



Risk Assessment – Covid-19 Management

Non-teaching activities

Rikkyo School in England

Guildford Rd
Rudgwick
Horsham
RH12 3BE

Document reference: Rikkyo COVID-19 NON-TEACHING ACTIVITIES RA_2.0

PURPOSE AND SCOPE OF RISK ASSESSMENT

The planning and management of risk and the application of legal requirements and how the Rikkyo School complies with the requirements of HSWA must be documented as part of its health and safety policy and arrangements. This documented risk assessment fulfils the need to consider current risk to the Rikkyo School of Covid-19 based on conditions known or suspected at the end of July 2020 and considers its potential impact on all stakeholders.

Covid-19 is deadly and efficient in its function; at the current time there are rising numbers of infections in the UK and many other countries despite lockdown and significant increases in knowledge amongst all organisations. Scientific research from disease centres and scientific working groups was consulted during the creation of this risk assessment. Non-scientific guidance such as that released by political parties was also consulted where it constituted meaningful organisational employer or employee guidance. Whilst based on current knowledge and known current conditions and statistics, this risk assessment also considers that the measures and risks identified or suggested will be applicable for the full potential term of perhaps some years ahead and in particular may be referenced as a summary risk management document for use in updating safety and health procedures during serious and impactful national infection waves and localised infection spikes at the school in the future.

The measures deal with the potential for the disease to cause fatality and serious illness for the foreseeable future. For each measure related to each risk there will be scope during future changes to re-assess each aspect to increase or decrease the suggested control measures dependent on the risk at that time. For the purposes of this semi-quantitative risk assessment the disease is classed as a potential fatality severity because the spread of a contact or airborne infection from an infected person can create disease-related illness over a great distance. The likelihood of the disease-related illness and death is significant in the event that one person in the school becomes infected through failure of precautions in place to manage the situation. The risk assessment is intended to examine all possible hazard causation, and to put in place all reasonable protective measures against that causation. The scope of the potential activities and incidents from which an infection source may arise is significant and in this respect given that only two short visits and limited assessment documentation time have been available to SCL means that other incident potential will need to be gathered and amended to the risk register as they occur.

The risk assessment is based on the need to keep all people at the school from inadvertent contamination for at least the first two weeks (stage 1). If this successful, then it will be reasonable to assume a safe condition within the pupil bubbles. This can only be achieved by stringent measures being in place from the time at which they commence their journey planning to the school. This which may be uncomfortable for some in the first few weeks but there is no alternative that presents the assurance of protection to a reasonably practicable level. When stage 1 is established the situation will change in risk management emphasis to stage 2, which will ensure that no sources of infection can be brought to the school through the staff and visitors. When this is completed to a controlled level this will establish the safety of all staff and those established as safe in stage 1. Stage 3 of the process will be entered once all stakeholders have been proven by departmental monitoring processes to have worked to control requirements. This may be audited by SCL independently. At this initial assessment stage, it is not possible to provide further guidance.

Likelihood		Severity	
5	almost certain	5	death
4	very likely	4	major illness / injury
3	likely	3	Lost time / reportable injury
2	may happen	2	minor injury or illness
1	unlikely	1	insignificant injury

Risk matrix		Severity				
		5	4	3	2	1
Likelihood	5	25	20	15	10	5
	4	20	16	12	8	4
	3	15	12	9	6	3
	2	10	8	6	4	2
	1	5	4	3	2	1

The risk assessment will need to be reviewed in an initial meeting. The semi-quantitative risk is created from the award of a numerical rating for the potential severity of the outcome. In the case of Covid-19 this is illness symptoms and possible fatality in the case of the more vulnerable groups. Where age and physical condition are a factor, for example for teaching staff and other adults, a severity rating of 5 has been given.

For pupils and young persons who are acknowledged as largely avoiding serious symptom conditions and fatality, a lower maximum severity number of 4 is given.

Risk levels are calculated using severity multiplied by the likelihood of the hazard (Covid-19 virus) being local to the task being carried out.

In trying to control this hazard, the hierarchy of controls/principles of prevention required by legislation are applied. This strategy requires that the following stages are applied to a hazardous situation:

1. Eliminate or avoid the hazard altogether
2. Substitute the hazard for a less potent risk or product
3. Isolate the hazard
4. Isolate the people from the hazard
5. Reduce the number of people exposed to the hazard
6. Reduce the exposure time of people exposed to the hazard
7. Information, training, and supervision of hazard control procedures
8. Use PPE including RPE to prevent inadvertent exposure where none of the above can prevent exposure

it is assumed for the risk assessment that the inherent threat of the virus cannot be eliminated except by a process such as cleaning or prevented in any other way except for the use of a barrier such as clothing or a respirator or 'face covering'.

