

KTS Academy
Coronavirus Additional Risk Assessments
 As required by the Health and Safety at Work Regulations 1999



Date:	7 th July 2020	Assessment Carried out by:	Brian Richardson
Who is at risk:	All children and staff		

HAZARD	RISK (see attached matrix)					CONTROL MEASURES	Residual Risk L. M. H.
	Hazards	Likely risk L. M. H.	X	Severity of risk L. M. H.	=	Overall Risk Rating L. M. H.	
Student in crisis (solo no physical intervention required) Potential risk of injury to staff and students from lashing out. Potential injury to self (student). Potential upset to others in environment	M	X	M	=	M	<ul style="list-style-type: none"> Offer de-escalation strategies individual to that student. Change of face (staff swap) Possible change in location (short term for student) Use of body positioning to encourage movement from student (a 'way out', away from incident) Student may spit. PPE must be available in classroom for at least one member of staff. Wash hands 	L
Student in crisis (solo with physical intervention required) Potential risk of injury to staff and students from lashing out. Potential injury to self (student). Potential upset to others in environment	M	X	M	=	M	<ul style="list-style-type: none"> Offer de-escalation strategies individual to that student. Change of face (staff swap) within bubble Possible change in location (short term for student) Use of body positioning to encourage movement from student (a 'way out', away from incident) Use of PPE prior to physical intervention may not be possible. All physical engagement with a student must be done from the side or from behind. When two members of staff engage, both must be symmetrically aligned and keep their own face/head turned away as far as is 	L

						<p><i>manageable.</i></p> <ul style="list-style-type: none"> • <i>Call for behaviour support (designated senior support staff to attend)</i> • <i>Change of staff, to those with PPE, to occur as soon as possible</i> • <i>Wash hands</i> <p><i>Use of small group room/use of breakout space /change in location for rest of bubble while de-escalation takes place</i></p>	
<p>Personal care (unexpected soiling)</p> <p>Supporting students in close proximity, dealing with soiled or wet clothing, possible washing of students intimate areas</p>	M	x	M	=	M	<ul style="list-style-type: none"> • <i>Wear gloves and apron.</i> • <i>Encourage student independence to carry out the task with as little intervention as possible.</i> • <i>Student to place soiled clothes into red bag if possible.</i> • <i>Bathroom allocated to bubble space to be used.</i> • <i>Wash hands</i> 	L
<p>Personal care (accompanied visit)</p> <p>Supporting students in close proximity, dealing with soiled or wet clothing, cleaning students' intimate areas. Handling soiled, wet pads. Face to face contact while adjustment to slings or placing student on slings.</p>	M	x	M	=	M	<ul style="list-style-type: none"> • <i>Wear gloves and apron,</i> • <i>Make sure face to face contact is less than 5 minutes.</i> • <i>Bathroom allocated to bubble space to be used.</i> • <i>Wash hands.</i> 	L
<p>Feeding (regular)</p> <p>Supporting students in close proximity, face to face contact, Spitting of food, coughing.</p>	M	X	M	=	M	<ul style="list-style-type: none"> • <i>Where possible support student sitting side by side.</i> • <i>Encourage independence as far as appropriate.</i> • <i>Follow student feeding plan.</i> • <i>Wash hands</i> 	L
<p>First Aid</p> <p>Close physical contact, contamination from used first aid materials, when administering first aid, contact with bodily fluids</p>	M	X	M	=	M	<ul style="list-style-type: none"> • <i>Stay side by side with student as far as is practicable</i> • <i>Make sure face to face contact is less than 5 minutes.</i> • <i>Used first aid materials to be disposed of into a lidded bin</i> • <i>PPE to be worn to carry out first aid</i> • <i>Wash hands</i> 	L
<p>Use of occupational therapy (OT) personal equipment</p>	M	x	L	=	M	<ul style="list-style-type: none"> • <i>Some equipment is prescribed to our students to help them deal with sensory overload. The minimal numbers and low demand environment</i> 	L

