# **Trinity Tots Nursery Risk Assessment**

# This risk assessment must be reviewed by a member of the management team on a **monthly** basis.

# **Area of Assessment: Covid-19 Date Completed: 10th January 2022**

# **Date to be reviewed: 7th February 2022 Completed by: Gillian Muir**

*Please also see separate lateral flow testing risk assessment (3 monthly)*

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| **HAZARD/ACTIVITY** | **PERSONS**  **AT RISK** | **NATURE**  **OF RISK** | **SEVERITY**  **OF RISK**  **(H / M / L)** | **MEASURES OF REDUCTION** | **RESIDUAL**  **RISK SEVERITY**  **(H / M / L)** | **NURSERY**  **MANAGER’S**  **SIGNATURE** |
| Suspected Case of Covid-19 | Children  Families  Staff | Infection | High | In the event of a child developing suspected coronavirus symptoms whilst attending the setting, they should be collected as soon as possible and isolate at home in line with the NHS guidance  Whilst waiting for the child to be collected they should be isolated from others in the front foyer with the door wedged open.  The staff member responsible for the child during this time should be a staff member from their room. The member of staff should be wearing appropriate PPE  The area should be thoroughly cleaned, immediately if the area cannot be left unvisited, and if the area can be left unvisited then cleaned after 72 hours  The person responsible for cleaning the area should wear appropriate PPE  It is essential that people do not attend the nursery is symptomatic.  In the event of a staff member developing suspected coronavirus symptoms whilst working at the nursery, they should return home immediately and isolate at home in line with the NHS guidance.  If they are so unwell that they require an ambulance, 999 will be called and the call operator must be made aware of the Covid-19 concern. Whilst waiting on the ambulance the person should be sat in the front foyer with the door wedged open. A member of the management team should stand outside the foyer to monitor the person waiting on the ambulance. | Medium |  |
| Temperature and Ventilation | Children  Staff | Infection | High | External doors, vents and windows to be opened where it is practical, safe and secure to do so. High level windows should be opened in preference to low windows. Internal fire doors must never be left opened. A minimum room temperature of 16C must be maintained. |  |  |
| Face Coverings | Children  Staff  Families | Infection | High | Face coverings must cover nose, chin and mouth. They should be two or three layers thick and fit snugly whilst allowing you to breathe.  Face Coverings To Be Worn By Practitioners in the following circumstances   * Before the children arrive * In the staff room unless eating * When going to the toilet * When working in the offices * After the children have left the nursery * Whenever 2m distance from other adults cannot be maintained.   When not in use face coverings must be stored in a washable sealed bag or container.  Face coverings must not be shared.  Hands should be washed with soap and water before putting on or removing masks.  Signage will be out up to remind staff to wear a mask when passing through areas where it is not possible to maintain 2m distance.  Parents to be asked to use face coverings during drop off and pick up.  Reusable face coverings should be washed after each day of use at 60 degrees or in boiling water.  Disposable face coverings should be disposed of safely and hygienically – they are not considered clinical waste | Low |  |
| Attendance | Children | Infection | High | Only children who are symptom free or have completed the required isolation period should attend the setting.  Distancing of beds/cots will be facilitated wherever possible.  Children will be supported in age appropriate ways to understand the steps they can take to keep themselves safe including regular hand washing and sneezing into a tissue | Low |  |
| Attendance | Staff | Infection | High | The number of staff in the nursery at any one time will be limited to only those required to care for the expected occupancy levels on any given day.  Social distancing must be maintained during staff breaks. Breaks will be staggered to facilitate this.  Staff members should avoid physical contact with one another e.g. hugs, handshakes  Meetings will be conducted via Zoom  All staff members must receive appropriate instruction and training in infection control and the standard operating procedure and risk assessments within which they will be operating  Normal contacts in the ELC environment will not generally be considered as close contacts, unless index cases identify exceptional circumstances, such as having worked or socialised very closely with someone (including having shared a car).  Self-Isolation Requirements  **Positive cases (regardless of vaccination status):**  Must isolate for 10 days; however, if the person tests negative on two consecutive LFD tests (taken at least 24 hours apart, with the first test no earlier than day 6) they may leave isolation if they have no fever after their second negative test.  