It is also assumed that the proven relationship between an infected less-vulnerable person and those in contact with that person will cause an efficient spread of the disease which will include more vulnerable groups and is likely to cause more serious illness symptoms and potential fatality. The risk assessment can highlight the potential for this but not determine the path of the virus to other indirect groups.

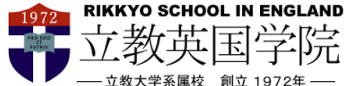
Individual teaching staff will need to apply the risk assessment and their observations to provide each department with a safe working procedure which includes a section on induction for staff and pupils.

The school must consider the relevant areas of the risk assessment and create: appropriate information and information requirements for students pre-return; induction processes to impart information; and school procedures, equipment, and so on on their return. The school must ensure that all stakeholders are fully aware and complicit in the knowledge and control of the Covid-19 management aspects. The school will need to provide a documented approach for all of the foregoing as required by UK legislation to provide an evidence trail of its intent and to effect monitoring and auditing processes.

Safety Concepts Ltd can provide support to achieve documented compliance and management systems.

SUMMARY SCHEDULE OF ASSESSMENT

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Task:	Attendance at Rikkyo School: non-teaching activities REF COVID-19		Location:	Rikkyo School		Date:	Ongoing			
Process step	Hazard	People affected / method of infection	Existing risk			Controls required to reduce risk to as low as reasonably practicable	Residual risk			
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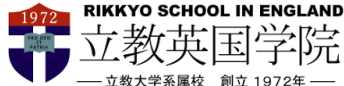
1. RETURNING PUPILS

The condition in which the pupils return is critical to the entire management of COVID-19. It cannot be anticipated that they or their parents are themselves in a sufficiently knowledgeable and competent position to accurately assess the exposure level or exposure condition during the journey to the school. The school must therefore use this assessment to inform and guide those travelling to the school and to support the pupils' preparations in avoiding contamination with the disease.

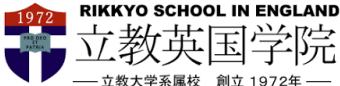
It is anticipated that the aircraft journey will be of a minimum period of 18 hours including check in/security waiting time. It is therefore based on this that the need for nutrition and medicinal aid, contact with unknown others at check-in and in departure and arrival areas is considered. The control and management of C-19 is unknown on the day of the journey in advance; during a 24-hour period, infection symptoms can begin to show as the testing is not 100% reliable..

1.	Pre-flight preparation Things to do in advance	Documentation or check in at airport	Contact infection	4	4	16	Check in online Use baggage drop machines Complete questionnaires online Look at the airport website for COVID-19 video or information	4	2	8
2.	Transportation to school by plane or public transport or taxi	Infected at home or en route to airport	Contact or air. Relatives or others unknown	4	4	16	Rikkyo procedures issued to parent/student on how to travel to school safely Testing at home Testing at airport Travel restrictions Minimise people attending with pupil Information on school policy Information about travel section risk assessment Personal protective equipment - Personal cleaning wipes	4	2	8
3.	Airport / aircraft journey	Infected at airport/ aircraft	Contact or air Category risk of geographical area/airport	4	4	16	Personal protective equipment inc RPE Distancing Journey planning to minimise contact Development of symptoms on plane - Take first aid/medicine in hand luggage within liquid limits Use distance limitation when in queue Avoid contact with other property/cases/bags/coats	4	2	8



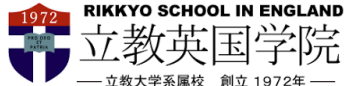
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4.		Purchases in airport shops	Contact infection from others handling goods and payment	4	3	12	Avoid all contact and keep to distance minimum 2m Personal protective equipment Do not purchase food where possible but bring own, observe strict decontamination using wipes and gels certified to destroy virus (bactericides may not be sufficient.) contactless payment if purchase is absolutely necessary Take first aid/medicine in hand luggage within liquid limits. Travel sickness tablets/antihistamine/asthma and other medicine that may prevent unnecessary contact with others.	4	1	4
5.		Infected aircraft furnishings and contact infection	Infection on all surfaces and air. Recycled air virus	4	2	8	Procedure and awareness for checking cleanliness and hygiene Use wipes to clean any surfaces Do not use magazines or other documentation. In-flight paperwork must be completed with own pen, do not share. Avoid touching face, frequent hand washing/ sanitisation	4	1	4
6.		Washrooms contact infection	Water and moisture contact	4	5	20	Wipe handles before use Use gloves on all equipment Wash and dry hands/gloves after use	4	3	12
7.		People sleeping on next seat and direct breathing or falling towards or seat personal contact	Exhaling moist air for long exposure period of time	4	5	20	Call assistant RPE use Clothing Anti-virus wipes	4	2	8
8.		Conversation with those in next to/ nearby including air staff	Air/breath direct transfer contact	4	5	20	Limit conversation to a minimum time. Use RPE. Distance RPE and face covering of others. Evaluation of other party's face covering/mask and whether it is safe to speak Procedure devised to restrict speech.	4	3	12

