


Review and tailor the contents of this generic risk assessment to meet your school's individual circumstances, actions determined as required but not yet in place should be moved from the 'What are you already doing?' column to the "What further action is necessary?" column. Record any other **significant** findings and actions required to reduce risk further where existing controls are insufficient, assigning these actions to an appropriate manager or member of staff.

RISK ASSESSMENT FOR: Lateral flow testing of Secondary staff / students on site at beginning of Autumn term; Retention of small ATS on site so they can offer testing to students who are unable or unwilling to test themselves at home. See school COVID risk assessment for all normal school wide controls					
Establishment: FEARNHILL SCHOOL		Assessment by: HAZEL RAINBOW – BUSINESS MANAGER		Date: 27.8.21	
Risk assessment number/ref: RA-006		Manager Approval: ELIZABETH ELLIS – HEADTEACHER		Date: 27.8.21	

Updates:

Rev 1 (27/01/21) : updated following PHE decision to temporarily suspend the requirement for routine confirmatory PCR for positive LFD results while prevalence is very high nationally. The positive LFD result will trigger the legal duty to self-isolate for tests done in school.

Rev 2 (26/02/21): updated to reflect updated DfE guidance from March 8th and transition to home testing

Rev 3 (10/03/21): updated to reflect change in waste categorisation, lateral flow testing in schools no longer being classified as offensive waste. See [Coronavirus \(COVID-19\): disposing of waste - GOV.UK \(www.gov.uk\)](#)

Rev 4 (01/04/21): updated to reflect change in need for confirmatory PCR test at assisted test sites

Rev 5 (20/07/21): updated to reflect change in national guidance

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by who?	Action by when?	Done
General Transmission of COVID-19 Contact between test subjects and/or staff increasing the risk of transmission of COVID19	Staff, Students / wider contacts Spread of COVID 19	As in wider school risk assessment no attendance on site if symptomatic. Anyone with symptoms must undertake a PCR test through the national system. Testing of students on return (students may be brought in for a test on site, no earlier than three days before the start of term.) In-particular for students transitioning into Year 7 who do not have experience of the education testing programme. Students receive 2 tests in school (3-5 days apart) before moving to home testing	Monitoring of controls on site by test site supervisor / quality lead. (see QA sheet as part of DfE resources) Sample Quality Checklist.pdf - Google Drive Team evaluation of what went well / needs developing as part of ensuring H&S – becomes part of the culture of the staff involved.			
General Transmission of COVID-19 Contact between test subjects and/or staff increasing the risk of transmission of COVID19	Staff, Students / wider contacts Spread of COVID 19	Hand hygiene: Ready access to hand hygiene (soap and water/appropriate 70% alcohol-based hand rub) All to use alcohol-based hand sanitiser provided on entering test area and after swabbing, adherence to this enforced by staff. Hand sanitiser available at swabbing desk. Staff to regularly check all consumables. All staff have undergone training (provided via online platforms via DfE) and are reminded of the importance of IPC guidance, importance of hand hygiene, not to touch their face whilst working with samples. Social distancing: social distancing to be maintained between subjects, chairs in swabbing bays are 2m apart. Signage in place as reminder. Clear division between swabbing and processing areas. (Individuals being tested not to enter processing area) Cleaning: Revise school cleaning schedule to include the LFT area. Regular cleaning of the whole test area (2/3 times per day). Test bay/table (any touch surfaces, chair, table, mirror etc.) cleaned between each user. Processing desk cleaned between samples. Limiting contact points for test subjects. No carpeted flooring- non-porous flooring in place. All surfaces should be de-cluttered of equipment that is not required to run the testing.	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.			

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by who?	Action by when?	Done
		<p>Supply of surface disinfectant wipes in place.</p> <p>Appropriate PPE (as supplied and identified by DfE) for staff specific to role and task</p> <p>All staff involved in the testing operations will be compliant with PPE guidelines and wear type IIR surgical face masks.</p> <p>Processing operatives to wear disposable apron, latex free disposable gloves and eye protection. With gloves changed between processing samples.</p> <p>Test assistants only wear gloves, apron and eye protection if assisting a student with the test and these are single use (if assisting with the test type IIR mask also to be changed between subjects)</p> <p>Guidance provided to staff who have been trained in donning / doffing PPE (PHE guidance on donning / doffing attached to this RA, post this in the test area as a reminder to staff).</p> <p>Staff sanitise hands in accordance with their training after removal of each item of PPE.</p> <p>Mask removed only after leaving area, staff to then wash hands using soap / water (hand sanitiser used if no immediate access to a sink)</p> <p>PPE changed between sessions for all staff and sooner if protective properties are compromised or if contaminated / suspected to be contaminated.</p> <p>Ventilation as with remainder of school good ventilation of test space maintained e.g. external windows open to provide constant background ventilation, high level windows used where available to reduce drafts.</p> <p>See HSE guidance and CIBSE October guidance</p>				

