is being carried out in the Staff Room where two distanced stations have been set up. Staff have been advised to limit use to one or two people at a time. |[ ] [ ] [ ]
| Test Site contains easy to clean floor and surfaces | The testing of pupils is being carried out in the Refectory with a non-porous floor.The testing of staff is being carried out in the Staff Room where new non-porous matting has been installed on the floor. |[x] [ ] [ ]
| Test Site has resistant, non-absorbent, non-porous flooring | The testing of pupils is being carried out in the Refectory with a non-porous floor.The testing of staff is being carried out in the Staff Room where new non-porous matting has been installed on the floor. |[x] [ ] [ ]
| Airflow and ventilation is natural not recirculated air |  |[x] [ ] [ ]
| Ambient temperature of 15-30 C maintained in Test Room |  |[x] [ ] [ ]
| One-way flow from entry to exit in place as much as possible | In place for pupil testing in the Refectory.Not possible in Staff Room – only one door. |[x] [ ] [ ]
| Test subject chairs in the swabbing bay are a minimum of 2m apart |  |[x] [ ] [ ]
| Each swabbing desk has a processing desk close by no more than 1m away |  |[x] [ ] [ ]
| Recording desk is located close to the swabbing desks |  |[x] [ ] [ ]
| There is clear division between swabbing and processing area | Including screens. |[x] [ ] [ ]
| Individuals being tested must not enter the processing area |  |[ ] [ ] [x]
| Clear access maintained to PPE donning and doffing area |  |[x] [ ] [ ]
| Ready access to hand hygiene (soap and water/appropriate alcohol-based hand rub) available |  |[x] [ ] [ ]
| Consideration of the need for privacy for participants to self-administer a test has been given |  |[x] [ ] [ ]
| Health and safety, disability access, and fire safety regulations that govern deployment sites |  |[x] [ ] [ ]
| All surfaces are de-cluttered with no personal or non-essential equipment |  |[x] [ ] [ ]
| Adequate space available for storage |  |[x] [ ] [ ]
| Appropriate testing site waste management arrangements in place |  |[x] [ ] [ ]
| Participation is voluntary for the programme and consent has been received from either by participants or parents /legal guardians, as appropriate | Consent forms have been sent to parents of pupils currently attending the site.Forms will be sent to all parents before mass testing starts. |[x] [ ] [ ]
| School will need to identify the contacts of a confirmed case | Protocols have been in place and utilised since September. |[x] [ ] [ ]
| People who are identified as close contacts of a confirmed will follow the usual national guidelines and are legally obliged to self-isolate according to the advice given to them by the NHS Test and Trace service | Protocols have been in place and utilised since September. |[x] [ ] [ ]
| For looked after children, local authorities may already have arrangements in place that cover medical treatment, which may extend to this sort of testing. Where that is not the case, parental consent should be secured via the child’s social worker, who may need to contact the birth parents or other persons who hold parental responsibility |  |[ ] [ ] [x]
| 11-15 year olds may self-swab with supervision of a parent /guardian/ appropriate member of staff with consent of parent/ guardian |  |[x] [ ] [ ]
| Young people aged 16-17 are able to consent to their own medical treatment without parent or guardian present and therefore can self-swab without supervision | Consent forms will be sent to all parents and students asked to discuss with their parents to confirm agreement before mass testing starts. |[x] [ ] [ ]
| Young people with SEND aged 16 to 25 years old do not need parental consent, provided that they are Gillick Competent and able to make the decision for themselves | No such cases known at the School. |[ ] [ ] [x]
| Under circumstances where a subject is unable to swab themselves such as due to physical disability or special needs, they may be swabbed by- a parent/ guardian, guided by a Test Assistant- an adequately trained school staff member (where permission and consent of the parent/ guardian has been taken as part of initial consent process)- trained swabbers who are part of testing workforce | No such cases known at the School. |[ ] [ ] [x]
| For children or young people where it has been determined that they will be unable to swab themselves, and the parent/guardian is not swabbing, consent should be sought to enable a third party to do this. | No such cases known at the School. |[ ] [ ] [x]
| Current advice is that for most a previous confirmed Covid-19 diagnosis in the last 90 days is likely to make testing with an LFD antigen test not necessary. If these individuals choose to have an LFD test as part of this programme, please ensure the LFD test is not taken whilst they are within period of isolation following the last confirmed test. If symptoms persist, this could be longer than the normal 10-day self-isolation period for confirmed cases. | Records will be checked prior to testing and rechecked for confirmation to eliminate the risk. |[x] [ ] [x]
