

		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
	MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
	SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

**Aylesford School & Sixth Form College
Risk Assessment
Form**

Risk Assessment for (Activity/Process/Operation)	Visitors to School
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Phase	Whole School	Team /Department	4-19 years		
Assessment Date	September 20	Review Date	Fortnightly	Reference Number	

What are the hazards	Who might be harmed and how?	Risk Level	Further Action to be taken to control the risk? (mitigations)	Risk Level	Assigned to	Completed by whom & when
The visitor may transmit the virus in school.	Students, staff, family members	H	<ul style="list-style-type: none"> Visitors will be asked to read the visitor protocol before they visit (this can be found on the school website). Visitors will be asked if they/a family member has any of the symptoms of COVID-19 prior to entry (new, continuous cough, temperature/fever, loss or change to sense of smell or taste). If they have they will be refused entry. 	L	SLT, Office staff	Ongoing

What are the hazards	Who might be harmed and how?	Risk Level	Further Action to be taken to control the risk? (mitigations)	Risk Level	Assigned to	Completed by whom & when
			<ul style="list-style-type: none"> • Hands to be sanitised on entry. • Face coverings must be worn (unless exceptional circumstances) • Items/resources must not be shared during the visit. If this is not possible, good hand hygiene must be observed. • Touching of school's fixtures and fittings must be minimised. • Clearly marked one-way systems around the school to be observed by all visitors. • Doors and windows to be kept open during the visit (where possible). • All rooms visited to be cleaned afterwards. • Hands to be sanitised prior to leaving the school. 			
Greater footfall onsite increasing the chances of transmission.	Students, staff, family members	H	<ul style="list-style-type: none"> • The school will only allow essential visitors onsite for: <ul style="list-style-type: none"> • School regular maintenance and emergencies • For teaching and learning reasons, e.g. supply cover, SEND arrangements • Safeguarding purposes • Health and safety purposes. <p>All visits will be through prior arrangement and at the school's discretion.</p> <ul style="list-style-type: none"> • Visitors will complete a Visitor Record to support NHS Test and Trace (this will be kept on file for 21 days). 	L	SLT/ HOSPs	Ongoing

What are the hazards	Who might be harmed and how?	Risk Level	Further Action to be taken to control the risk? (mitigations)	Risk Level	Assigned to	Completed by whom & when
Visitors may not adhere to social distancing when working with staff/students.	Students, visitor, staff, family members	M	<ul style="list-style-type: none"> When working directly with staff/students, they should ensure – with assistance from the school – that they maintain a 2 m distance. Working spaces/rooms to be set up to ensure adequate 2m distancing. Posters displayed across school, prompting effective distancing. 	L	SLT, Site	Ongoing
Students may not adhere to social distancing when working with visitors.	Students, visitor, staff, family members	M	<ul style="list-style-type: none"> Students to observe social distancing and to receive reminders when necessary. Students to wash/sanitise hands prior to and after visit. Students to wear face coverings where appropriate. 	L	Staff, students	Ongoing
Visitor becomes symptomatic in school.	Students, visitor, staff, family members	H	<ul style="list-style-type: none"> Any visitor displaying symptoms of COVID-19 will be isolated, asked to leave the site immediately and advised to arrange testing. If visitors develop symptoms up to 10 days after being in school, they are required to contact school in order that we can act in-line with Track and Trace. 	L	SLT, teaching staff, office staff	Ongoing

Name of Assessor	Mrs A Edkins	Signature	<i>A C Edkins</i>
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Name of Manager responsible for activity / process		Signature	
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Risk Assessment Review Log

Only use this log to confirm that there have been no changes to the current assessment; otherwise an updated risk assessment must be done

Initial Review Date			
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Next Review Date	12 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	24 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Initial Review Date	36 months from initial review		
Assessor's Signature		Date:	
Signature of Responsible Manager		Date:	

Risk Assessment(s) for (Activity/Process/Operation)	
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This form can be used to record and demonstrate that the above risk assessment(s) has been provided to relevant employees (as below) to inform them of the risk assessment findings (i.e. the hazards, risks, and control measures associated with their work).

Name of Persons involved in the Activity/ Process/ Operation	Signature	Date