Contamination from used equipment				<p><i>in which the students will engage, may result in the reduction of need for chewie tubes, ear defenders and weighted blankets</i></p> <ul style="list-style-type: none"> • <i>Chewie tubes must be washed at the end of each day in hot soapy water. If it falls to the ground throughout the day, it must be washed before being returned to the student. Staff must wash their hands</i> • <i>Ear defenders must be wiped down at the end of each day</i> • <i>Weighted blankets must be washed regularly and used only by the student for who it is intended</i> • <i>Therapy balls must be wiped down before and after a child has used it</i> • <i>Acheeva beds must be washed down at the end of each use</i> • <i>Specialist seating (for named individuals) must be wiped down at the end of each day</i> 			
<p>Rebound Therapy Non – Ambulant Student (relating to the safe use of trampolines for a range of users with special educational needs)</p> <ul style="list-style-type: none"> • Supporting students in close proximity. • Face to face contact while adjustment to slings or placing student on slings. • Face to face contact while using bounce, momentum and rhythm to facilitate active movement. • Direct transmission, for instance, when in close contact with those sneezing and coughing; • Indirect transmission, for instance, touching contaminated surfaces. • Face to face contact supporting a student on a roll or wedge. • Face to face contact during the implementation of passive movements as part of a treatment plan. 	M	x	M	=	M	<ul style="list-style-type: none"> • <i>Avoid Rebound Therapy for students who are coughing and sneezing;</i> • <i>Clean your hands more often than usual, particularly after arriving at your location, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food.</i> • <i>Open the windows in the hall for ventilation; Ventilating the room while you clean is also a good idea. Only use cleaning agents which have been provided by school and have been risk assessed;</i> • <i>Cleaning and hygiene measures to be of a high standard. To prevent the indirect spread of the virus from person to person, regularly clean frequently touched surfaces. The frame needs only an occasional wipe with a damp disinfectant cloth. You should clean hard surfaces with warm, soapy water and then disinfect them with a disinfectant solution at the end of each day and after every session; the trampoline side panels, end decks, and individual specialist equipment to be disinfected before each use. The trampoline bed can be washed with lukewarm (never hot) water and mild detergent and rinse with cold</i> 	L

						<p>water, trying not to soak it as this will cause it to shrink and become harder; allow five to ten minutes to dry before the next session, remember to let the mat dry fully before jumping as wet mats can be extremely slippery and present a hazard. Focus on the high traffic areas that enable pathogens to spread around the hall. These include your hands, and frequent touch areas such as door plates and the trampoline steps rail; 'consider the use of things that can spread germs and avoid them whenever possible', such as sponges and cleaning cloths;</p> <ul style="list-style-type: none"> • Student to be transferred onto an airex washable or disposable mat, in either a sitting or lying position; • Staff to wear appropriate trampoline footwear, for example, shoes/socks. The soles of trampoline shoes can be disinfected before each individual session. The use of trampoline shoes/socks helps minimise skin contact with the trampoline; • Stay side by side with student as far as is practicable; • Make sure face to face contact is less than five minutes and the session lasts no longer than 15 minutes; • Trampoline spotters to stand one meter away from the side of the trampoline with the crash mat positioned behind. 	
<p>Rebound Therapy Ambulant Student (relating to the safe use of trampolines for a range of users with special educational needs)</p> <ul style="list-style-type: none"> • Supporting students in close proximity. • Face to face contact while using bounce, momentum and rhythm to facilitate active movement; • Direct transmission, for instance, when in close contact with those sneezing and coughing; • Indirect transmission, for instance, touching contaminated surfaces; • Face to face contact supporting a student 	M	x	M	=	M	<ul style="list-style-type: none"> • Avoid Rebound Therapy for students who are coughing and sneezing; • Clean your hands more often than usual, particularly after arriving at your location, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food. • Open the windows in the hall for ventilation; Ventilating the room while you clean is also a good idea. Only use cleaning agents which have been provided by school and have been risk assessed; • Cleaning and hygiene measures to be of a high standard. To prevent the indirect spread of the virus from person to person, regularly clean 	L