| **Face masks:** Prominent signage reminding attending subjects of the above to be displayed at the entrance to the building  |  |[x] [ ] [ ]
| Face coverings/masks to be worn by subjects at all times whilst on the premises except for brief lowering at time of swabbing  |  |[x] [ ] [ ]
| Requirement to wear face covering/mask to be reminded to all subjects in advance at time of test booking  |  |[x] [ ] [ ]
| Compliance with wearing of face covering/mask of all subjects to be visually checked on arrival by reception / security staff  | Unlikely to be “security” staff. |[x] [ ] [ ]
| Compliance with wearing of face covering/mask of all subjects to be visually checked through building by queue managers and all other staff  |  |[x] [ ] [ ]
| All subjects to use hand sanitiser provided on arrival & adherence to this enforced by reception staff  |  |[x] [ ] [ ]
| Two metre social distancing to be maintained between subjects with measured floor markings in place to ensure compliance in addition to verbal reminders if necessary from reception, queue management & sampling staff | Not every part of the Refectory floor has two metre markings but chairs are separated to deliver the desired distancing. |[x] [ ] [ ]
| One-way flow of subjects through the building is to be initiated and maintained at all times. Compliance with this is to be ensured by queue management staff  |  |[x] [ ] [ ]
| Limited clutter such as chairs available only on request; no physical handing of documents to subjects except barcodes and PCR test kits for first 200 subjects  | There will not be that many pupils involved at any one time.Single Year Groups mean an absolute maximum of 120 but expected to be split by class so 30 is maximum normal number. |[x] [ ] [ ]
| There is a legal obligation to ensure all test kits are registered via the Lite Registration service | Registration will be recorded appropriately once mass testing is initiated. |[ ] [ ] [x]
| **Inadequate PPE for Staff** |
| School ensures that Processing Operatives wear disposable gloves, disposable plastic aprons, Fluid-resistant (Type IIR) surgical mask (FRSM) and eye protection. | Instructions and guidance will be provided to all staff involved. |[x] [ ] [ ]
| School ensures that Cleaning Staff wear disposable gloves, disposable plastic aprons, Fluid-resistant (Type IIR) surgical mask (FRSM) and eye protection. | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| School ensures that Test Assistant(s) wear Fluid-resistant (Type IIR) surgical masks (FRSM) | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| School ensures that the Covid Coordinator / Team Leader wears Fluid-resistant (Type IIR) surgical masks (FRSM) | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| School ensures that Registration Assistant(s) wear Fluid-resistant (Type IIR) surgical masks (FRSM) | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| School ensures that the Results Recorder wears Fluid-resistant (Type IIR) surgical masks (FRSM) | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| If Results Recorders handle LFD cartridges, they wear gloves on sessional basis | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| School ensures that the Supplies Coordinator wears Fluid-resistant (Type IIR) surgical masks (FRSM) | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| School ensures that the Queue Coordinator wears Fluid-resistant (Type IIR) surgical masks (FRSM) | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| Disposable gloves are single use and are changed after each test | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| Disposable aprons are replaced after each testing session | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| Fluid-resistant (Type IIR) surgical masks (FRSM) are replaced after each testing session | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| Eye protection is replaced after each testing session | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| PPE is changed if protective properties are compromised, if contaminated, or if suspected to be contaminated | Instructions and guidance will be provided to all staff involved. Supplies of all PPE available. |[x] [ ] [ ]
| **Inadequate Self-Swabbing Sample Collection Procedure** |
| Before commencing swabbing, the process must be explained to the subject | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| Subject is given a sealed sterile swab directed to a sample collection booth from the check-in zone | Pupils taking the test will be registered on arrival in the Refectory. |[x] [ ] [ ]
| Once at the sample collection station, the barcode is handed to the Processing Operative |  |[x] [ ] [ ]
| The subject should remove mask to administer swab | Explanation and guidance will be provided to pupils. |[ ] [ ] [ ]
