


RISK ASSESSMENT FOR: Lateral flow testing of Secondary staff / students Weekly staff test Serial testing for close contacts for both staff and students See the school's COVID risk assessment for all normal school wide controls			
Establishment: The Collett School	Assessment by: Karen Thorp (Lateral Flow Testing Team Leader)		Date: 13/01/2021
Risk assessment number/ref: RA Testing 13/01/21	Manager Approval: Stephen Hoult-Allen		Date: 13/1/2021

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by who?	Action by when?	Done
General Transmission of COVID-19 Contact between test subjects and/or staff increasing the risk of transmission of COVID19	Staff, Students / pupils / wider contacts Spread of COVID 19	As in wider school risk assessment no attendance on site if symptomatic. School Bubbles/ Groups: normal school bubbles adhered to during Lateral Flow Testing (LFT) for students, preventing the mixing of bubbles in test location or when queuing for LFT wherever possible through timed/distinct slots for pupils in different bubbles. Where not, strict adherence to social distancing is required. One-way system in place where possible. If not then sufficient room to enter / exit and maintain social distance. As in wider school RA face coverings must be worn by adults and pupils when moving around the premises, outside of classrooms, such as in corridors and communal areas where social distancing cannot easily be maintained. Face coverings/masks to be worn by test subjects except for brief lowering at time of swabbing.	Monitoring of controls on site by test site supervisor			

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		<p>Hand hygiene: Ready access to hand hygiene (soap and water/appropriate 70% alcohol-based hand rub) All to use hand sanitiser provided on entering test area, and after swabbing, adherence to this enforced by staff. Hand sanitiser available at swabbing desk. Staff to regularly check all consumables.</p> <p>All staff have undergone training (via online platform) and are reminded of the importance of IPC guidance, importance of hand hygiene, not to touch their face whilst working with samples.</p> <p>Social distancing: Two metre social distancing to be maintained between subjects, chairs in swabbing bays 2m apart. Floor markings in place for those waiting to ensure compliance in addition to verbal reminders if necessary from staff. Clear division between swabbing and processing areas.</p> <p>Staff to maintain a safe distance between each other (2 metres wherever possible)</p> <p>Cleaning: Revise school cleaning schedule to include LFT area. Regular cleaning of the test location including wipe down of all high touchpoints. Limited contact points for test subjects-chairs only. No carpeted flooring- non-porous flooring in place. All surfaces should be de-cluttered of equipment that is not required to run the testing.</p> <p>Supply of surface disinfectant in place.</p> <p>Appropriate PPE supplied for staff specific to role and task All staff involved in the testing operations will be compliant with PPE guidelines and wear type IIR surgical face masks. Guidance provided to staff who have been trained in donning / doffing PPE (PHE guidance attached to this RA).</p> <p>Processing operatives to wear disposable apron, latex free disposable gloves and eye protection. With gloves changed between processing samples.</p> <p>Any staff within 2m of test subject in order to help them carry out swab test to wear full PPE.</p>	<p>Staff who are required to top up supplies within test areas should do so at the beginning of each testing group and when no subjects are present.</p>			

