

### General Risk Assessment Record Form

1. **School/Academy Name:** Grange Academy..... 2. **Assessor(s):** Charlotte Thomas, Cheryl Trinder  
 2. **Last Reviewed:** 6<sup>th</sup> September 2021.....

3. **Description of Task: Testing of staff and Post 16 students.** Lateral Flow Antigen testing is used to estimate the incidence and prevalence of COVID19 in the school population. It involves the processing of human nasal swabs, throat swabs, or sputum samples with a Lateral Flow Device (LFD) in accordance with NHS Standard Operating Procedure. The testing may take place weekly or daily if serial testing for close contacts of cases. The LFD test kit uses immunochromatography, which draws the sample along the device in a similar way to a home pregnancy test kit. LFDs are designed to be used outside a formal laboratory setting and can be used for frequent testing of large numbers of asymptomatic people.

What are the hazards?	Who might be harmed and how?	What are you already doing? List the control measures already in place	What is the risk rating – H, M, L? See section 5	What further action, if any, is necessary, if so what action is to be taken by whom and by when?	Action Completed State the date completed	What is the risk rating now – H, M, L? See Section 5
Appropriate premises identified for ongoing testing	Staff and pupils attending – failure to follow agreed Standard Operating Procedures may jeopardise the validity of testing and cause harm from possible infection	Room chosen will - allow for outdoor queuing system, registration area, testing station, area for processing and recording results - allows for social distancing measures between all areas - has door(s) to outside (where possible) to facilitate one-way systems with external entry and exit - can be kept separate from all other activities - has internet access/mobile signal - is well lit - is clean, and easy to clean with non-porous flooring - can be ventilated - is secure		Remove spare/unwanted furniture.	6/9/21	

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Appropriate premises identified for testing	Staff and pupils attending – failure to follow agreed Standard Operating Procedures may jeopardise the validity of testing and cause harm from possible infection	<ul style="list-style-type: none"> <li>- Has access to toilets/washing facilities dedicated to testing staff (or if not, with an increased cleaning regime)</li> <li>- Has an ambient temperature of 15-30C during testing</li> <li>- Has appropriate and secure storage for test equipment (2-30C) and PPE</li> <li>- Test site has been registered as a test station by the SCC Testing Cell</li> </ul>		<p>Doors will be kept open to increase ventilation available.</p> <p>Reminders via email to staff advising them of the procedures for testing.</p> <p>Covid resources will be stored in another room.</p>	Revised version emailed to staff 7/9/21	
Pupils/staff cannot register for a test	Participants will not be able access the registration app.	<p>Staff and parents of students to be tested need to have access to:</p> <ul style="list-style-type: none"> <li>- a mobile “smart” phone with internet access/ability to scan</li> <li>- Have downloaded the NHS app</li> <li>- Have registered for a test</li> <li>- Are supported to scan the barcode with their phones</li> <li>- Accompanying parents/guardians are able to support this registration process by using their mobile “smart” phone</li> </ul>		<p>Staff and pupils who are not able to access the NHS app are supported by a member of the testing team to register their Test Registration Bar Code.</p> <p>Letter to be sent home to parents/carers, attached to the Registration Card giving step by step instructions how to register the test</p>	7/9/21	

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Inappropriate staff supporting testing	Failure to follow agreed Standard Operating Procedures (SOP) may jeopardise the validity of testing of staff and pupils and cause harm from possible infection	<p>Testing staff are:</p> <ul style="list-style-type: none"> <li>- appropriately trained, DBS checked and/or supervised for the role. Training includes test preparation and test results, clinical swabbing, safe donning and doffing of PPE etc.</li> <li>- Testing staff understand their duties and have appropriate time allocated for their role e.g.: Team Leader, queue co-ordination, registration; test assistant, test processor and recording results</li> <li>- Team leader ensures quality of testing and adherence to Standard Operating Procedures (SOP)</li> <li>- Respiratory hygiene, hand washing, safe donning and doffing of PPE and social distancing guidance are regularly reinforced by Team Leader and monitored.</li> </ul>		<p>Staff involved in testing are all required to complete the relevant training modules for their role within the testing team.</p> <p>Certification to be obtained and a record kept.</p> <p>Two testing teams to be arranged.</p> <p>Newly appointed members of a testing team will have the opportunity to observe the role prior to starting their role.</p> <p>Members from the first testing team will monitor operating procedures of newly appointed team members.</p>	<p>Testing Grp 1 – Completed training on 06/01/2021</p> <p>Testing Grp 2 – Completed training on 15/01/2021</p> <p>15/01/2021</p> <p>Teams amended on 04/05/2021</p> <p>13/05/2021</p> <p>13/05/2021</p>	