| The subject should open their mouth and visually identify the left and right tonsils (or tonsillar pits for subjects with the previous tonsillectomy). A mirror is provided in each booth for this | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| The subject completes hand hygiene using the alcohol-based hand rub provided in the booth | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| The swab is removed from sterile packaging by the subject | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| The swab should be kept dry before taking a sample from the back of the throat and therefore it must not touch any surfaces including the teeth, gums, and tongue or cheek surfaces when conducting the test | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| Holding the swab in their hand, the subject should open their mouth wide and rub the fabric tip of the swab over both tonsils (and where they would have been) at the back of the throat with good contact at least 3 times. Carefully remove the swab stick from the back of the throat taking care to ensure that it does not come into contact with any other structure or surface | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| In the event that a subject vomits, operations at the testing bay shall be ceased and the site personnel should follow the spillage guidelines until the area has been cleaned adequately to allow resumption |  |[x] [ ] [ ]
| The subject should then insert the same swab into one nostril. The swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nostril. Roll the swab 5 times along the mucosa of the inside of the nostril to ensure that both mucus and cells are collected | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| The subject will be required to place their swab directly into the prepared extraction tube on the bench at the window with the cotton bud end facing down | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| The subject will complete hand hygiene using alcohol-based hand rub in the booth |  |[x] [ ] [ ]
| If the operational model includes the subject handling any equipment (e.g. hand mirror) they should disinfect the surfaces with anti-viral wipes | Additional provision from cleaning staff in attendance. |[x] [ ] [ ]
| The subject will put back on their face covering and leave the site | Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| **Inadequate Sample Processing and Analysis Procedure** |
| The Processing Operative prepares the area in advance of receiving the sample and barcode from the subject | Inappropriate for the organisation of the process at Ermysted’s |[ ] [ ] [x]
| The Processing Operative only processes one sample at a time and watch not more than 5-6 samples at a time | Inappropriate for the organisation of the process at Ermysted’s |[ ] [ ] [x]
| The Processing Operative will receive the barcode directly from the subject | Inappropriate for the organisation of the process at Ermysted’s |[ ] [ ] [x]
| The Processing Operative will remove the LFD device from the pouch and apply the barcode to the underside of the LFD cartridge |  |[ ] [ ] [x]
| The Processing Operative sets up the extraction tube by following these steps:a) Place the extraction tube in the tube rack with the opening facing up (or use some alternates like disposable cups as holders or hold the tube in hand)b) Press the extraction solution bottle to drip 6 drops of extraction solution into the extraction tube without touching the edge of the tube.c) If a rack or alternate is available, the extraction tube should be left in it on the processing bench next to the window for the subject to place the swab | Inappropriate for the organisation of the process at Ermysted’s |[ ] [ ] [x]
| The Subject will place the swab sample into the prepared extraction tube (as described in self-swab section above) located on the table at the window (to potentially prevent the swab from drying out) | Inappropriate for the organisation of the process at Ermysted’s |[ ] [ ] [x]
| The Processing Operative then takes the swab and commences the following steps:a) Extract: Hold and press the swab head against the wall of the tube with force while rotating the swab for about 10 seconds to release the antigen into the extraction solution from the swab headb) Remove swab: Squeeze the swab head by squeezing the lower end of the tube while removing the swab in order to remove as much liquid as possible from the swabc) On withdrawal, immediately dispose of the swab into healthcare waste bin.d) Install a nozzle cap onto the extraction tubee) Load: drip 2 drops of the sample inside the extraction tube into the sample well of the LFD cartridgef) Record the time of test in marker on the LFD and make sure you have set a timer to read the results at 30 minutes.g) Re-check that the liquid can be seen seeping through the cartridge (to ensure the drop was not an air bubble)h) If the cartridge appears dry, the subject will need to be recalled for a further sample to be taken.i) If needed, move the cartridge to a defined processing space for reading and leave for between 20-30 minutes as below. | Pupils not processing operatives.Explanation and guidance will be provided to pupils. |[x] [ ] [ ]
| The sample preparation area and equipment are cleaned thoroughly with disinfectant (e.g. anti-viral wipe) |  |[x] [ ] [ ]
| **Recording of Results** |
| All LFD results must be logged on the government Log Results Website | This is completed by the Results Recorder |[x] [ ] [ ]
| The LFD results are reported into the public health bodies in the UK as per the latest amendments to the Health Protection Regulations relating to notifiable diseases reporting |  |[x] [ ] [ ]
