| **Coronavirus Risk Assessment for Nurseries and Early Years (Scotland)** | | | | | | | | | | |
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| DRAFT  **This template risk assessment is intended to help you document the risk control measures you have introduced within the workplace to control the spread of coronavirus (COVID-19). It is not a Business Continuity Plan.**  **You must modify this risk assessment to ensure it reflects your business activities and the specific risks and controls you have in place.** | | | | | | | | | | |
| **Location/Dept:** | | | | | | **Date Assessed:** | **Assessed by:** | | | |
| **Task/Activity:** Working in Nurseries or Early Years Learning Centre | | | | | |  | **Reference Number:** | | | |
|  | | | **Risk rating before implementing control measures** | | |  | **Risk rating after implementing control measures** | | |  |
| **Activity/ Task** | **Hazard/Risk** | **Persons at Risk** | **Likelihood (1-5)** | **Severity (1-5)** | **Risk/Priority** | **Controls Measures in Place** | **Likelihood (1-5)** | **Severity (1-5)** | **Risk/Priority** | **Additional Controls Measures Required** |
| Pre-opening | Exposure to cleaning chemicals | Employees | 4 | 5 | 20 | Prior to re-opening, a thorough clean will be completed.  Existing risk assessments for cleaning in place and appropriate PPE issued to staff. | 1 | 5 | 5 | All cleaning should be conducted in accordance with [COVID-19 – guidance for non-healthcare settings](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf) and  [Infection Prevention and Control in Childcare Settings](https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/) guidance. |
| Staff/children/carers/parents unaware of new processes | Employees  Children/  Parents/  Guardians/  etc.  Contractors  Visitors | 4 | 5 | 20 | Settling in of staff/children, etc. Consider the following approaches:   * A map could be displayed in the setting detailing entry/exit points and new circulation patterns, for use by staff and parents. * Social stories and videos shared with children in advance to explain what will be new, and what the nursery day will be like. * Clear signage and colour coding on walls and floors could be implemented prior to return to help with wayfinding, along with taping off specific areas. * Appropriate visuals for children. These will need to be clear and child-friendly to enable them to be understood by as many children as possible, taking account of any visual impairments children may have. These could include signs that display meaningful pictures or symbols. * Any signage that involves direct interaction from children will need to be cleaned regularly and additional methods of communication should also be considered. | 2 | 5 | 10 | Guidance and recommended risk control measures will be sourced directly from <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/overview/> |
| Working in the Nursery/  Early Years Learning Centre | Contact with persons suffering from coronavirus leading to illness | Employees  Children/  Parents/  Guardians/  etc.  Contractors  Visitors | 5 | 5 | 25 | If an employee, child or known visitor tests positive for coronavirus, further advice will be sought from the local Health Protection Team. They will take over the risk assessment process from that point.  Once symptomatic, all surfaces that the person has come into significant contact with must be cleaned, including:   * All surfaces and objects which are visibly contaminated with body fluids; and * All potentially contaminated high-contact areas such as toilets, door handles, telephones, etc.   Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with bodily fluids do not need to be specially cleaned and disinfected.  If a person becomes ill in a shared space, these will be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice.  Persons worried about symptoms should use the NHS 111, only call if they cannot get help online, and NOT go to their GP or other healthcare centre.  Where eligible, employees are strongly recommended to take part in the government’s testing programme for COVID-19 and ensure that the results are communicated to senior management. If the test results reveal that the individual has contracted COVID-19, action will be taken as prescribed in the Emergency Action Plan and a decision will be made on when they can return to work. | 2 | 5 | 10 | Guidance and recommended risk control measures will be sourced directly from <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/overview/>  and  <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/> |
|  | Contact with persons who may have been exposed to coronavirus | Employees  Children/  Parents/  Guardians/  etc.  Contractors  Visitors | 5 | 5 | 25 | Employees or children who are suspected to have coronavirus are to self-isolate in accordance with the government guidance.  Other persons who may have been exposed to coronavirus have been instructed by the government guidance to self-isolate. | 2 | 5 | 10 | Guidance and recommended risk control measures will be sourced directly from <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/> |
|  | Contact with packages (food, stationery, post deliveries) or items handled by persons who may have been exposed to coronavirus | Employees  Children/  Parents/  Guardians/  etc.  Contractors  Visitors | 3 | 5 | 15 | All existing risk assessments will be maintained and followed. There is currently no perceived increase in risk for handling post or freight from specified areas.  Kitchen staff to maintain good hygiene in line with the organisation’s HACCP.  Posters promoting good hand hygiene displayed in food areas. | 2 | 5 | 10 |  |
|  | Disposal of waste that may be contaminated by a coronavirus sufferer | Employees  Children/  Parents/  Guardians/  etc.  Contractors  Visitors | 3 | 5 | 15 | All waste that has been in contact with the relevant person, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the result is available. If the individual tests negative, this can be put in the normal waste.  Should the person test positive, the Health Protection Team will provide instructions about what to do with the waste. | 2 | 5 | 10 |  |