<p>on a roll or wedge;</p> <ul style="list-style-type: none"> • Face to face contact during the implementation of passive movements as part of a treatment plan; • Trampolines must be opened and closed by trained staff, maintaining social distancing measures. 				<p><i>frequently touched surfaces. The frame needs only an occasional wipe with a damp disinfectant cloth. You should clean hard surfaces with warm, soapy water and then disinfect them with a disinfectant solution at the end of each day and after every session; the trampoline side panels, end decks, and individual specialist equipment to be disinfected before each use. The trampoline bed can be washed with lukewarm (never hot) water and mild detergent and rinse with cold water, trying not to soak it as this will cause it to shrink and become harder; allow five to ten minutes to dry before the next session, remember to let the mat dry fully before jumping as wet mats can be extremely slippery and present a hazard. Focus on the high traffic areas that enable pathogens to spread around the hall. These include your hands, and frequent touch areas such as door plates and the trampoline steps rail; ‘consider the use of things that can spread germs and avoid them whenever possible’, such as sponges and cleaning cloths;</i></p> <ul style="list-style-type: none"> • <i>Student to be transferred onto an airex washable or disposable mat, in either a sitting or lying position;</i> • <i>Staff to wear appropriate trampoline footwear, for example, shoes/socks. The soles of trampoline shoes can be disinfected before each individual session. The use of trampoline shoes/socks helps minimise skin contact with the trampoline;</i> • <i>Stay side by side with student as far as is practicable;</i> • <i>Make sure face to face contact is less than five minutes and the session lasts no longer than 15 minutes;</i> • <i>Trampoline spotters to stand one meter away from the side of the trampoline with the crash mat positioned behind.</i> 			
<p>The use of physiotherapy equipment (standers, Acheeva beds) (relating to the safe use of specialist equipment for a range of users with special educational needs)</p>	M	x	L	=	M	<ul style="list-style-type: none"> • <i>Avoid therapy equipment for students who are coughing and sneezing or with a high temperature;</i> • <i>To prevent the indirect spread of the virus from</i> 	L

<ul style="list-style-type: none"> • Supporting students in close proximity; • Close Face to face contact while adjustment to slings or placing student on slings. • Face to face contact supporting a student into new locations; • Acheeva bed must be disinfected before each use; • Direct transmission, for instance, when in close contact with those sneezing and coughing; • Indirect transmission, for instance, touching contaminated surfaces. 					<p>person to person, regularly clean frequently-touched surfaces, such as; the specialist equipment; standing frames/chairs; electric plinths; and acheeva beds;</p> <ul style="list-style-type: none"> • Cleaning and hygiene measures to be of a high standard. You should first clean hard surfaces with warm, soapy water and then disinfect them with a disinfectant solution at the end of each day and after every use; • Stay side by side with student as far as is practicable and follow the relevant moving and handling risk assessment; • Avoid touching your mouth, eyes and nose. Cover your mouth and nose with disposable tissues when you cough or sneeze. If one is not available, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately clean your hands with soap and water or use a hand sanitiser. • Wash hands regularly and essentially before and after every individual session. Hand sanitiser (above 70% alcohol) and tissues to be available; to clean your hands you should wash your hands thoroughly for 20 seconds with running water and soap and dry them thoroughly, or use alcohol hand rub/sanitiser ensuring that all parts of the hands are covered. • Make sure face to face contact is less than five minutes; • Staff should have available PPE for activities requiring close contact for reassurance, if required. Gloves, Surgical mask, Aprons; • Clean your hands more often than usual, particularly after arriving at your location, touching your face, blowing your nose, sneezing or coughing, and before eating or handling food. <p>Acheeva beds:</p> <ul style="list-style-type: none"> • The support packs on the acheeva beds must be disinfected before and after use; • Open the windows in the room for ventilation; ventilating the room while you clean is also a good idea. Only use cleaning agents which have 	
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been provided by school and have been risk assessed; metalwork and plastic finishes if necessary, should be wiped down with dilute detergent and thoroughly dried;

Standing frames/Heathfield chairs/wheelchairs:

Care and Cleaning Instructions:

- Fabrics, Vinyl and PU (polyurethane) Minor spills can be removed with a damp cloth;*
- Spillages should be removed as quickly as possible. Dab the stain, do not rub. Do not over wet the stain;*
- Do not use organic solvents, dry cleaning fluids, abrasive cleaners or industrial bleaches. Antibacterial spray or wipes can be used;*
- Always ensure that the product is dry before use. Some fabrics may be suitable for cleaning in a washing machine and / or tumble dryer. See label for further information. If disinfection is necessary, clean with a solution of disinfectant with a damp cloth;*
- When using bleach a 5% (50,000ppm) solution is acceptable. A 5% solution of alcohol is also suitable;*
- Metal Frames, Plastic and Coated Parts for deep cleaning, a low pressure steam cleaner can be used;*
- Do not use organic solvents, dry cleaning fluids, abrasive cleaners or industrial bleaches;*
- Soap and water or antibacterial spray can be used;*
- Daily cleaning: Wipe framework down with a damp cloth as necessary; wooden products and parts for deep cleaning, a low pressure steam cleaner can be used;*
- Daily cleaning of a wheelchair, wipe framework down with a disposable cloth with disinfectant as necessary;*
- Do not use organic solvents to clean standers;*
- Soap and water or antibacterial spray can be used;*
- Check for breaks or splintering of the wood before using.*

