

COVID-19 Risk Assessment

Company: A Time to Talk	Assessment by: Kate Goodhew	Date: 26th August 2021	Review Date: December 2021
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Context: Education settings (mainstream and special schools). Contact with individuals with COVID-19 symptoms is minimised as these individuals should not be attending school. Potential contact with undiagnosed, asymptomatic cases. Speech and Language Therapist is double vaccinated.

Red: High risk Yellow	<mark>/</mark> : Medium risk	<mark>Green</mark> : Little or no risk		Blue text highlights action/information required from schools.		
What are the hazards?	Who might be harmed? How?	Controls	What further action need to be considered?	Who needs to carry out the action?	When is the action needed by?	Adjusted Risk
Risk of contracting COVID-19 and introducing to settings/homes visited	Pupils/family Staff Other visitors	 Self-isolation and testing for COVID-19: Carry out twice weekly lateral flow testing. If identified as a close contact, arrange PCR test and make no further school visits unless test result is negative. Do not attend schools in person for 10 days after exhibiting symptoms/positive test result. Engage in NHS Test and Trace protocols. Vaccination: Keep vaccination status up to date - take up 		Therapist Therapist	LFTs Twice weekly As available	Low
		 any boosters offered to health professionals. Hand hygiene procedures: Wash and/or sanitise hands on arrival at departing from school. Wash and/or sanitise hands at regular intervals during visit (e.g. between pupil assessments). Encourage pupils to wash/sanitise hands after face-to-face contact. 	Therapist to be equipped with alcohol surface-cleaning wipes and alcohol hand gel.	Therapist	Every visit	
		 Surface sanitisation procedures: Sanitise equipment and surfaces before/between each pupil contact and after each school visit. Prevent pupil contact with resources that cannot be sanitised e.g. assessment manuals 	Check individual school procedures and follow and additional mitigations in place.	Therapist	Every visit	



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		Respiratory hygiene procedure:Promote the 'catch it, bin it, kill it' approach.	Ensure tissues and bin are available.	Therapist	Every visit	
		 Ventilation: Ensure the school can provide a suitable (large, empty, well-ventilated) working space for duration of visit. Ensure available window(s) are open before any contact with pupils (or staff) 	If school cannot provide adequately ventilated room, consider wearing a mask to protect the pupil. If necessary, postpone visit.	School/Therapist	Every visit	
		 Carefully consider proximity with individuals unrelated to SALT activity: Discuss with school business manager any potential class/group/paired interventions or observations. Cross-reference with school risk- assessment and consider any clinically vulnerable pupils. Follow school procedures. 				
Presenting additional risk to a clinically extremely vulnerable pupil of contracting coronavirus as a result of face-to- face pupil contact following where a 2-metre distance is not possible.	Clinically extremely vulnerable pupils	 Establish clinical vulnerability of new referrals. Should a pupil be identified as clinically extremely vulnerable, adopt additional mitigating measures: Therapist to wear a clear (ClearMask[™] or MioMask[™]) for all indoor contacts with clinically extremely vulnerable pupils. (NB Opaque masks create a communication barrier and fundamentally reduce the benefit of face-to-face contact). Offer alternative provision (teletherapy, coaching, universal and targeted approaches, other options for assessment) where direct contact with pupil is contraindicated. 	School staff should be aware of / share information with therapist about relevant pupils who are clinically extremely vulnerable.	Therapist / School	As required	Low

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



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