


## COVID-19 Risk Assessment for Lateral Flow COVID Testing

<b>Activity:</b>	Mass asymptomatic lateral flow testing in schools during Coronavirus (Covid-19) Pandemic			<b>Location:</b>	Stonar School
<b>Assessor:</b>	Nicola Hawkins			<b>Distribution:</b>	Staff, Advisory Board, Insurer
<b>Date:</b>	4.1.21 11.1.21 20.1.21	<b>Proposed Review Date:</b>	25.1.21	<b>Signed:</b>	

In order to reduce the risk of the spread of Covid-19, secondary schools are being asked to carry out mass asymptomatic testing as follows:

- Test as many secondary pupils and students on their return to school and FE colleges as possible. This means two LFDs tests three to five days apart.
- Carry out weekly testing of school and college staff.
- Carry out daily contact testing for seven days of pupils and students and staff who are close contacts of a positive case.

The Secretary of State for Education has now suspended daily contact testing for the contacts of a positive case. Staff are now to be tested twice each week.

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**Risk Assessment for mass lateral flow testing of staff and Year 7-13 pupils: Updated in light of the partial closure of schools from 5/1/21.**

**Legend: P:** Potential Severity (0-5 with 5 being most severe)

**L :** Likelihood rating (0-5 with 5 being most likely)

**RR:** Risk Rating (Likelihood x potential severity)

Hazard	Risk prior to mitigation			Mitigation measures and controls required to reduce the risk?	Staff responsible	Date completed	Risk post mitigation		
	P	L	RR				p	L	RR
General									
A. Explanatory T&T letters / emails not sent to parents / pupils, staff. Age-appropriate consent statement for testing (under / over 16) not properly competed. No school “COVID-19 Testing Privacy statement” and “COVID-19 Testing Privacy statement” not communicated to staff, parents and pupils.	2	3	9	<ul style="list-style-type: none"><li>Letter explaining process and what test are for, together with consent forms, sent to parents and staff.</li><li>Consent forms completed before tests administered.</li><li>Covid-19 Privacy Statement sent to staff, parents and pupils.</li><li>Checks that all subjects are asymptomatic carried out prior to the test by asking subjects.</li></ul>	Deputy Head	4/1/21	1	3	3

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B. T&T data not recorded securely with consideration given to deletion after 14 days.	2	3	6	<ul style="list-style-type: none"> <li>NHS Track and Trace data is not being held on the school MIS. Data is being recorded accurately and we will delete data when it is deemed that the data is no longer required. This may be after 14 days if it is required to ensure reference can be made to check previous test dates.</li> </ul>	Deputy Head	4/1/21	2	2	4
C. Those that have had "close contact" with someone tested positive for COVID-19 do not know they are able to return to school if they agree to a test once a day for 7 days, and the test is negative.	4	3	12	<ul style="list-style-type: none"> <li>This was included in the communication with staff and parents. Pupils will also be informed about 'daily contact testing' through a start of term assembly.</li> <li>The announcement of the national lockdown from 5/1/21 means that 'daily contact testing' will not be widely implemented at this stage. We will not apply it to teachers within key worker school or to the pupils with the boarding community. Close contacts of a positive Covid case will isolate for 10 days as per the household guidance. Concerned staff working onsite who are not considered to be close contacts will be offered 7 day testing.</li> </ul>	Head, Deputy Head	11/1/21	4	2	8
D. Test instruction posters, booklets, FAQ and briefings not readily available and apparent.	4	3	12	<ul style="list-style-type: none"> <li>Appropriate posters are displayed in the testing centres.</li> <li>Staff briefed by email during the day on 4/1/21 as to time slots and routines.</li> <li>Pupils and staff briefed on arrival on each visit to the test centre.</li> </ul>	Deputy Head, Lead Nurse	4/1/21	3	2	6
E. Insufficient staff available (depending on throughput: Team Leader, Test Assistant, Processor, Coordinator, Registration Assistant, Results Recorder).	4	4	16	<ul style="list-style-type: none"> <li>Team Leaders: Nicola Hawkins, Joanne Walford, Yzanne Martin Hallet</li> <li>Multi skilled operatives who can be deployed to any of the following roles (Test Assistance, processors, coordinator, registration assistant, results recorder) include: Nicola Hawkins, Joanne Walford, Yzanne Martin Hallet, James Burns, Olivia Mould, Alex Wagner, Janet Coutts, Emma White, Alison Draper.</li> </ul>	Deputy Head, Lead Nurse	4/1/21	4	2	8