|  | Contracting and spreading of infection | Employees  Children/  Parents/  Guardians/  etc.  Contractors  Visitors | 5 | 5 | 25 | Children will always be in the same small groups each day, and different groups are not mixed during the day, or on subsequent days.  Children will be given the same member of staff and other staff are assigned to each group and, as far as possible, these stay the same during the day and on subsequent days.  Basic infection controls should be followed as recommended by the government:   * Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. * Put used tissues in the bin straightaway. * Wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available. * Hand sanitiser to be available in each room (in use), entrances and exits of buildings, near lunchrooms and toilets. * Try to avoid close contact with people who are unwell. * Do not touch your eyes, nose or mouth if your hands are not clean. * Undertake the Ellis Whittam COVID-19 Daily Management Checklist. * Undertake the Ellis Whittam COVID-19 Daily Cleaning Checklist. * We will ensure that all frequently-touched surfaces, equipment, door handles, handrails, table tops, electronic devices (i.e. phones) and toilets will be cleaned thoroughly several times a day. * Staff should use their own cup/cutlery and ensure these are cleaned straight after use. * Each setting must be cleaned every night or when children’s sessions change, in preparation for a new group of children being in the next day/session. * Toys and equipment that children access should be cleaned each day – between sessions and at the end of the day, or in the morning before the session begins – using standard detergent and disinfectant. Specific cleaning regime to be implemented for sensory rooms and soft play areas, to ensure safe use. * Children will require comfortable areas to play, however any soft furnishings such as throws should be removed, unless clearly required. If required, they should be used for individual children and should be washed after use. Where children sleep or nap in the setting, children should have individual bedding, stored in individual bags, and this should be laundered frequently and as a minimum weekly. * Children will only be permitted to bring toys in from home where the toys can be thoroughly cleaned/washed/disinfected. * Tooth brushing can continue where there are adequate facilities to do so. Only one child should be cleaning their teeth in the sink at any one time, and staff should ensure that sinks are cleaned after use. Toothbrushes must be stored separately and in closed containers. * We will maintain indoor space requirements: * Children under 2 years – 3.5m² per child * 2-year-olds – 2.5m² per child * Children aged 3 to 5 years – 2.3 m² per child * Where applicable, we will use area dividers to keep children in different parts of the room, and floor markings to assist staff with keeping groups apart. * We will ensure the use of communal spaces will be managed to limit mixing between groups as much as possible. * We will ensure that staff who are symptomatic do not attend work. * All persons are encouraged to frequently wash their hands and practice good respiratory hygiene (Catch it, Bin it, Kill it). This will include posters and fun activities for children to remind of methods. * Where possible, staff meetings and training sessions should be conducted virtually, and staff will remain at a safe distance from each other during breaks, including in staff rooms or other staff areas in the setting. * We will ensure that children are supervised when washing hands. * We will ensure that there is a good supply of disposable tissues throughout our setting. * Where possible, we will ensure the availability of lidded bins, preferably operated by a foot pedal, and that tissues are immediately disposed into bins and that these are emptied throughout the day. * We will ensure that all items we launder within our setting (i.e. towels, flannels and bedding) are washed thoroughly after use and are not shared by children between washes. * We will communicate a policy on bringing items and toys from home (where this is absolutely necessary), including cleaning on arrival. * We will reduce contact between parents and carers when dropping off and picking up their children by limiting drop-off and pick-up to one parent or carer per family and staggering timings. * We will not allow parents or carers into the setting unless absolutely essential and will arrange for children to be collected at the door (where possible). * We will keep windows open as far as possible to ensure ventilation, avoid the use of lifts unless essential, and use outdoor areas as much as possible. * We will limit external visitors to the setting and ensure that they only come into the building when absolutely necessary. * We have conducted an audit to determine the availability of staff to work in our setting. * A face mask should be worn if a distance of two metres cannot be maintained from a child who is symptomatic and awaiting collection. If contact is necessary, then gloves, an apron and a face mask should be worn. If there is a risk of splashing to the eyes, for example from coughing or spitting, then eye protection will also be worn. * We will provide instruction and training to staff on infection control, for example [putting on, taking off and disposing of PPE](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures). * Updated emergency contact details are in place for both staff and children. * We will ensure that all parents and carers understand that if a child has coronavirus symptoms, or there is someone in their household who does, they should not attend our setting under any circumstances. * We will keep group sizes to a maximum of eight children (as preferable) so that groups are as small as possible. * We will discuss with the local education authority where we are unable to maintain sufficient group sizes. * Undertake the Ellis Whittam COVID-19 Contractor Checklist. * Undertake the Ellis Whittam COVID-19 Vulnerable Persons Risk Assessment. * Community events/meetings cancelled until further notice. * Governors/Trustees meetings cancelled / held remotely until further notice. * Up-to-date emergency contact details held. * New and expectant mothers risk assessment completed. * Windows opened