| Marked LFDs are placed into trays in batches and taken to the recording area |  |[ ] [ ] [x]
| The recorder will collect the tray, pick up the cartridge, only touching the side, and avoiding the sample well, reads the result and inputs the data | LFD tray handled by pupil ad result shown to recorder. |[x] [ ] [ ]
| The cartridge is disposed of in the healthcare waste bin |  |[x] [ ] [ ]
| The keyboard is wiped and the wipe is disposed of as healthcare waste |  |[ ] [ ] [x]
| The tray is wiped and the wipe is disposed of as healthcare waste |  |[ ] [ ] [x]
| When done, gloves are removed and disposed of has healthcare waste |  |[x] [ ] [ ]
| **Negative Results** |
| Subjects who return a negative test result do not need to self-isolate unless:a) They are symptomatic (they’ll need to book a PCR test ) b) someone they live with tests positive (or has symptoms and has not been tested yet) or c) they’ve been traced as a contact of someone who tested positive | Anybody returning a positive result is issued with a PCR test and sent home to isolate pending the result of the PCR test.  |[x] [ ] [ ]
| **Invalid Results** |
| Subjects who return an invalid (or could not read sample) LFD result repeats the test |  |[x] [ ] [ ]
| If the second test is invalid, the subjects should book a PCR test | Anybody returning a second invalid result is issued with a PCR test and sent home to isolate pending the result of the PCR test. |[x] [ ] [ ]
| **Positive Results** |
| In the event that a subject tests positive during on-site testing at school, the school follows the school’s standard Covid response protocol for when a person becomes symptomatic on site | Anybody returning a positive result is sent home to isolate. Staff in secondary schools are no longer provided with a kit to take a PCR test The result of a single positive outcome from a lateral flow test is considered to be definitive.Other protocols followed as normal. |[x] [ ] [ ]
| The subject they must self-isolate immediately for 10 days and everyone in their household must self-isolate in line with national policy |  |[x] [ ] [ ]
| School will identify close contacts of the case in the school setting (excluding household and social contacts outside of school) following a positive LFD case | Other contact tracing protocols followed as normal. |[x] [ ] [ ]
| **Travel Advice for Positive Results** |
| Where a child or young person is able to wear a face covering and keep a safe distance from others they could walk or cycle home where this is possible | Safeguarding issue!Parents to be contacted and consulted first. |[x] [ ] [ ]
| Those who have tested positive should not travel home using public transport | Parents to be contacted to arrange collection of pupil. |[x] [ ] [ ]
| Asymptomatic contacts of positives cases should go home as they would normally do | If the contact becomes symptomatic, they should follow same travel advice as positive cases. |[x] [ ] [ ]
| **Inadequate Infection Prevention and Control: Equipment** |
| All digital equipment is regularly wiped between batches of tests and at the beginning and end of each session |  |[x] [ ] [ ]
| Cleanable keyboard and mouse are used in testing areas | Keyboard covers are used to make cleaning easier and more effective around the School site and have been since the start of the pandemic. |[x] [ ] [ ]
| The cleaning wipe used should meet the requirement set out in the Inadequate Cleaning Regime section and be effective against enveloped viruses |  |[x] [ ] [ ]
| The keyboard and mouse should be cleaned at the start of the day, after each batch of cartridge have been reviewed and uploaded and at the end of the day (and if they become contaminated with any form of spillage | Cleaning staff and users have been given appropriate guidance. |[x] [ ] [ ]
| An equipment cleaning regime is in place and clearly communicated  | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| A replacement schedule is in place to replace damaged covers and the equipment should not be used if the cover is torn/worn | Staff involved are aware and know where to access a replacement. If required. |[x] [ ] [ ]
| Any trays that are used for e.g. to move LFDs for recording after reading and marking of results should be made from a material that will tolerate being cleaned with chlorine releasing agents at 1000ppm, are straight sides, and smooth |  |[ ] [ ] [x]
| **Inadequate Cleaning Regime** |
| A cleaning schedule that ensures cleaning is generally enhanced and includes more frequent cleaning of surfaces that have been touch frequently | The School has implemented a cleaning regime which significantly exceeds the guidelines. |[x] [ ] [ ]
| Public areas where a symptomatic subject has passed through and spent minimal time, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal |  |[x] [ ] [ ]