This applies to cases aged under 5  **Contacts aged under 5:**  Contacts aged under 5 years are not required to undertake daily LFD testing in order to leave isolation.  They should be encouraged, but are not required to, take a one-off LFD test before ending isolation. If any contact develops symptoms at any point during or after the post-contact period, they should take a PCR test.  **Fully vaccinated adult contacts (NB: definition of “fully vaccinated adult” is now 3 doses of an MHRA approved vaccine) AND all contacts who are aged under 18 years and 4 months:**  Take 7 daily LFD tests and report results instead of isolating – no requirement for a PCR test to be released from self-isolation;  Children aged under 5 who are close contacts do not need to self-isolate or take daily LFD tests, but are recommended to take a test;  If you’re a close contact who can end self-isolation, you can help protect others by following our guidance on how to stay safe and help prevent the spread.  **Unvaccinated/partially vaccinated adult contacts (NB: this includes adults with only 0-2 doses):**  Must take a PCR test and isolate for 10 days. | Low |  |
| Attendance | Children  Families  Staff | Low staff numbers | Moderate | We will remain open as long as we have sufficient staff to care for the children. Families will be made aware that this situation may lead to the sudden closure of nursery. | Low |  |
| Physical Distancing | Children  Families  Staff | Infection | High | Physical distancing is neither desirable nor possible to implement between young children but adults in the setting MUST physically distance by 1m.  Contact will be minimised as much as possible using the following measures   * Staggered break/meal times * Keeping staff and children in consistent groups * Ensuring that the same staff are assigned to each group as far as possible * Keeping children in the same rooms/areas/outdoor area throughout the day |  |  |
| Working With Families | Families  Staff  Children | Infection | High | Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child  Drop of and pick up times will be staggered and physical distancing will be observed at these times  Face coverings must be worn by parents at pick up and drop off unless exempt  Visits by parents/carers are permitted to support children who have complex transition needs either as a result of child protection issues, addressing additional support needs or where a parent has a communication difficulty.  Virtual arrangements for all other parents will remain in place  Parents should be encouraged to take part in the universal testing offer prior to entering the setting;  The number of visitors from the same household should be kept to a minimum (no more than two and ideally one);  The number of staff meeting with parents/carers in each visit should also be kept to a minimum;  Visits by parents must not take place if there is a positive case in the home or an outbreak in the setting.  Where parents have been identified as a close contact but are exempt from self isolating because they have been double vaccinated and have had a negative PCR test, the visit should be delayed to minimise the risk of transmission into the setting.  Parents have received clear communication regarding the role they play in the safe operating procedures and all of the measures being taken to ensure the safety of their children and themselves | Low |  |
| Visitors to Nursery including contractors | Staff  Children | Infection | High | Attendance to the nursery to be restricted to children and staff as far as practically possible and visitors to not be permitted to the nursery unless essential (e.g. essential building maintenance). Where essential visits are required, these should be made outside of the usual nursery operational hours where possible.  There are no restrictions on visits by specialist staff (e.g. allied health professionals, local authority officers or inspectors). | Low |  |
| Travel | Families  Staff  Children | Infection | High | Wherever possible staff and families should travel to the nursery alone, using their own transport  If public transport is necessary, current guidance on the use of public transport must be followed including the wearing of face masks.  People should aim to maintain the 1m social distancing on public transport wherever possible. | Low |  |
| Hand Washing | Children  Staff | Infection | High | All children and staff must wash their hands upon arrival at the nursery, before and after eating, after toileting, when moving between rooms and at other frequent intervals.  Children and staff members should be encouraged to wash their hands frequently and for 20 seconds each time.  Information will be displayed throughout the nursery on how to wash hands properly.  Please be aware that there is a legal duty to provide welfare and washing facilities for delivery drivers if requested. | Low |  |