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Failure to obtain consent from those being tested	Staff and pupils attending – failure to follow agreed Standard Operating Procedures and breach of safeguarding protocols	<ul style="list-style-type: none"> <li>- Participants are advised of how the test data will be used</li> <li>- Written consent is obtained and recorded from each participant before the test is performed.</li> <li>- For those people unable to give informed consent due to age (&lt;16) or mental capacity, written consent is obtained from parent /carer/guardian</li> <li>- the school stores a copy of consent forms as required by their information governance policy</li> </ul>		<p>Excel spreadsheet used to record consent from parents.</p> <p>Telephone conversations between Form Tutors and Parents asking for verbal consent to be given to enable school to carry out the tests.</p> <p>Letter to be sent to all parents asking for consent to carry out the tests on their child.</p>	<p>04/01/2021</p> <p>W/C 04/01/2021</p> <p>06/01/2021</p>	

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Contact between persons increasing the risk of transmission of COVID19	Testing staff or participants may be harmed by transmission of the virus leading to ill health or potential death	<p>-Those to be tested are advised NOT to attend if they have any symptoms of COVID 19, or live with someone who is showing symptoms of COVID 19</p> <p>- Anyone with symptoms must attend for a PCR test through the national system</p> <p>- Those who have been in contact with a positive case are recommended to take a PCR test</p>		<p>Registration process lead to check and question patient that they have no COVID symptoms before proceeding to the testing room.</p> <p>Those members of staff or pupils presenting with symptoms to be sent to holding room before going home. When at home to request a COVID test. Results to be shared with school.</p> <p>Members of staff at increased risk/in contact with a vulnerable family member are able to request more frequent testing.</p>	<p>06/09/2021</p> <p>06/09/2021</p>	

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Contact between persons increasing the risk of transmission of COVID19	Testing staff or participants may be harmed by transmission of the virus leading to ill health or potential death	<ul style="list-style-type: none"> <li>-Testing staff wear IIR grade face masks and visors/goggles, disposable gloves and aprons/long sleeved aprons as per role guidance in SOP</li> <li>- all staff regularly reminded of infection prevention &amp; control guidance</li> <li>- PPE is worn for sessional or individual use as required by the SOP and changed if soiled/contaminated</li> <li>-School has timetabled testing to avoid overcrowding of test station and immediate vicinity</li> <li>- School staff not to enter the testing site</li> <li>- Signage is displayed at entrance/exits to test area for:                             <ul style="list-style-type: none"> <li>Wearing of face coverings</li> <li>Use of hand sanitiser</li> <li>Not to attend with symptoms</li> </ul> </li> <li>-70% alcohol hand sanitiser (EN1500 standard) provided by entrance, exit and at each testing area and workstation</li> <li>- Use of sanitiser/wearing of face coverings/social distancing is enforced by queue monitor</li> <li>- Pupils/staff are tested from the same bubble</li> </ul>		<p>Walkie Talkies to be used to request each bubble for testing.</p> <p>Office staff to support with communicating with bubbles</p>	06/09/2021	

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Contact between persons increasing the risk of transmission of COVID19	Testing staff or participants may be harmed by transmission of the virus leading to ill health or potential death	<ul style="list-style-type: none"> <li>- Face coverings to be worn at all times by those being tested except when lowered for swabbing purposes</li> <li>- Spare IIR face masks are available for participants if needed</li> <li>- Tables and chairs are easily cleaned</li> <li>- All touch points are disinfected with anti-viral single use wipes between tests</li> <li>- No equipment is shared</li> <li>- No physical handling of documents to participants except barcodes/test kits</li> <li>- Screen installed between swabbing desks. Testing staff to wear IIR face masks/visors/goggles at registration and reporting stations.</li> <li>- Floor markings identify 2m social distance requirements in queue and testing areas</li> <li>- Pupils return to class immediately after testing and do not wait in vicinity for results</li> <li>- Staff supporting top up of supplies within test premises do so when no testing activity is taking place</li> </ul>			06.09.21	