| Cleaners should only be entering the testing area when testing activity is no longer being conducted | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| In case of a spillage when they need to enter an active test area, cleaners should ensure that they have appropriate PPE | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| When entering an active test area cleaners ensure that the listed PPE is worn | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| When entering an active test area to clean up spillages staff ensure they replace their PPE after cleaning | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| Avoid mixing cleaning products together as this can create toxic fumes | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| Avoid creating splashes and spray when cleaning | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| Any cloths and mop heads used must be disposed of and should be put into the offensive waste stream | Cleaning staff have been given appropriate guidance. |[x] [ ] [ ]
| The minimum specifications stipulated by the government for surface disinfectant wipes, is that the disinfectant is effective against envelop viruses |  |[x] [ ] [ ]
| It is recommended were possible that combined detergent and disinfectant wipes is used, as they will both clean and sanitise the surface at the same time |  |[x] [ ] [ ]
| If a disinfectant wipes are used, it is important to note that they do not contain a detergent. If this method is used, it is important that the area is cleaned properly with a detergent, rinse before a disinfectant wipe is used |  |[x] [ ] [ ]
| **Spillages** |
| All surfaces that the Subject has come into contact with must be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as handles, light switches, telephones, and the surfaces that the subject may have had contact in between each individual that is tested |  |[x] [ ] [ ]
| Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction and place in the offensive waste bin (tiger bag) |  |[x] [ ] [ ]
| Any cloth and mop heads used for cleaning must be disposed of and should be placed into the offensive (tiger bag) waste bin provided |  |[x] [ ] [ ]
| Surfaces will require to be cleaned at the end of the session before the next session starts i.e. in between test group batches of Subjects |  |[x] [ ] [ ]
| D10 is used to disinfect the area | D10 is the standard cleaning agent used around the School site. |[x] [ ] [ ]
| **Inadequate Waste Management** |
| The waste contractor is required to extend their current collection of general waste from the school, to include the waste generated from asymptomatic testing. As part of this, the waste collector may be asked by a school to: Provide extra wheelie bins for waste storage Provide extra bin bags, as required (tiger , yellow/clear, black) Collect waste regularly (frequency to be agreed with individual school) | Investigated and arrangements will be put in place before mass testing starts.  |[x] [ ] [ ]
| Schools are advised to package up the waste into 3 distinct bin bags | Understood and arrangements will be put in place before mass testing starts. |[x] [ ] [ ]
| The bags should be placed into a larger bin ready for collection by their waste contractor | Understood and arrangements will be put in place before mass testing starts. |[x] [ ] [ ]
| Each large bin must be clearly labelled on which waste category it will have | Understood and arrangements will be put in place before mass testing starts. |[x] [ ] [ ]
| Waste is split into the following categories:**Domestic / recycling** (all packaging)→Black bag**Chemical** (swabs/cartridges/tissues)→Unmarked Yellow or Clear bag**Offensive** (PPE, cloths, mop heads)→Tiger bag |  |[x] [ ] [ ]
|  |
| Have you consulted with the people/representatives undertaking the activity as part of the preparation of this risk assessment | **Yes** [x]  | **No** [ ]  |
| What is the level of risk for this activity/situation with existing control measures | **High**[ ]  | **Med**[x]  | **Low**[ ]  |
| Is the risk adequately controlled with existing control measures | **Yes** [x]  | **No** [ ]  |
| Have you identified any further control measures needed to control the risk and recorded them in the action plan | **Yes** [ ]  | **No** [ ]  |
| **ACTION PLAN** (insert additional rows if required) | **To be actioned by** |
| Further control measures to reduce risks *so far as is reasonably practicable* | **Name** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| State overall risk level assigned to the task **AFTER** implementation of control and action plan measures taken as a result of this risk assessment | **High**[ ]  | **Med**[ ]  | **Low**[ ]  |
| Is such a risk level deemed to be as low as reasonably practical? | **Yes** [ ]  | **No** [ ]  |
| Is activity still acceptable with this level of risk? | **Yes** [ ]  | **No** [ ]  |
| If no, has this been escalated to senior leadership team? | **Yes** [ ]  | **No** [ ]  |
| **Assessor(s):****Position(s):** | **Alan Wooley****School Business Leader****Alan Coney** **Premises Manager** | **Signature(s):** |  |
| **Date:** | **22 January 2021** | **Review Date:** | Continuous depending on Government guidance |
| **Distribution:**  |
| Risk rating | Action |
| **HIGH** | **Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice)** |
| **MEDIUM**  | **Review/add controls (as far as reasonably practicable) & monitor** |
| **LOW** | **Monitor control measures** |