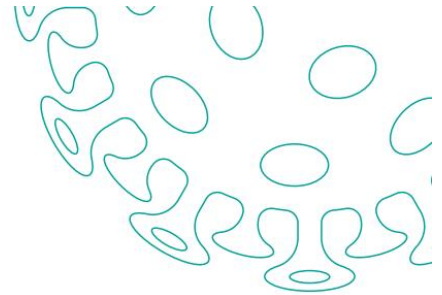
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		<p>PPE removed outside test area and disposed of as healthcare waste Mask removed only after leaving area then wash hands – soap / water</p> <p>PPE changed between sessions for all staff and sooner if protective properties are compromised or if contaminated / suspected to be contaminated.</p> <p>Ventilation as with remainder of school good ventilation of test space maintained e.g. external windows open to provide constant background ventilation, high level windows used where available to reduce drafts. See HSE guidance and CIBSE October guidance</p>				
School occupants coming into contact with asymptomatic staff / students	<p>Staff, Students / pupils / wider contacts</p> <p>Spread of COVID 19</p>	<p>In the event of a positive LFT test</p> <p>Individual goes home immediately wearing a face covering (if awaiting collection by their parent, isolate child in a room behind a closed door, or an area at least 2m away from others, open a window for ventilation) and self-isolate. Further PCR test to be booked and must self-isolate until results of that PCR are received</p> <p>School staff supervising the child while they await collection should wear PPE (a fluid resistant surgical mask, type IIR) if a distance of 2m cannot be maintained. If direct care (such as for a very young child or a child with complex needs) is required then staff giving care to wear a fluid resistant surgical mask (type IIR), disposable apron and gloves.</p> <p>Clear message to parents that if a student is unwell at school they are to be sent home or collected immediately.</p> <p>Staff working in test area pause test and trace app when working in test area.</p>				
<p>General Transmission of COVID-19</p> <p>Ineffective cleaning</p>	<p>Staff, Students / pupils / wider contacts</p> <p>Spread of COVID 19</p>	<p>In the event of a suspected case / confirmed positive case on site For disinfection (e.g. following a suspected case) use a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.). See PHE advice COVID-19: cleaning of non-healthcare settings guidance</p> <p>When cleaning a contaminated area: Cleaning staff to:</p> <ul style="list-style-type: none"> • Wear disposable gloves and apron 				

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		<ul style="list-style-type: none"> Wear a fluid resistant surgical mask (Type IIR) and eye protection if splashing likely Hands should be washed with soap and water for 20 seconds after all PPE has been removed. <p>Any cloths and mop heads used must be disposed of as single use items.</p> <p>De-cluttered surfaces with no personal or non-essential equipment in order to facilitate cleaning.</p>				
Incorrect result communication Wrong samples or miscoding of results		<p>2 identical barcodes are provided to subject at check in The subject registers their details to a unique ID barcode before conducting the test Barcodes are attached by trained staff at sample collection</p> <p>Barcodes are checked at the analysis station and applied to Lateral Flow Device</p>				
Damaged barcode, lost LFD, failed scan of barcode		Subjects are called for a retest				
Student / staff gag reflex causes vomiting		<p>In the event that a subject vomits, operations at the testing bay shall be ceased and the site personnel should follow the spillage guidelines until the area has been cleaned and disinfected to allow resumption.</p> <p>Cleaners: change apron/ gloves after spill</p> <p>All cloths, mop heads etc used to be disposed of as offensive waste</p>				
Use of shared equipment	Cross contamination of equipment increasing the possibility of COVID transference.	<p>There is to be no shared equipment. Tables/chairs, mirror etc. are to be disinfected between users.</p>				
Inappropriate waste disposal	Staff,	<p>Healthcare waste bin used for disposal of swabs , tissues and cartridges (yellow bag)</p> <p>Used PPE being disposed of as offensive waste (as opposed to bagging for 72 hrs and entering normal waste stream)</p>				

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	Students / pupils / wider contacts Spread of COVID 19	Personal Protective Equipment, disposable Mop Heads, Cloths disposed of in Tiger bag (yellow with black stripes) ('Offensive')				
Contact with extraction solution which comes with the lab test kit	Staff	Low quantities in use and appropriate PPE worn (non latex disposable gloves). Disposal via healthcare waste. Spills cleaned up immediately. Expiry dates on solution checked and not used if expired. Safety Data sheet available.				



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Putting on personal protective equipment (PPE)

Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



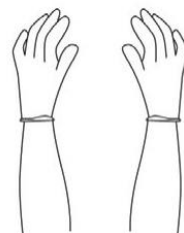
- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



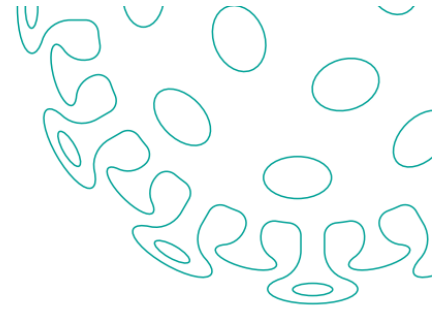
- 6** Put on gloves.



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Taking off personal protective equipment (PPE)

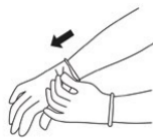
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• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