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F. Tests not supervised or conducted by trained staff. Training time and content inadequate (3 hrs with introduction video, on-line training and assessment plus rehearsal.)	5	4	20	<ul style="list-style-type: none"> <li>All staff involved in the testing process to complete the DfE official mass lateral flow testing training before testing.</li> <li>There will be a full rehearsal by the testing team.</li> <li>The testing team, whilst multiskilled are, following consultation with team leader, deployed to areas of strength.</li> </ul>	Deputy Head, Lead Nurse	4/1/21	5	2	10
G. Testing area not sufficiently controlled to limit access to testers, those being tested and supervisors.	4	3	2	<ul style="list-style-type: none"> <li>The testing areas that have been identified for use are the Sports Hall, the former Medical Centre and the current Health and Wellbeing Centre.</li> <li>Access will only be permitted to these testing sites when they are supervised by the testing team and they will be locked at all other times.</li> </ul>	Deputy Head	4/1/21	4	2	8
H. Test process not maintaining social distancing where appropriate, good hand and respiratory hygiene or keeping occupied spaces well ventilated.  Social distancing advice between testing staff and those being tested including distances between desks, chairs etc. not being observed and supervised.	5	4	20	<ul style="list-style-type: none"> <li><b>Asymptomatic:</b> All subjects are to be advised in advance not to attend if they have any symptoms of COVID 19, or live with someone who is showing symptoms of COVID 19 (including a fever and/or new persistent cough) or if they have returned within 14 days from a part of the world affected by the virus or have been in close contact with someone who is displaying symptoms.</li> <li><b>Face masks:</b> Prominent signage reminding attending subjects of the above to be displayed at the entrance to the building. <ul style="list-style-type: none"> <li>Face coverings/masks to be worn by subjects at all times whilst on the premises except for brief removal at time of swabbing.</li> <li>Requirement to wear face covering/mask to be reminded to all subjects in advance at time of test booking.</li> <li>Compliance with wearing of face covering/mask of all subjects to be visually checked on arrival by reception / security staff.</li> </ul> </li> </ul>	Deputy Head, Lead Nurse, Testing team	4/1/21	5	2	10

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				<ul style="list-style-type: none"> <li>○ Compliance with wearing of face covering/mask of all subjects to be visually checked through building by queue managers and all other staff.</li> <li>• <b>Hand hygiene:</b> All subjects to use hand sanitiser provided on arrival &amp; adherence to this enforced by reception staff.</li> <li>• <b>Social distancing:</b> Two metre social distancing to be maintained between subjects with measured floor markings in place, where appropriate to ensure compliance in addition to verbal reminders if necessary from reception, queue management &amp; sampling staff.</li> <li>• A one-way flow of subjects through the building is to be initiated and maintained at all times. Compliance with this is to be ensured by queue management staff.</li> <li>• <b>Cleaning:</b> Regular cleaning of the site including wipe down of all potential touchpoints in accordance with PHE guidance.</li> <li>• Limited clutter - chairs only on request; no physical handing of documents to subjects except barcodes.</li> </ul>					
I. Staff assisting with taking and processing swabs not wearing appropriated PPE.	5	3	15	<ul style="list-style-type: none"> <li>• The testing team will wear appropriate PPE to include medical grade IIR face masks, nitrile gloves and aprons.</li> <li>• Those carrying out tests will also wear face shields.</li> </ul>	Deputy Head, Lead Nurse	4/1/21	5	2	10
J. Process of swabbing not following training and / or updated guidance. Tested sample incorrectly handled safely during the process including disposal.	5	4	20	<ul style="list-style-type: none"> <li>• All members of the testing team will undergo the prescribed training before the testing centre is opened.</li> <li>• There will be a full rehearsal by the testing team.</li> <li>• The testing team will undertake roles in accordance to their training and personal strengths as allocated by the team leader on duty.</li> </ul>	Deputy Head, Lead Nurse, Testing team	4/1/21	5	2	10