to allow ventilation. * Class ratios monitored by teaching staff. Class sizes limited to ‘cohorts’ and timetables changed in order to effectively reduce mixing of classes. Staggered drop-off/collection times. * Usage of Ellis Whittam’s Re-occupation Checklist. * Discussions with insurer to determine further requirements. * Communication to parents sent out regarding collecting and dropping off children to prevent ‘gathering’. * Staff advised to bring their own food to work. * Kitchen follows guidance of social distancing. * Ellis Whittam’s COVID-19 Health & Safety Policy in place. * Ellis Whittam’s Health and Wellbeing Policy in place. * Usage of Ellis Whittam’s COVID-19 Return to Work Form with staff. * Lunch and breaks staggered to minimise social gatherings for children and staff. * Regular family contact to ensure that children from families with symptoms do not attend. * Space audit conducted in order to evaluate the splitting of room sizes. * Refer to separate children with (EHC) Plans in place risk assessments. * Cycle storage facilities available – employees and children encouraged to walk/cycle to organisation (where feasible). * Adequate supplies of face masks, eye protection, gloves and aprons are available for children who become unwell and need direct personal care, i.e. changing nappies – normal PPE (apron and gloves will be used providing child is not showing symptoms. If symptomatic, they will be sent home). * The usage of play equipment is supervised and cleaned between different cohort groups and never used by mixed cohort groups at the same time. * Flow of children and staff around the building reviewed to enable two-metre distancing to be maintained, where possible (control measures could include one-way systems, staggered lesson change, dividers installed in the middle of corridors or floor markers). * Use of outdoor spaces for teaching and learning. * Halls and dining areas are used with half-normal capacities. * Shared materials/resources limited for those children/staff that need to take these home. * Established arrangements are in place between the organisation and transport companies. * Use of test and trace apps by individuals to establish data. * Records maintained of staff/children who have been tested for COVID-19. * Close liaison between families regarding symptoms – the organisation will not monitor temperatures. * Staff working from home, where possible. * Usage of Ellis Whittam’s COVID-19 Staff Briefing. * Refer to the Ellis Whittam Health & Safety FAQ Scotland. * Usage of Ellis Whittam’s COVID-19 Health & Safety Policy. * Usage of Ellis Whittam’s Health & Safety Questionnaire with staff. * Usage of Ellis Whittam’s Visitor Declaration. * Usage of Ellis Whittam’s Managed Use Policy where required for fire safety. * We will consider how we will involve parents and carers in planning and agreeing any changes to support, including reviewing EHC Plans. * Usage of Ellis Whittam’s Reopening Checklist. * Usage of Ellis Whittam’s Unwell Person Flowchart. * COVID-19 training completed. * An extension of three months has been granted to the expiry of first aid certificates (including paediatric). * Where we have children under the age of 24 months, we shall have a paediatric first aider (PFA) on site. * Where we have children present who are aged 2-5, we will make best endeavours to ensure that there is at least one PFA on site at all times children are present (where this is not possible, we will review our first aid needs assessment and ensure that there is a First Aid at Work trained first aider or Emergency PFA on site). * Review of first aid needs assessment conducted. * Consider new approaches that will need to be taken to minimise the sharing of resources between groups, for example for painting, sticking, cutting and outdoor construction activities, which should be thoroughly cleaned before and after use by different groups. * Malleable resources, such as play dough, should not be shared between groups and public health advice is that, as sand pits cannot be thoroughly cleaned between uses, they should not be used at this time. Consider how resources can be used safely and in which circumstances, and which items it might be more practical to remove during this time. * Plan how outdoor space, where available, can be used as much as possible. * Ensure outdoor equipment and toys are appropriately cleaned between use by different groups. | 2 | 5 | 10 | Guidance and recommended risk control measures will be sourced directly from <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/overview/> |

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| **Risk/Priority Indicator Key** |

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| **Likelihood** |  | **RISK / PRIORITY INDICATOR MATRIX** | | | | | | |
| 1. Improbable / very unlikely |  | LIKELIHOOD | 5 | 5 | 10 | 15 | 20 | 25 |
| 2. Unlikely |  | 4 | 4 | 8 | 12 | 16 | 20 |
| 3. Even chance / may happen |  | 3 | 3 | 6 | 9 | 12 | 15 |
| 4. Likely |  | 2 | 2 | 4 | 6 | 8 | 10 |
| 5. Almost certain / imminent |  | 1 | 1 | 2 | 3 | 4 | 5 |
|  |  |  | | 1 | 2 | 3 | 4 | 5 |
| **Severity (Consequence)** |  | SEVERITY (CONSEQUENCE) | | | | |
| 1. Negligible (delay only) |  |  |  |  |  |  |  |  |
| 2. Slight (minor injury / damage / interruption) |  | **Summary** | | **Suggested Timeframe** | | | | |
| 3. Moderate (lost time injury, illness, damage, lost business) |  | 12-25 | High | As soon as possible | | | | |
| 4. High (major injury / damage, lost time business interruption, disablement) |  | 6-11 | Medium | Within the next three to six months | | | | |
| 5. Very High (fatality / business closure) |  | 1-5 | Low | Whenever viable to do so | | | | |
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| **Review Record** |

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| **Date of Review** | **Confirmed by** | **Comments** |
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I have read the risk assessment and understand and accept its contents form part of my job role. I will keep myself informed of any changes.

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| **Employee Name (Print)** | **Employee Signature** | **Date** |
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