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Difficulty with carrying out throat and/or mid-turbinate nasal swab or contamination of swabs	Testing staff or participants may be harmed by transmission of the virus leading to ill health or potential death	<ul style="list-style-type: none"> <li>- Only sealed swabs are given out</li> <li>- Any damaged swab/test packaging is not used, is treated as clinical waste and this non-use recorded</li> <li>- Pupil to sanitise hands, use a tissue, and sanitise hands again</li> <li>- Verbal explanations are provided of how to use the swab in throat and nose. Assistance is offered, if required.</li> <li>- Test subject advised to avoid touching swab on any surface within mouth other than tonsils</li> <li>- Freestanding mirror's provided in testing area</li> <li>- Disposable vomit bowls are provided for those with gag reflex and spillage guidelines followed</li> <li>- Alternative double mid-turbinate swabbing can be used</li> <li>- Test area/booths are thoroughly cleaned and disinfected before next use e.g: table, chair, mirror are wiped between each test with disposable cloths and disinfectant effective against enveloped viruses</li> </ul>		<p>ASC pupils – two nasal swabs to be obtained for pupils identified with heightened anxiety due to testing</p> <p>New testing kits to be used which involve only nasal testing</p>	<p>13.5.21</p> <p>06.09.21</p>	



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Failure to manage samples and coding	Failure to follow agreed Standard Operating Procedures – participants may receive wrong results	<ul style="list-style-type: none"> <li>- Registration staff ensures 2 identical barcodes are provided to participants</li> <li>- Participants register their details to a unique ID barcode</li> <li>- Barcodes are attached by testing staff at sample collection desk</li> <li>- Barcodes are checked for a match at the analysis desk and attached to Lateral Flow Device</li> <li>- LFD is processed in accordance with SOP and manufacturers guidance</li> <li>- Samples are processed one at a time</li> <li>- Tube racks are used to avoid spillage</li> <li>- Extraction solution bottles are cleaned with anti-viral disinfectant wipes between samples</li> <li>- Test processor changes gloves between each test</li> <li>- The correct amount of extraction solution is used (6 drops)</li> <li>- Enough time is allowed for each sample to register the results (30 minutes) – timer available, if needed.</li> </ul>		<p>Testing Group 1 to monitor practises and operating procedures of newly appointed testing members.</p> <p>Testing Group 2 in place</p>	<p>Ongoing</p> <p>07.09.21</p>	

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Failure to manage samples and coding	Failure to follow agreed Standard Operating Procedures - Test subject may receive wrong results	<ul style="list-style-type: none"> <li>- Permanent black pen is used to record results and timings</li> <li>- Testing process is supervised</li> <li>- Errors are reported and investigated</li> <li>- Results are monitored/validated as required by SOP</li> </ul>			06.09.21	
Damaged barcode, lost LFD, failed scan of barcode	Orphaned record on registration portal & “No Result” advice to test subject	- Where participants have not received a result on their phone by the end of the day, participants must notify the school and be recalled to take another test		For damaged or dropped vial during the testing process – test will be repeated.	06.09.21	

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Use of test solutions when processing test kit. Contains the following components: Na <sub>2</sub> HPO <sub>4</sub> (disodium hydrogen phosphate), NaH <sub>2</sub> PO <sub>4</sub> (sodium phosphate monobasic), NaCl (Sodium Chloride)	Testing staff could be harmed by inappropriate use of chemicals	<ul style="list-style-type: none"> <li>- Chemical components are not classified as hazardous for use as designed.</li> <li>- PPE (nitrile gloves/safety glasses with side shields/impervious clothing) is worn at all time when handling extraction solution</li> <li>- Tester will not use solution if use by date has expired</li> <li>- Advice on material safety data sheet is followed in case of spillage, inhalation, ingestion or absorption through the skin or disposal of surplus product</li> <li>- Training is provided in good lab practice.</li> </ul>			06.09.21	