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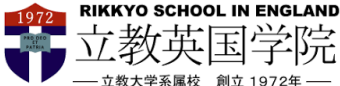
9.		Luggage contact infection	Personal hold and personal baggage and air staff contact	4	3	12	Put your own hand luggage in the overhead locker, do not handle other luggage. Separate all items from your clothing and hand luggage to be kept with you into a separate bag before boarding.	4	2	8
10.		Food and drink contact infection	Food and drink containment to mouth Contact infection from others handling payment	4	3	12	Use own containers for food. Carry ice pack where possible and use non-perishable food in packages that comply with airline requirements for use in-flight. Take media players and entertainment resources to consume time and to prevent boredom eating where possible. Do not accept any surroundings you are unsure of – if a product does not appear clean when it arrives, reject it.	4	1	4
11.		Infected on public transport	Contact or air Category and risk rating of geographical area	4	5	20	PPE and RPE and clothing. Wipe down all baggage when next at rest and particularly any points of contact where other people or company luggage has contacted yours ie if someone has helped you move a case or item	4	3	12
12.		Food and drink contact infection	Food and drink containment to mouth from others handling goods and payment	4	3	12	Make visibly sure service providers have clean hands and utensils Wipes to be used to clean all packages where possible. Hands to be cleaned by wipes or washed thoroughly before and after eating. Do not use hands to eat with but plastic-sealed knives, forks, spoons. Open with care – these have been touched by a number of people before they reached you. Use contactless payment wherever possible not cash, do not give your card to any other person.	4	2	8



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13.	Travel from airport to school	School pupil collection Or use of taxi service	Waiting with baggage. Using local shop.	4	3	12	Cleaning of vehicle communal contact areas before and after vehicle use. Ventilate. Rules to maintain mask and other PPE such as gloves Collection from pick-up points as soon as arrival available. Weather conditions suitable clothing available.	4	2	8
14.	Subcontract coach transport	Contact infection/air infection	Contact infection from seats and surfaces	4	3	12	Pupils to wear protective masks and hand sanitiser on alighting and exiting coach	4	2	8
15.	Stress and anxiety related to school changes where caused by potential COVID-19 infection	Stress and anxiety symptoms for pupils	Performance and reduction personal mental health. Increase in unsafe behaviour incidents	4	3	12	Induction on return to school. Induction video for staff specifically giving awareness of C-19 risk and precautions Induction should identify all aspects of the C-19 risk assessment where it affects the pupils. All adverse effects of mental health are impactful on pupils and must be actively encouraged to be reported so that treatment can be given based on a wider understanding of the social-psychological factors affecting the health of the staff. A confidential reporting facility should be created Regular meetings should be held to appraise pupils e.g. on a group and 1:1 personal basis and or through bubble designated pupil/monitoring responsible bubble group pupil representative. Reference the safeguarding policy.	4	2	8

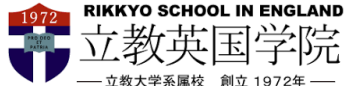


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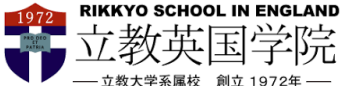
2. RETURNING AND NEW ARRIVALS - STAFF

Staff returning to school will be expected to arrive in the week prior to the school pupils return, approx. 27 August. The staff will arrive from a range of geographical areas including Japan and Europe. In consideration of this and an increasing risk in the UK and Japan, all teaching staff are to be subject to temperature checks and precautions for at least the first two weeks or until an appropriate juncture at which safe conditions have been established. The staff members will be in a position to manage their environment and should be giving daily progress reporting information and input within an open management forum.

16.	School access and entrances esp. main entrance.	Arrive at site multiple doors entrance.	Cross contamination may occur if contact is made with hands	4	4	16	All students and staff to provide information prior to arriving at site with hazard information given with questionnaires. Limit entrance numbers. Where queuing is likely set out signage to instruct and direct safe behaviour	4	2	8
17.		Contaminated surfaces handles and push buttons	Contact infection	4	4	16	The entrances will be subject to regular cleaning and be virus controlled to all who enter. A spray detergent could be available with suitable cleaning equipment in the event of spills or accidents. Floor will require drying. Consider a wet vacuum for cleaning. Signage at entrances and hand cleansing equipment mandatory.	4	2	8
18.	Staff carrying infection	Information about travel section risk assessment	Arriving with infection visible or non-visible from previous contact or current contact	4	4	16	Questionnaire and instructions for those arriving from distance Procedure for travel as in section 1 as appropriate Temperature testing on arrival at school (daily) Information on school policy in advance Personal protective equipment issuance and management Personal cleaning wipes Washroom policy Admin room procedure Safeguarding policy	4	3	12