Management of students with a lack of self-awareness of bodily fluids Risk of contamination from aerosol (airbourne) and touch	M	x	M	=	M	<i>Students with a lack of self-awareness of bodily fluids should be encouraged to minimise potential COVID-19 transmission through good respiratory hygiene measures which are:</i> <ul style="list-style-type: none"> • <i>disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – used tissues should be disposed of promptly in the nearest waste bin</i> • <i>tissues, waste bins (lined and foot operated) and hand hygiene facilities, should be available for patients, visitors and staff</i> • <i>hands should be cleaned (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects</i> • <i>encourage patients to keep hands away from the eyes, mouth and nose</i> • <i>students with a lack of self-awareness of bodily fluids may need assistance with containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues</i> 	L
Escorting a student with visual impairment (VI) Supporting students in close proximity. Two metre separation distance cannot be adhered to.	L	x	L	=	L	<i>Escorting a student with VI must continue in accordance with their VI plan.</i> <i>Hand washing must be paramount after movement around school or within the bubble, for both staff and student</i>	L
Emergency medication Supporting students in close proximity. Two metre separation distance cannot be adhered to.	L	x	M	=	M	<i>Individual's emergency medical profile must be adhered to.</i> <i>Use of VNS (movement of magnet across pupil's chest) can be done from the side without face to face positioning.</i> <i>Application of buccal or rectal treatment must be done with gloves. Gloves are to be provided within each emergency medication box</i>	L
Use of slings (relating to the safe use of specialist equipment for a range of users with special educational needs)	M	x	L	=	M	<ul style="list-style-type: none"> • <i>Avoid sling use if possible, for students who are coughing and sneezing or with a high temperature;</i> • <i>To prevent the indirect spread of the virus from</i> 	L

<ul style="list-style-type: none"> • Supporting students in close proximity; • Close Face to face and body contact while adjustment to slings or placing student on slings. • Face to face and body contact supporting a student into new locations; • Direct transmission, for instance, when in close contact with those sneezing and coughing; • Indirect transmission, for instance, touching contaminated surfaces. 					<p><i>person to person, regularly clean frequently-touched surfaces, such as; the spreader bar on the overhead hoist and wheelchair sides; armrests and footplates;</i></p> <ul style="list-style-type: none"> • <i>Stay side by side with student as far as is practicable and follow the relevant moving and handling risk assessment; Make sure face to face contact is less than five minutes;</i> • <i>Slings must be visually checked for cleanliness and signs of defects before use.</i> • <i>DECONTAMINATION AND INFECTION CONTROL: for good hygiene, slings are not to be shared, to avoid the risk of cross infection.</i> • <i>Slings should be for single student use only and laundered between weekly use;</i> • <i>Where slings go home at the end of the day, it is recommended that parents/carers wash the sling to prevent contamination from school.</i> • <i>Clean unused slings should be stored in the blue area bathroom, for use in the event of a sling being soiled or when a student arrives at school without their individual sling.</i> • <i>Launder and allow 24 hours of non-use before reallocating a sling to other students. Soft surfaces like clothes and slings are least likely to carry the virus, contamination lives on these fabrics for 24 hours.</i> • <i>Slings must also be laundered if the student had a known/suspected infective episode (i.e. diarrhoea)</i> 	
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FURTHER CONTROLS:

Knowledge of pupils' risk assessment / behaviour plans.
 Knowledge of Medical Care Plans/Medication for identified pupils.

<u>Probability Key:</u>	<u>Severity Key</u>	<u>Key:</u>	<u>Residual Risk</u>
L = No Chance	L = No injury/Minor first aid	L X L = L	Low = Acceptable
M = Medium Chance	M = First aid treatment, Doctor or Hospital.	L X M = M	Medium & High
H = High Chance, Very High Chance	H = Major injury/Reportable Accident.	L X H = M M X M = M M X H = H H X H = H	Requires additional Action to reduce risk

At the time of producing this assessment, as far as I can foresee, the risks involved with this activity have been reduced as far as is reasonably practicable.
 The risk assessment should be reviewed when anything gets changed.