



## COVID-19 Risk Assessment

Company: A Time to Talk...	Assessment by: Kate Goodhew	Date: August 2020	Review Date: October 2020
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**Context:** Community children's settings (education and early years) and pupil's homes/children's care homes (limited to exceptional circumstances). No contact with diagnosed COVID-19 patients anticipated as should not be attending school. Potential contact with undiagnosed, asymptomatic cases.

**Red:** High risk

**Yellow:** Medium risk

**Green:** Little or no risk

What are the hazards?	Who might be harmed and how?	Controls	What further action need to be considered?	Who needs to carry out the action?	When is the action needed by?
Introducing coronavirus to settings/homes visited	Pupils/family Staff Other visitors	<p>Follow government recommendations on self-isolation for COVID-19:</p> <ul style="list-style-type: none"> <li>Will not attend setting/home in person within 10 days of exhibiting symptoms/positive test.</li> </ul> <p>Follow good hand hygiene procedures:</p> <ul style="list-style-type: none"> <li>Wash and/or sanitise hands on arrival at setting/home.</li> <li>Wash and/or sanitise hands at regular intervals during visit (e.g. between pupil assessments, between bubbles if applicable).</li> </ul> <p>Follow good infection control procedures:</p> <ul style="list-style-type: none"> <li>Sanitise equipment after each school visit.</li> <li>Restrict pupil contact with resources that can not be sanitised (e.g. assessment manuals)</li> <li>Encourage pupils to wash hands after one-to-one contact.</li> </ul> <p>Follow government guidance on social distancing:</p> <ul style="list-style-type: none"> <li>Maintain 2-metre distance from staff and visitors and where possible, pupils* (see page 2)</li> <li>Contacts to be under 15-minutes if possible.</li> </ul>	<p>Settings to provide/signpost information regarding their requirements for visitors (re: procedures, bubbles, clinically vulnerable etc)</p> <p>Therapist to be equipped with alcohol wipes and alcohol hand gel.</p>	<p>Schools/EY settings</p> <p>Therapist</p>	<p>Before visits to schools commence.</p> <p>Every visit.</p>
Spreading coronavirus already present within settings visited	Pupils Staff Other visitors	<p>As above plus additional infection control measures:</p> <ul style="list-style-type: none"> <li>Sanitise equipment between direct contacts with pupils.</li> <li>Follow local school guidance on any potential movement between bubbles.</li> </ul>	<p>Settings to provide/signpost information regarding their requirements for visitors.</p>	<p>Schools/EY settings</p>	<p>Before visits to schools commence.</p>

Blue text highlights action/information required from schools/settings.



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<p>*Spreading or contracting coronavirus as a result of face-to-face pupil contact where a 2-metre distance is not possible.</p>	<p>Pupils/family Staff Therapist</p>	<p>Follow government and professional body guidance on reducing the risk of transmission.</p> <ul style="list-style-type: none"> <li>Contact with individuals who are unwell will be minimised by virtue of the fact that pupils and staff with symptoms/symptoms within family should not be attending school.</li> <li>For home/residential visits, telephone to screen for COVID-19 symptoms on day of session.</li> <li>Consider whether the activity needs to take place (does the benefit outweigh the risk?)</li> <li>Establish suitable clinical space with setting and sanitise surfaces before face-to-face contacts.</li> <li>Refer to decision-making flow chart (below) for each pupil before face-to-face intervention, particularly where a home-visit is considered.</li> </ul> <p>Mitigations:</p> <ul style="list-style-type: none"> <li>Positioning e.g. sit side by side and barriers.</li> <li>Ventilation e.g. carry out assessment/intervention outdoors where possible.</li> <li>Keep contacts under 15-minutes if possible.</li> </ul> <p>Consider teletherapy or other options for assessment/intervention where clinical space and/or mitigations are not suitable.</p> <p>Follow good infection control procedures:</p> <ul style="list-style-type: none"> <li>Regularly sanitise equipment and surfaces.</li> <li>Restrict pupil contact with resources that can not be sanitised (e.g. assessment manuals)</li> </ul> <p>Follow good hand hygiene procedures:</p> <ul style="list-style-type: none"> <li>Regularly washing/sanitising hands.</li> <li>Encourage pupils to wash/sanitise hands after face-to-face contact.</li> </ul> <p>Follow good respiratory hygiene</p> <ul style="list-style-type: none"> <li>Promote the 'catch it, bin it, kill it' approach.</li> </ul> <p>Minimise contact between pupils (e.g. careful consideration of any group interventions with guidance from school)</p>	<p>Risk-screening telephone call to parents/staff (home visits/) children's care homes) on morning of visit to establish COVID-19 status and clinical vulnerability and check that a suitable space is available.</p> <p>Ensure that school setting can provide a designated clinical space for duration of visit on arrival. If not, postpone visit.</p> <p>PPE not recommended but consider purchase of Perspex screen for mutual protection against coughs/sneezes. If face masks required by school (e.g. for clinically vulnerable pupils), consider purchase of ClearMask™ or similar as opaque masks cause barriers to communication.</p> <p>Maintain log of contacts for track and trace should this be required.</p>	<p>Therapist</p> <p>Therapist</p> <p>Therapist</p> <p>Therapist</p>	<p>Every home/residential visit</p> <p>Every school visit</p> <p>As soon as possible after receiving setting procedures if appropriate.</p>



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<p>Pupils with SLCN not accessing support for communication needs due to school closures related to COVID-19. Particularly: i) disadvantaged pupils where attainment gaps may have increased; ii) pupils of parents who did not engage with SALT support offered during lockdown, iii) pupils of parents resistant to face-to-face SALT support due to concerns re: viral transmission and/or clinically vulnerable children.</p>	<p>Pupils with SLCN (impact on rate of communication development and consequently access to curriculum; social development; academic outcomes)</p>	<p>Reassure parents of pupils on caseload by sharing summary of new operational procedures.</p> <p>Teletherapy offer where appropriate for assessment/intervention with pupils who cannot access face-to-face services.</p> <p>Where neither face-to-face NOR teletherapy is possible (e.g. wi-fi restrictions, lack of service user engagement) explore other options for assessment/intervention/support where required in consultation with setting.</p>	<p>Summary of procedural changes to parents. Parent agreement required.</p> <p>Follow school procedures for clinically vulnerable pupils. Offer teletherapy where appropriate.</p> <p>Ongoing collaboration with senior leaders to provide services at universal, targeted and specialist levels as appropriate to meet needs of pupils with SLCN.</p>	<p>Therapist: send to school. School: email to parents and collate responses. Parents: to response.</p> <p>Therapist</p> <p>SALT service and senior leadership collaboration.</p>	<p>Before face-to-face pupil contact commences.</p> <p>Ongoing</p> <p>Ongoing</p>

Blue text highlights action/information required from schools/settings.

## References:

DFE Guidance: Coronavirus (COVID-19): implementing protective measures in education and childcare settings. Updated 1 June 2020.

DFE Guidance: Safe working in education, childcare and children's social care settings, including the use of personal protective equipment (PPE). Updated July 2020.

Government Guidance: COVID-19: Cleaning in non-healthcare settings outside the home. Updated July 2020.

Government Guidance: Working safely during coronavirus (COVID-19). Updated August 2020.

Health and Safety Executive: Social Distancing and Making your Workplace COVID-secure.

Royal College of Speech and Language Therapists: Restoring services and keeping everyone safe: Framework to support decision making. May 2020.

RCSLT Statement: The use of clear face masks. August 2020.



**Annex 4 - Decision making flowchart**

This flowchart can be used by any speech and language therapist to support decisions around working with any individual, in any setting.