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19.		New staff arriving from Covid-19-susceptible countries	Discreet or unknown infectious conditions not identified by initial temperature testing	4	3	12	Induction prior to movement or meetings at the school New staff arriving from countries with C-19 recorded cases esp. rising cases, will be required to either isolate or to wear face shield and face mask at all times until 14 days has passed. Temperature measurement and questionnaire	4	2	8
20.	Stress and anxiety related to working with potential COVID-19 infection	Stress and anxiety symptoms for staff and indirectly, pupils and others	Performance and reduction personal mental health. Increase in unsafe conditions	3	5	15	Induction on return to school. Induction should identify all aspects of the risk assessment where it affects the inductee. All adverse effects of mental health are impactful on school stakeholders and must be actively encouraged to be reported so that treatment can be given based on a wider understanding of the social-psychological factors affecting the health of the staff. A confidential reporting facility should be created A telephone helpline 24/7 should be put in place Regular meetings should be held to appraise staff on a group and 1:1 personal basis. Reference the safeguarding policy.	3	3	9

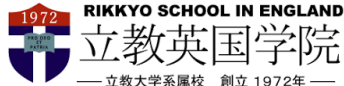
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3. USE OF ADMIN ROOM BY STAFF AND VISITORS

This open plan area is used by the staff and has visitors. Without precautions, any infection within the area has the potential to cause multiple further infections to the teaching staff and pupils and other visitors and of course those related to the foregoing. The current area is open plan, and the area requires good control to prevent the spread of illness through contact infection and airborne virus infection.

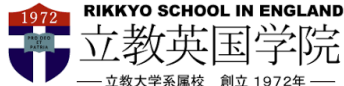
21.	Using staff admin room	Direct contamination via air and contact	Contact infection from equipment. Proximity and contact contamination with surfaces	5	5	25	Induction to cover limitations of the staff room and admin duties within it, and enhance safety procedures. Minimise people/allocate shifts attending at any one time Distance desks Remove IT desk block completely and expand into the space to create more distancing Minimise conversation where possible Barrier desks when appropriate to prevent contact Wear respirator/masks Face shields and masks when less than 2m Management alert across all staff to ensure that distancing is upheld	5	2	10
22.		Face to face or proximity issues when communicating	Air contamination and handling of planning or other documents	4	5	20	Face shield and masks <2m Significant awareness to be encouraged Wipes and handwashing in the event of surface contamination Cleaning of furniture and washing of floors and surfaces by cleaning staff takes priority against (over-regular) bin emptying and vacuum cleaning of carpet.	4	2	8



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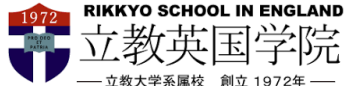
23.		Use of common/hot desking areas	Contact contamination on IT equipment Waste paper to recycling bin.	5	4	20	Cleaning by wipes of keyboards and desk prior to use each day. Cleaning staff will empty waste bins and vacuum clean surfaces as necessary but clean horizontal surfaces more regularly Users to wipe areas clean on departure esp telephone and it equipment. Procedure needed to determine cleaning method to avoid damage.	5	2	10
24.		Use of coffee/tea point and water dispenser	Contact contamination	5	4	20	Contamination of facilities will be potential for all people using them, especially with moist surface. Bare hand skin on buttons or gloves not to be used, but tissue or other means of contact with equipment controls.	5	2	10
25.		Contamination of and with pupils, pupils' personal equipment.	Teaching amongst or near to pupils. Use of teaching equipment. Handling and passing documents or equipment	5	4	20	Distancing <2m Face shield and mask Gloves and wipes Teaching and teaching assistants to manage pupils and report regularly on successful implementation and amendment suggestions	5	2	10
26.		Pupil proximity for contact and air contamination	Pupils pass virus by mutual contact whilst waiting on entry or other queuing	5	4	20	Class discipline to 2m distancing and masks for 2 weeks where common parts of Admin room are used or meetings held Cleaning of equipment required between use by users under supervision. Monitoring and information as part of Admin room management.	5	2	10