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Lack of planning for emergencies	All persons could be harmed by failure to provide first aid in case of injury or from exposure to fire and smoke or a test could be invalidated	<ul style="list-style-type: none"> <li>- First aid support is available at all times that the test site is operating.</li> <li>- First aiders have the required PPE to support Covid-suspect cases</li> <li>- Fire evacuation notices are displayed in testing premises and around school.</li> <li>- All test staff are made aware of fire evacuation procedure – assigned Fire Marshalls and procedures in place</li> <li>- Fire exits from testing site are unlocked at all times during occupancy. Muster points are located at the far end of the main school playground. Register checks to be completed.</li> <li>- Visitors supporting younger pupils (where tested) are made familiar with emergency procedures</li> <li>- In the event of an emergency, all samples that have been placed into the extraction buffer or have not been marked by pen with a result will be abandoned, and later recorded as invalid. Subjects who receive an invalid result will need to be retested.</li> </ul>			06.09.21	

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Unsafe manual handling	Testing staff could be harmed by musculo-skeletal injury	<ul style="list-style-type: none"> <li>- Safe handling principles are followed</li> <li>- PPE and test kits are stored appropriately to avoid reaching and stretching to access items</li> <li>- Two person lifts used (wearing PPE) where furniture needs to be moved to set up test site</li> </ul>			06.09.21	

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Inappropriate storage and disposal of clinical waste	Others in the waste chain could be exposed to COVID19 virus	<ul style="list-style-type: none"> <li>- Swabs, LFD test devices, PPE and cleaning cloths and tissues are to be treated as clinical waste</li> <li>- School site is registered for clinical waste and complete consignment paperwork for transferring waste. Records to be kept for 2 years.</li> <li>Note: Very Short Term only</li> <li>- Where no clinical waste contract is in place, the waste is to be triple bagged and marked with date and time and held for 72 hours (when it can enter the normal waste chain) <b>until</b> clinical waste contract is established</li> <li>- Clinical waste bins/boxes used to collect all waste in line with the SOP at all test stations and separate collection of PPE waste</li> <li>Ideally the clinical waste bins used should be covered and or peddle operated.</li> <li>- If using the Clinical Waste box method, the box is lined with additional orange bag and used to collect the waste to prevent double handing.</li> </ul>		School site to be registered for clinical waste collections.	06.09.21	

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Inappropriate storage and disposal of clinical waste	Others in the waste chain could be exposed to COVID19 virus	<ul style="list-style-type: none"> <li>- The opening in waste box is small so presents limited risk and the box is to be sealed with orange clinical waste tag once full and the box sealed</li> <li>- Once testing activity is completed all the clinical waste is to be stored in safe and secure location in appropriate clinical waste containers to be collected and transported to waste sites set up for clinical waste disposal.</li> <li>- Transportation to be completed by appropriate waste management contractor with staff trained to safely handle clinical waste.</li> </ul>			06.09.21	



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Exposure of cleaning staff	Cleaning staff could be exposed to COVID19 virus	<ul style="list-style-type: none"> <li>- Cleaning staff are tested, weekly</li> <li>Testing staff undertake cleaning of test areas and high touchpoint areas between each test</li> <li>- Cleaners only enter test area when testing activity has ended unless called to deal with a spillage</li> <li>- Type IIR masks, gloves and aprons are worn by cleaning staff in non-Covid secure areas</li> <li>- All potentially contaminated surfaces are cleaned and disinfected using single use cloths/wipes, paper roll or disposable mop heads</li> <li>- Supplies of suitable cleaning agents and disinfectants compliant with SOP are available i.e Ag+ Antibacterial Wipes</li> <li>- PPE must be discarded after cleaning up spillage</li> <li>- Cleaning materials and PPE are treated as offensive waste</li> </ul>			06.09.21	

#### 4. Risk Rating

The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

		Potential severity of harm <i>(this may injury, loss or damage)</i>		
		Minor Harm 1	Moderate Harm 2	Serious Harm 3
Likelihood of harm occurring	Highly unlikely 1	Trivial 1	Low 2	Medium 3
	Unlikely 2	Low 2	Medium 4	High 6
	Likely 3	Medium 3	High 6	High 9

Risk Rating	Action Priority
High (6-9)	Immediate action required
Medium (3-4)	Actions to control the risk must now be considered and steps to manage the risk until control measures can be provided must implemented.
Low (2)	Implement reasonable control measures and monitor.
Trivial (1)	No action required unless level of harm or likelihood changes.

#### 6. Assessment

Signature of Assessor(s):

Signature of Line Manager:

Print Name: C. Thomas

Print Name: A. Morris

Date Assessed: 07/09/2021

Review Date: 23/10/2021