| Hand Sanitiser | Staff | Effectiveness  Flammability | High | Any hand sanitisers used must have 70% alcohol.  There is a fire risk related with using alcohol-based hand rubs. Everyone to be informed that of they use these types of sanitisers they should make sure they dry their hands fully so that vapours disperse before:  • Touching anything including conducting surfaces such as metal, electrical switches or any electrical equipment  • Smoking or being near an ignition source, for example a match or lighter |  |  |
| Cough etiquette | Children  Staff Families | Infection | High | Use a tissue or elbow to cough or sneeze into, dispose of tissues appropriately and ensure that bins are emptied regularly of waste.  Encourage children to use a tissue or elbow to cough into. |  |  |
| Cleaning | Children  Staff | Infection | High | At least twice daily cleaning and disinfection of frequently touched objects and hard surfaces.  Surfaces in snack areas should be wiped down and disinfected in between use by each group of children.  All crockery and equipment used in the provision of meals and snacks for children should be cleaned with general-purpose detergent and dried thoroughly before being stored for re-use.  Cleaning of staff areas should be an integral part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use.  Toys and equipment that children access should be cleaned daily or, if groups of children change during the day, on a sessional basis.  Water and playdough should be replaced daily or, if groups of children change during the day, on a sessional basis.  Sand need not be changed on a daily basis and standard cleaning and changing protocols should suffice if good hand hygiene is carried out prior to and following use of the sandpit. Standard cleaning and changing protocols should be implemented in the event of any visual contamination of the sandpit or its contents | Low |  |
| Cleaning - Decontamination | Children  Staff | Infection | High | Once a possible case has left the premises, the immediate area occupied by the individual, e.g. desk space, will be cleaned with detergent and disinfectant. This will include any potentially contaminated high contact areas such as door handles, telephones and grab-rails. Once this process has been completed, the area can be put back into use.  If soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID, they should be removed and laundered as quickly as possible. | Low |  |
| Clothing | Children  Staff | Infection | High | Staff and children will wear clean clothes daily to minimise the virus remaining on material. | Low |  |
| Laundry | Children  Staff | Infection | High | All items within the nursery requiring laundering must be washed in line with Infection Prevention and Control measures  Laundry should be washed on the highest setting possible and thoroughly dried.  Items such as towels, flannels and bedding must not be shared by children  Bedding will be laundered daily  Dirty laundry that has been in contact with an unwell person will be laundered separately where possible.  Laundry should not be shaken, as this maximises the possibility of dispersing virus through the air.  We will clean and disinfect anything used for transporting laundry with our usual products, in line with the cleaning guidance above.  After handling dirty laundry we will ensure hand hygiene is carried out.  Shared throws and bedding should be laundered daily. Personal bedding may be laundered weekly. If soft furnishings have been used by a child who shows symptoms of COVID they should be removed and laundered as quickly as possible. | Low |  |
| Waste | Children  Staff | Infection | High | We will ensure all waste items that have been in contact with an individual suspected of having Covid-19 (e.g. used tissues and disposable cleaning cloths) are disposed of securely within disposable bags. When full, the plastic bag will then be placed in a second bin bag and tied. These bags will be stored for 72 hours before being put out for collection. Other general waste can be disposed of as normal. |  |  |
| Premises | Children  Staff | Infection  Health and Safety | High | Appropriate Health & Safety checks should be conducted prior to reopening.  Windows to be kept open where possible to ensure ventilation | Low |  |
| Resources | Children  Staff | Infection | High | Children should be discouraged from bringing toys from home to the setting. However, settings can share resources (such as story bags) between setting and home – unless there is a positive case in the home or an outbreak in the setting.  All resources required for play and learning experiences of children should be regularly washed and/or sterilised  Equipment used by staff such as stationary, tablets etc. should be allocated to individual staff members where possible and cleaned regularly | Low |  |
| Procurement and Monitoring | Children  Staff | Infection Prevention | High | The nursery will ensure an adequate supply of essential supplies and contingency plans are in place to minimise the impact of any shortages of supplies. The nursery will not be able to operate without essential supplies required for ensuring infection control and this should be made clear to all parties | Low |  |
| Singing | Children  Staff | Infection | High | Singing is permitted indoors and outdoors |  |  |