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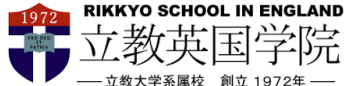
27.		Classroom contamination	Contact contamination between classes such as Laboratories and non-academic teaching rooms	4	4	16	Cleaning schedule for bubble changes of room Cleaning of hands and equipment such as pens etc used in the Admin room on entry and leaving. All teaching staff to be given adequate understanding of the issues.	4	2	8
4. BOARDING HOUSE										
28.	Isolation and security of property	All people entering the boarding areas	Contact contamination from surfaces and people including isolation rooms	4	4	16	Notices on authorised persons/students with COVID-19 signage Keypad security device with number known only to those at the boarding house/unit.	4	2	8
29.		Private belongings	Contact infection	4	4	16	Any private belongings must not be left in common areas - Students must keep them in their dormitories. Strict sharing principles must apply.	4	1	4
30.		People using hand cleanser contact contamination	Sanitising liquid at entrances	4	3	12	Students must sanitise their hands before using the keypad when they come back to dormitories. Sanitisers to be kept wiped clean by cleaning staff.	4	1	4
31.	Corridors and staircases	contact contamination	Failure of social distancing	4	4	16	Younger students must be marshalled by senior representatives such as teachers or other appointed persons. Bubble groups must not mix in these areas. Passing other students/staff designated to the right/left side. Handrails should not be used if possible. Awareness of handrail hand cleansing need. When students are being led by teachers/supervisors, the choice of action where other parties are present can be organised at the time of meeting.	4	2	8
32.	3 rd party unauthorised attendance	Control of contact infection	3 rd party contact infection to bubble or household	4	5	20	Once students leave boarding house in the morning they do not return until after 1600 hrs - Students do not enter in dormitories between 9:00 and 16:00.	4	1	4



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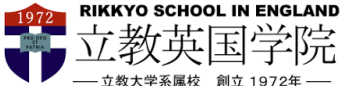
33.	Free time	Contact information during free or isolation time	Individuals must be monitored or as a group have contact and airborne potential	4	5	20	Teachers must stay in Dormitories when students have free time in dormitories	4	2	8
34.		Visiting washrooms post meals	Potential spread of contaminate water and airborne particles during brushing	4	5	20	Wash teeth every after meals. Students can clean teeth after breakfast and evening meals but cannot clean teeth after Lunch as this means a return to the dormitories where cleaning or maintenance duties may be taking place. For oral hygiene following eating lunch alternatives are that students carry dental floss or interdental brushes or edible teeth cleaning chews.	4	2	8
35.		Common rooms and leisure areas								
36.	Light meals	Snacks	Contact infection from wrappers	4	3	12	New Hall break In the morning break tea and fruits and small cakes etc. Bubbles in groups with own break times. Snack packages issued to pupils at breakfast for morning breaks, afternoon at lunch and supper at evening meal Snacks and cakes should be packaged. Drinks should be bottles or paper packages	4	1	4
37.	Washrooms	Washroom showers	Contact infection from towels, bathmats, shower curtains, hard surfaces	4	5	20	Domestic staff will clean showers in mornings during the absence of students during lesson time and no contact potential Students to rinse off all surfaces of shower between use from outside edge of shower once finished. Showers only taken in the evening so will mainly dry overnight Bath towels and bathmats not provided in the 2 nd term so students must bring in sufficient bath towels per week for bathing. School provided 1x bathmat to each student	4	1	4



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38.		Waste bin hazards	Contact hazards for cleaning staff or those contacting the bins.	5	4	16	Waste bins should use waste bin liners where any potential C-19 virus may be present, which includes waste paper recently used and food stuff wrappers or packaging that has been handled.	5	2	10
39.		Toilets	Contact hazards on sinks; plugs; taps; driers; flushing handles or switches; toilet bowls and toilet seats; sanitary bins	4	5	20	All equipment used in hand washing should be double washed if it is not clearly recently cleaned and dried. All washrooms will be cleaned by the domestic staff on a regular basis.	4	2	8
40.		Laundrying	Failure to sufficiently clean contact infection source	4	3	12	Students use personal bags and use pillowcases. Left in secure area in bubble house. No change to this routine Sat and Sunday sports clothing is laundered by 2 domestic staff within one bubble/household each.	4	1	4
41.		Sleeping	Constant breath from an infected person contaminating those in adjacent beds.	5	5	25	Students beds are at close quarters within 2m in some cases. Review of this may indicate the dormitory beds do not have excess room to move apart further; this would indicate the need for screens to separate intimate breathing zones around the beds esp during the first 2 weeks stage 1. Detection on false negative testing pre-symptoms can take 6 days to present positive results; this means that there will be days whilst several further children become infected. An infection series may be sequenced across 6 weeks and have contaminated elsewhere in the school.	5	3	15
42.		Use of wardrobes and lockers	Contact infection from skin and virus emission to furniture	4	3	12	Use of wardrobes per individual ie not cross contamination. Domestic cleaning team will clean surfaces each day. Wood is unlikely to absorb virus due to patina and layers of cleaning chemical forming a barrier	4	1	4

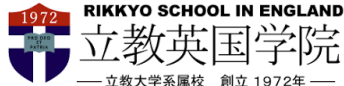


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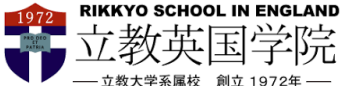
43.		Linen change	Contact infection from body fluids skin and virus emission to linen. Virus can live for up to 20+days on fecal or saline solutions	4	5	20	Students must change linen and make beds by themselves. Students will put used linen in their pillowcases for washing on a daily basis. Put in a common pile/heap of linen bag pillowcases. Students need to be given procedure for gathering and washing hands and not touching another person's laundry.	4	2	8
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5. SUPPLIER ACTIVITIES