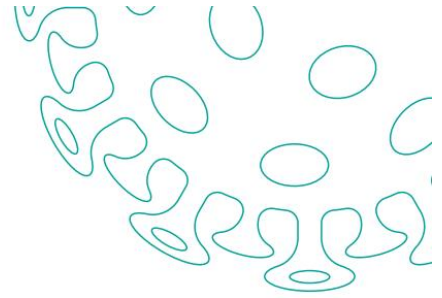
What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by who?	Action by when?	Done
School occupants coming into contact with asymptomatic staff / students	Staff, Students /wider contacts Spread of COVID 19	<p>Clear message to parents that if a student is unwell at school they are to be sent home or collected immediately.</p> <p>In the event of a positive LFT test Individual goes home immediately wearing a face covering (if awaiting collection by their parent, isolate child in a room behind a closed door, or an area at least 2m away from others, open a window for ventilation) and self-isolates. (along with close contacts and household members). Use of public transport should be avoided.</p> <p>Revised guidance issued at the end of March means a further confirmatory PCR test is now required for on-site tests. (Whilst awaiting the PCR result the individual and close contacts should self-isolate. If a confirmatory PCR test is then taken within 2 days of the positive lateral flow test, and is negative, it overrides the LFD test and the individual can return to school.) School staff supervising the child while they await collection should wear PPE (a fluid resistant surgical mask, type IIR) if a distance of 2m cannot be maintained. If direct care (such as for a very young child or a child with complex needs) is required then staff giving care to wear a fluid resistant surgical mask (type IIR), disposable apron and gloves.</p> <p>Staff working in test area pause test and trace app when working in test area.</p>	<p>Isolation area to be cleaned / disinfected after use by positive case.</p> <p>Close contacts would be identified and advised to isolate following national guidance by NHS T&T..</p>			
General Transmission of COVID-19 Ineffective cleaning	Staff, Students / wider contacts Spread of COVID 19	<p>De-cluttered surfaces with no personal or non-essential equipment in order to facilitate cleaning.</p> <p>Cleaning staff trained and provided with appropriate PPE.</p> <p>In the event of a suspected case / confirmed positive case on site For disinfection (e.g. following a suspected case) use a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.). See PHE advice COVID-19: cleaning of non-healthcare settings guidance</p> <p>When cleaning a contaminated area: Cleaning staff to:</p> <ul style="list-style-type: none"> • Wear disposable gloves and apron • Wear a fluid resistant surgical mask (Type IIR) and eye protection if splashing likely • Hands should be washed with soap and water for 20 seconds after all PPE has been removed. 				

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Incorrect result communication Wrong samples or miscoding of results	Staff, Students / wider contacts Spread of COVID 19	Unique barcode provided to subject at check in, subject details registered to this barcode before conducting the test. (max of 24 hours before sample is taken) Log results immediately. All positive results must be logged within 24 hours. Negative / void results within 7 days. Barcode attached by trained staff after sample collection and attached to LFD device before sample is dropped onto the LFD. All processing in line with training and SOP.	Monitoring of controls on site by test site supervisor / quality lead.			
Damaged barcode, lost LFD, failed scan of barcode	Staff, Students / wider contacts Spread of COVID 19	Subjects are called for a retest.				
Student / staff gag reflex causes vomiting	Staff / students Spread of COVID 19	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 and disinfected to allow resumption. Cleaners: change apron/ gloves after spill.				
Use of shared equipment	Cross contamination of equipment increasing the possibility of COVID transference.	There is to be no shared equipment. Tables/chairs, mirror etc. are to be disinfected between users.				
Inappropriate waste disposal	Staff, Students / pupils / wider contacts Spread of COVID 19	Waste arising from LFD testing can be disposed of in normal waste stream See Coronavirus (COVID-19): disposing of waste - GOV.UK (www.gov.uk)				
Contact with extraction	Staff	Low quantities in use and appropriate PPE worn (non-latex disposable gloves).				

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solution which comes with the test kit	Skin sensitisation / irritations	Spills cleaned up immediately. Expiry dates on solution checked and not used if expired. Safety Data sheet available.				
Inappropriate storage	Ineffective test result-temperature affecting extraction solution	Test kits stored internally (2 - 30 deg C) and used at room temperature (15 deg C min).				
Data collection and storage	Non-compliance with Data protection principles	Results to be logged online with NHS T&T (legal obligation) School's test register in place matching barcodes to name in order to ensure anyone with positive or void test can be identified and follow correct procedure. This will allow you to ensure that test subjects self-isolate or take another test. School register kept for min 14 days and destroyed within 1 month of the entire testing programme ending to comply with Data Protection Law. All data kept securely				
Negative test results reducing adherence to other expected covid secure controls	Staff, Students / pupils / wider contacts Spread of COVID 19	School wide controls (see overarching school COVID risk assessment) and expectations re-iterated to staff and students. Adherence to these local controls are monitored by SLT.				



Public Health
England



Putting on personal protective equipment (PPE)

Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



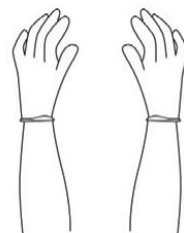
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.

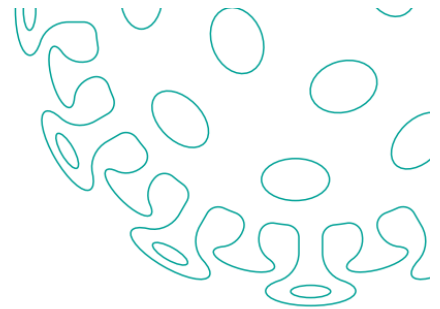


- 6** Put on gloves.





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Taking off personal protective equipment (PPE)

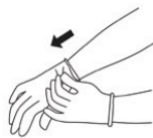
Standard Infection Control Precautions

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• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.

