

Risk Assessment
Staff and children returning to UPS
Breakfast & Afterschool club
August 2022

Key:

1. Minor Injury = Abrasions, bruising, minor burns (reddening of the skin).
2. Significant Injury = Lacerations leading to blood loss, secondary burns (leading to blistering), sprains & strains, muscle & ligament injury, minor head injuries. of underlying conditions i.e. asthma, epilepsy, bronchitis, diabetes, hyper/hypothermia. Acute representations
3. Serious Injury = Fractures, trauma leading to significant blood loss, head injuries leading to periods of unconsciousness.
4. Major Injury = Multiple fractures, spinal or cervical injury, multiple trauma, injury affecting respiratory system, head injuries leading to significant periods of unconsciousness.
5. Major Incident/Fatality = Single or multiple fatality or large numbers of injuries in cat 3-4.

Severity		Likelihood	
1	Minor Injury	1	Unlikely
2	Significant Injury	2	Possible
3	Serious Injury	3	Highly Possible
4	Major Injury	4	Probable
5	Major Incident/Fatality	5	Certainty

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

Acceptable Risk	Acceptable risk with adequate control measures	Unacceptable risk
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Hazard	Who is at Risk	Risk Rating (no control measures)			Control Measures	Risk Rating (with control measures)			Additional Controls
		S	L	R		S	L	R	
<p>Families will pick up and drop off at the same time increasing the risk of contracting COVID 19</p> <ul style="list-style-type: none"> • A number of people dropping off and picking up children accompanied by siblings, increasing the risk of contracting COVID • No knowledge of family's current health or COVID status. • Health and hygiene not maintained • Non-essential travel and social interaction guidelines not followed by staff and families increasing risk of COVID • Families not making us aware of child having had medication 	Parents, children and staff	5	2	10	<ul style="list-style-type: none"> • Families to be aware of social distancing when dropping off and picking up, by following social distancing guidance within the BC and ASC setting. • Only children who are symptom free or have completed the required isolation period attend the clubs. • On arrival at the Club, it is reasonable to ask if parents, children or any member of the household have any of the symptoms of COVID-19 (high temperature or a persistent cough). If the answer is yes, they should not be allowed to leave their child at the Club. The child cannot return until a negative test result has been confirmed and agreed return with current isolation guidelines followed. • No toys, teddys (or similar) to be brought in from home. • Children to enter the setting and staff take them to wash hands thoroughly on arrival at the Club, and before eating. 	5	1	5	

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- Enough staff in to ensure children can adapt easier to routine changes during drop off and collection

- Encourage children to avoid touching their face, eyes, nose and mouth.
- All children coming to the Club should avoid all non-essential public transport travel, and outside of setting hours, follow national guidelines for social interaction.
- Any child who has been told to shield or who is clinically vulnerable or live in a household with someone who has been advised to shield or is clinically vulnerable cannot attend the setting.
- Any child who has taken any form of paracetamol or ibuprofen will not be allowed into the Club for 48hours after symptoms have ended.
- Any child who displays signs of a cold will not be allowed in the Club until 48hours after symptoms have ended
- Only parents who are symptom free and or have completed the required isolation periods will be able to drop off or collect their child.
- Aim to limit drop off and pick up to 1 adult per family
- Consider allowing parents to enter the Club for the purpose of settling In sessions if not doing so would cause a child distress. All measures should be taken to minimise contact between the

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					<p>parent and other children and staff members.</p> <ul style="list-style-type: none"> • Sanitiser, paper towels, tissues available at entrance. • Notices around the setting advising good hygiene practice • Ensuring the Manager is available to support children and families at drop off and collection times. • All cleaning and infection control protocols to be followed 				
<p>Contracting COVID due to the grouping of children within the setting</p> <p>Staff mixing with different staff and groups of children leading to cross contamination.</p>	<p>Staff and children</p>	5	2	10	<ul style="list-style-type: none"> • Children's are organised into sections of the hall dependent on Year group. These will be reviewed when information gathered from parents informs us of the numbers of children requiring childcare. Bubble groups will be implemented where possible. • Care routines including provision of snacks should be within the space allocated to each "bubble" wherever possible. • Staff will stay with children with their bubble and section of the hall, and not move around the Hall unless going for breaks. • Staff must not move between rooms unless agreed with management. • The use of communal internal spaces should be restricted as much as possible. 	5	1	5	

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					<ul style="list-style-type: none"> Outdoor spaces should be used by different “bubbles” at one time of the day, space allocation for each bubble will be arranged. 				
<p>Risk of contracting COVI D due to play and learning arrangements which do not allow social distancing. Children attending more than one setting</p> <ul style="list-style-type: none"> Social distancing not being maintained Parents gathering outside Children not understanding health and hygiene measures Children’s wellbeing not maintained. 	Children and staff	5	2	10	<ul style="list-style-type: none"> Implement social distancing where possible using small groups or bubbles Parents encouraged to leave the site promptly after dropping off children. Minimise the resources available to those that can be cleaned effectively. Ensure children wash hands regularly, throughout the day, as well as before eating, after coughing or sneezing. Be responsive to children’s wellbeing, and their ability to manage the change. Communicate processes effectively with parents to ensure they understand the changes in place. Manager available to ensure parents leave the Club promptly when dropping of and picking children up. Staff awareness of children needing more reassurance 	5	1	10	