44.	Mail service and similar categories of drop and go	Access by those such as casual courier deliveries with unknown policies and procedures for C-19 management and potentially infected personnel	Contact infection potential	4	4	16	Deliveries must be checked by personnel using gloves. Delivery drivers must wear masks or drop and go at a designated delivery area. All those carrying stock into the school must wear gloves and masks and must not make contact with people.	4	2	8
45.	Works to be carried out to maintain or complete projects esp. construction	Known organisations such as Royal Mail have significant safe working arrangements.	Contact infection potential	4	3	12	Equipment signage of receipt must be carried out using gloves and a school pen or scribe, not use of the couriers pen unless with gloves. Gloves must be decontaminated or discarded following visit. All contractors/visitors must pre book appointments and complete a Health Questionnaire.	4	1	4

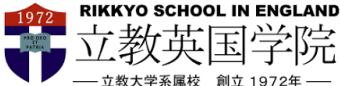
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46.	Routine works to maintain utilities ie inspections of equipment gas/ electrical/water etc	Integration of contractors personnel and suppliers during construction activities at the school	Contact infection with meetings to discuss project inception and progress and contact with suppliers of the contract on a daily basis for all stakeholders	4	4	16	<p>Any longer-term maintenance (major) projects that may affect the school measures in the next 12 months should be re-evaluated.</p> <p>A management of contractor and management of maintenance of internal maintenance staff should be in place and include C-19 arrangements.</p> <p>Contractor to be given appropriate documented induction for work at the school proportionate to the works to be carried out.</p> <p>No contractor works to be carried out unless suitable competency checks have been carried out and school and contractor risk assessments agree all aspects including COVID-19.</p>	4	3	12
47.	Routine works to maintain utilities ie inspections of equipment gas/ electrical/water etc	Known utilities companies operate good safety management systems	Contact infection and airborne infection	4	3	16	<p>Contractor to be given appropriate documented induction for work at the school proportionate to the works to be carried out.</p> <p>No contractor works to be carried out unless suitable competency checks have been carried out and school and contractor risk assessments agree all aspects including COVID-19.</p>	4	2	8

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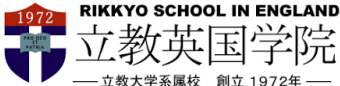
6. MEDICAL FACILITIES & EMERGENCIES

48.	Suspected COVID symptoms	Contamination of facilities and staff	All medical staff and student immediate and long term	4	3	12	<p>Comprehensive procedures created by the surgery management include:</p> <p>Do not allow students casual access; suspect or illness reporting to be from distance by phone, computer, or messenger such as teaching staff. Divide waiting area with suitable structure</p> <p>Mark up social distancing and access prevention and queuing signage and control zones</p> <p>Initial interview to determine likelihood of C-19 potential whether or not that was the case they were bringing ie headache could be a symptom of multiple conditions.</p> <p>When dealing with any type of symptoms which may be associated with C-19, wear full FFP3 respirator gloves face shield clothing. Student or staff to wear mask.</p> <p>Contact in the surgery is prohibited and limited to unless the student and staff have respirator and hands are washed.</p> <p>Clean the area in which the student has been treated.</p> <p>Ventilate the area of habitation</p> <p>Record the findings</p> <p>Student to isolate</p> <p>Domestic cleaning team to be given suitable procedures for virus control methods in the medical centre</p>	4	2	8
49.	Measurable positive COVID symptoms	Contamination of facilities and staff	All medical staff and student immediate and long term	5	3	15	<p>Create immediate stakeholder potential direct C-19 <i>Contamination plan</i> for information and notification to all relevant stakeholders.</p> <p>Isolate the person within their bubble.</p> <p>Increased monitoring of student</p>	5	2	10

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							Consider medication may mask the symptoms if there are no other potential causal aspects to offset the potential of COVID-19 infection. Create action and communication plan to notify all relevant people of any adverse conditions.			
50.	Testing for COVID Symptoms	Contamination of facilities and staff	All medical staff and student immediate and long term	5	5	25	Update plan Carry out personal risk assessment part of the plan Seek further medical advice/notify authority Isolate person for 10 days. Isolate rest of household for 14 days. Stop isolating after this period ONLY if no symptoms are present, otherwise continue to isolate. Medical staff and visitor restrictions authorised only Meals and other needs to be brought to person Collection and cleaning of infected culinary and other equipment to be part of a procedure to manage COVID infection to the isolation area. Isolate the relevant bubble away from the infected person. Apply protection and measurement measures to the household as appropriate to the contamination plan	5	3	15
51.	Use of surgery bedroom facility	Contamination of facilities and staff	All medical staff and future students	4	4	16	Both beds to be covered with plastic cover. Both curtains should be drawn. surgery bedroom windows open, to maintain good ventilation. Assessment should be carried out with the student in sitting position Flow chart and recording should be completed to ensure coordinated response.			
52.	Taking student to hospital	Contamination of facilities and staff	All medical staff and student immediate and long term	5	5	25	If using taxi, assessment required which would include gaining taxi companies with sufficient C-19 competence and RS precautions.	5	3	15

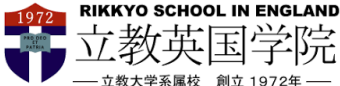


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53.	Injuries during in-school activities	Contamination of facilities and staff	All medical staff and student immediate and long term	5	5	25	The person must be issued with mask and visor immediately and those in attendance must also wear this, and gloves. Isolate the person requiring treatment so they are not breathed over or in touch/contact with other pupils esp not those external to their bubble.	5	3	15
54.	Pre-existing issues	Contamination of facilities and staff	All medical staff and student immediate and long term	5	5	25	The person must be issued with mask and visor immediately and those in attendance must also wear this, and gloves. Isolate the person requiring treatment so they are not breathed over or in contact with other pupils esp not those external to their bubble.	5	3	15
55.	Pre-existing issues	Contamination of facilities and staff	All medical staff and student immediate and long term	5	5	25	eg. Diabetes, Asthma, Coronary or other organ related illnesses, auto-immune deficiency, Categorised vulnerabilities 1-3, must all be registered with the medical centre and a risk assessment carried out prior to attendance at the school.	5	3	15
56.	Mental health issues	Deterioration in mental health of isolated / sick students	Students	4	3	12	School counsellor available for consultation via digital means. Surgery staff trained to recognised issues	4	2	8

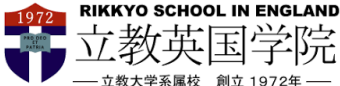
7. ISOLATION AREAS

57.	Caring for COVID confirmed cases in East House isolation quarters	Contamination of facilities and staff	All medical staff and student immediate and long term	5	5	25	All medical staff to use RPE P3 and visors gloves, aprons and coverall and shoe clothing when temperature testing or other contact. Decontamination procedures to be observed when removing equipment as listed. All equipment to be sterilised or disposed of. Signage to prevent disturbance. Laundry and cleaning to be carried out daily by surgery staff. Maintain separation from students where possible for all duties.	5	2	10
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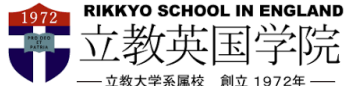
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							Only surgery staff to be admitted.			
58.	Cleaning of areas	Contact contamination	Cleaning staff /surgery staff carrying out cleaning	5	4	20	All cleaning to be carried out following cleaning COVID procedures. If student is able, he / she must leave the room while cleaning taking place. Ensure windows are open for ventilation. Waste to be double bagged and left for 72 hours then treated as normal household waste.	5	3	15
59.	Laundry	Contact contamination	Laundry staff	5	3	15	Laundry to be collected using suitable PPE and kept for 72 hours in secure place before being laundered. Bed linen to be stripped and left for 72 hours.	5	2	10
60.	Catering	Contact contamination	All staff / students	5	3	15	Meals brought to East House and all dishes, cutlery etc to be washed at East House before being returned to kitchen.	5	2	10
8. DOMESTIC TEAM WORKS										
61.	Cleaning dormitories	airborne virus/contact virus	Contact with students	4	4	16	Limited direct exposure Allocated bubbles Students should not be in the area of dormitories (home) between 0900 and 1600hrs Students going to dormitories between these hours must be briefed or accompanied on assessment. Masks visors gloves and aprons	5	3	15
62.	Cleaning washrooms	Contact infection and airborne infection during cleaning	Contact infection / air infection	5	4	20	Cleaning operatives work in dormitories until 16:00. Procedures for cleaning of potential C-19 infected surfaces Use of RPE PPE Hygiene standard coloured equipment Use of drying cloths	5	2	10
63.	Cleaning classrooms and gym	Contact infection and airborne infection during cleaning	Contact infection / air infection	5	4	20	Cleaning operatives work in dormitories until 16:00. Procedures for cleaning of potential C-19 infected surfaces Use of RPE PPE Hygiene standard coloured equipment Use of drying cloths to dry equipment Cleaning of shower curtains and sanitising	5	2	10