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					<ul style="list-style-type: none"> Follow current guidance on changes to EYFS, relevant to Covid 19 response Families should make arrangements for their child to attend only one setting. 				
Toileting and cleaning up of accidents, leading to COVID contamination	Children and staff	5	2	10	<ul style="list-style-type: none"> Children should be supported to do as much for themselves as possible. Limit number of children using sinks and toilets using restriction lines. Children should not attend if unwell. If an accident happens whilst it is dealt with no one else should use the bathroom. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. Children must be accompanied when using the toilet to ensure prompt cleaning and limit contact between children in bathroom Additional cleaning of bathroom areas to take place. 	5	1	10	
Child displays symptoms of COVID leading to possible further infections	Staff and children	5	2	10	<ul style="list-style-type: none"> Continuous cough or a high temperature, they should be sent home to isolate per the guidelines. A child awaiting collection should be moved, if possible and appropriate, to a room where they can be isolated behind a closed door. If it is not possible to isolate 	5	1	5	

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					<p>them move them to an area which is at least 2 metres away from other people. A window should be opened for ventilation.</p> <ul style="list-style-type: none"> • If they need to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. • If a member of staff has helped someone who displayed symptoms they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. • Management to decide who is to accompany the child whilst awaiting pick up. <p>If clinical advice is needed, the setting staff, parent or guardian should go online to NHS 111 (or call 111 if they don't have internet access) REMEMBER CHILDREN DO NOT GET INFECTION OR SPREAD COVID THE SAME WAY AS ADULTS DO.</p>				
Staff spreading COVID whist attending the club	Staff and children	5	3	15	<ul style="list-style-type: none"> • Staff should only attend the Club if they are symptom free, have 	5	2	10	

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completed the required isolation period or achieved a negative test result.

- Risk assessing with regular health questionnaires for returning staff.
- Consideration should be given to limiting the number of staff in the Setting at any one time to only those required to care for the expected occupancy levels on any given day.
- All staff coming to the setting should avoid all non-essential public transport travel, whenever possible and outside of setting hours, should minimise social interactions, as per the national guidelines.
- Practitioners should receive clear communication regarding the role they play in safe operating procedure and all measures being taken to ensure the safety of the children and themselves.
- Staff to be vigilant on health and stay away if unwell.
- Testing is available to all key workers and their households.
- Current government guidance to be followed.
- Practitioners to receive a copy of policy and risk assessment documents before return. A copy will be retained at UPS signed by all

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				<p>staff to say that they have received and read a copy.</p> <ul style="list-style-type: none"> If a staff member or child becomes infected by COVID and this infection can be traced to the setting a RIDDOR report should be completed. 				
Visitors to the setting spreading COVID	Staff and Children	5	2	15	<ul style="list-style-type: none"> Attendance to the setting should be restricted to children and staff as far as practically possible and visitors should not be permitted to the club unless essential (e.g. essential building maintenance). Where essential visits are required these should be made outside of the usual club hours where possible. All committee involvement, should where possible, be conducted via virtual conferencing such as zoom. 	5	1	10
Travel arrangements by staff and parents leading to increased risk of contamination		5	2	10	<ul style="list-style-type: none"> Wherever possible staff and parents should travel to the club using their own transport. If public transport is necessary, current guidance on the use of public transport must be followed 	5	1	5

GUIDANCE FOR STAFF

Social distancing

- Staff members should avoid physical contact with each other including handshakes, hugs etc
- Wherever possible, staff should remain with the small group of children, the “bubble” of children who they are allocated to and not come into contact with other groups.
- Social distancing must be maintained at all time.

Training

- All staff members must receive appropriate instruction and training on infection control and the standard operation procedure and risk assessments within which they will be operate.

Food preparation and lunchtimes

- Staff and children MUST wash hands after eating
- Be mindful of the number of bubbles in food area.
- 6 people per table.
- Spread tables out.
- Staff and Children MUST wash hands before prep or eating,
- Staff and Children must be responsible for their own rubbish where applicable.

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Communication and Staff well being

- Staff and Parents should receive clear communication regarding the role they play in safe operating procedure and all measures being taken to ensure the safety of their children and themselves.
- Management should ensure that staff have the opportunity to share their concerns, and that all changes are communicated to them.
- Management team to identify those who cannot return to work due to vulnerability
- - management team to have close contact (at a social distance) with all staff
- - staff who are feeling anxious/concerned need to raise issues with management team in timely manner and through appropriate channels
- - referral to Occupational Health as needed to help staff manage anxiety about returning to work
- - review processes with staff on a weekly basis

Use of PPE to reduce the risk of spread of infection

- If a child becomes unwell with symptoms of coronavirus and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn
- Wearing a face covering or face mask in schools or other education settings is not recommended. Face coverings may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in some shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus.
- The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including: - Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way

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Ensuring adequate cleaning to prevent the spread of COVID

Onsite cleaning to maintain all cleaning standards and additional duties

- Regularly clean electronics, such as tablets, touch screens, keyboards, telephones and remote controls throughout the day.
- Waste from possible cases and cleaning of areas where possible cases have been, should be double bagged and put in a suitable and secure place, marked for storage until:
- If the individual tests negative; waste can then be put in with the normal waste
- the individual tests positive or results not known; then store it for at least 72 hours and put in with the normal waste
- All infection control protocols, and guidance should be followed.

This Risk Assessment was adopted by: UPS's BC & After School Club Management	Date: 10 July 2022
To be reviewed: on a regular basis by checking guidance from Public Health England and Barnet Council	Signed: Rustem Seyho

Staff Name:

Staff Signature:

Date / /2022

Ultimate Primary Sports