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64.	Cleaning classrooms and gym	Contact infection	Contact infection / air infection	4	4	16	Cleaning operatives work in dormitories until 16:00. Procedures for cleaning of potential C-19 infected surfaces Use of RPE PPE Hygiene standard coloured equipment Use of drying cloths	4	4	10
9. MAINTENANCE TEAM WORKS										
65.		Exposure for general duties involved in maintenance in known or emergency conditions ie burst pipe, door access failure etc	Contact and air infection to workforce or contamination by workforce to others	5	4	20	All staff to report to maintenance room at 0800 start time, for handover report and temperature check, adhering to social distancing. One maintenance person to undertake any repairs issues where possible, if two people are required, social distancing must be adhered to where possible. Sanitiser to be used on entry and exit of buildings. Break and lunch times will be taken as allocated on a rota system. If a student is unwell and resting in their dormitory, staff must not enter. All repairs issues will be actioned on an appointment basis.	5	2	10
66.		Moving around the buildings and encountering students.	Contact infection during contact and proximity	4	3	12	Minimise to take external routes where practicable When meeting other members of staff or students within their work areas, social distancing must be strictly adhered to and speech minimised. All staff in that area must follow social distancing. PPE – This must be worn at all times. Each member of staff will be provided with a visor, which must be worn at all times. If in contact with a student, this must be worn along with a mask.	4	3	12
67.		Use of equipment to maintain in potentially contaminated areas	Contact infection to handles and equipment	4	3	12	Procedure for protection to include for equipment and RPE PPE	4	3	12

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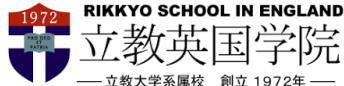
68.		Use of toilets and washrooms	Contact infection / air infection	4	4	16	Staff to wash skin/gloves, surfaces and all equipment they have touched in the washroom before and after they use it.	4	3	12
69.		Drying of wet clothing	Contact infection / air infection	4	3	12	Dedicated areas to dry equipment within. RPE to be worn at all times when in a drying area. PPE to be used when handling clothing on which contamination could sit	4	2	8
70.		Working on multiple rooms	Contact infection / air infection	4	3	12	Close and lock secure rooms when not working on them to prevent access. Sanitise exit and entrance doors when leaving and during use.	4	2	8

10. FIRE AND EMERGENCY PROCEDURES

71.	Service and supply emergency ie electrical lighting or water failure and evacuation	Contact and respiratory air borne virus	Fire evacuation contact	4	3	12	Fire drill evacuation to be minimised following an initial low key drill to establish bubble segregation procedures. Fire plan to be revised following low key initial drill to be carried out after stage 1 has been achieved where possible.	4	2	8
72.	Failure of contractor /supplier. Catering/ Maintenance works	Contact and change of geography if current occupation affected	Contact management in unprepared rooms and area.	4	3	12	Consideration of potential change management in the event of movement of pupils or lessons due to lack of light and power or flooded area of school. Emergency plan required to reduce impact on C-19 provisions.	4	2	8
73.		Changes in COVID-Management. Effectiveness failure of process	Contact and air contamination	4	3	18	Essential that all procedures used by contractors are passed to the school so that they can be replicated to incoming emergency or short notice suppliers. Any longer term maintenance (major) projects that may affect the school measures in the next 12 months should be re-evaluated.	4	2	8

11. CATERING AND REFECTORY AREAS AND ACTIVITIES



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74.	Awaiting information									
75.										

12. Laundry services supplied by Belmont laundry

76.	Collection by driver from department	Contact infection with infected staff	Receiving staff at Rikkyo and transmission to students and others	4	4	16	Belmont procedures (not risk assessment supplied at this time) Face masks are provided for all staff, but not compulsory only if requested by client at delivery Handwashing and wearing new gloves is required when delivering or collecting	4	3	12
77.	Laundry staff exhaling virus whilst carrying out exertive duties	Air transmission of virus during laundering	Rikkyo School/ Belmont delivery driver and laundry staff and visitors	4	4	16	Belmont procedures (not risk assessment supplied at this time) Face masks are provided for all staff, but not compulsory Hands and work station washed at end of shift. See full procedure	4	3	12
78.	Contact with laundering staff	Contact infection with infected staff of laundered fabrics	Rikkyo School/ Belmont delivery driver and laundry staff and visitors	4	4	16	Belmont procedures (not risk assessment supplied at this time) Face masks are provided for all staff, but not compulsory Hands washed at end of shift. See full procedure Wash formulas run at between 55c and 60c. All formulas (apart from coloured towels) are dosed with chlorine bleach to ensure efficient stain removal and chemical disinfection. Towels are dried at 80c. Linen is put through high temperature ironing beds, reaching temperature of 175c.	4	3	12
79.	Delivery by driver to school premises	Contact infection during delivery with driver	Receiving staff at Rikkyo	4	4	16	Belmont procedures (not risk assessment supplied at this time) Face masks are provided for all staff, but not compulsory only if requested by client at delivery Handwashing and wearing new gloves is required when delivering or collecting.	4	3	12



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