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K. Process for informing parents / pupils / staff not understood and implemented.				<ul style="list-style-type: none"> <li>Information regarding the testing process, consent along with a FAQ's sheet sent to parents, pupils and staff prior to the commencement of mass testing. Information sent to parents also contained links to government guidance / information.</li> <li>Notice boards with further information displayed at all testing sites, folder of information available to testing operatives and team leaders should there be further specific questions asked.</li> </ul>					
L. The process of barcoding, recording and communicating test results is not accurate and supervised.	4	3	12	<ul style="list-style-type: none"> <li>2 identical barcodes are provided to subject at check in.</li> <li>The subject registers their details to a unique ID barcode before conducting the test.</li> <li>Barcodes are attached by trained staff at the sample collection bay.</li> <li>Barcodes are checked for congruence at the analysis station 1 and applied to Lateral Flow Device at this station.</li> </ul>	Deputy Head, Lead Nurse, Testing team	4/1/21	3	1	3
M. Inadequate supervision / checking to ensure equipment handled correctly and not shared.	4	3	12	<ul style="list-style-type: none"> <li>A team leader is present at all times when testing is conducted to oversee the process and ensure testing is inline with operational guidance and all equipment handled correctly.</li> </ul>	Deputy Head, Lead Nurse	4/1/21	4	1	4
N. Process of lost LFD, failed scans or damaged barcodes not understood or properly implemented.	3	3	9	<ul style="list-style-type: none"> <li>Rule based recall of subjects who have not received a result within 2 hrs of registration.</li> <li>Subjects are called for a retest.</li> </ul>	Deputy Head, Lead Nurse, Testing team	4/1/21	3	1	3
O. Extraction solution with lab test kit (there are no manufacture anticipated hazards) are inappropriately	3	3	9	<ul style="list-style-type: none"> <li><b>PPE:</b> nitrile gloves which meet the Regulation (EU) 2016/425 to be used at all times when handling the extraction solution. Apron, face masks and visor to be worn at all times when handling the extraction solution. Impervious clothing to be worn to protect the body from splashes or spillages.</li> </ul>	Deputy Head, Lead Nurse, Testing team	4/1/21	2	3	6

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handled, stored and disposed.				<ul style="list-style-type: none"> <li>• <b>Environmental:</b> do not let product enter drains.</li> <li>• <b>Spillages:</b> wipe surfaces which the solution has been spilt on and dispose of cleaning material in line with the test centre waste disposal procedures.</li> <li>• Do not use if the solution has expired.</li> <li>• Follow procedures on the MSDS form provided by Innova to mitigate against inhalation, skin contact or ingestion of these chemicals.</li> </ul>					
P. Testing kits not stored at 2 - 30°C and tests not given in the appropriate ambient temperature of 15 - 30°C.	5	3	15	<ul style="list-style-type: none"> <li>• Testing kits stored (in old Medical Centre and HWBC) and utilised in areas (sports hall, HWBC and old Medical Centre) where heating is programmed to ensure temperatures do not exceed those required for storage and usage.</li> </ul>	Deputy Head, Lead Nurse	4/1/21	5	1	10
Q. Those tested positive not confirming the positive result with a Polymerase Chain Reaction (PCR) test and either failing to self-isolate pending the confirmation test or self-isolating unnecessarily after a confirmatory PCR test might have cleared them as having a false positive.	5	3	15	<ul style="list-style-type: none"> <li>• The Lead Nurse will immediately carry out and send off a PCR test for any positive results from a lateral flow test.</li> <li>• A positive result from a lateral flow test will result in the immediate isolation of any member of staff or pupil.</li> <li>• A day pupil will be isolated in the Health and Wellbeing Centre, parents will be contacted and they will be collected as soon as possible and will then be instructed to isolate pending the result of a PCR test.</li> <li>• A member of staff who lives off site will be isolated in the Health and Wellbeing Centre initially and will then go home as soon as possible and will then be instructed to isolate pending the result of a PCR test.</li> <li>• The Lead Nurse will ensure the result of the PCR test is communicated immediately to the member of staff, parents or pupil, including a negative PCR test result.</li> </ul>	Head, Deputy Head, Lead Nurse	4/1/21	5	2	10

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<p>R. Key layout requirements including staff (see next grid below) not being fully met. Key points to ensure are:</p> <ul style="list-style-type: none"> <li>○ Test site flooring is not non-porous.</li> <li>○ Test site is not well lit with a good airflow</li> <li>○ Test site Registration, Swabbing, Recording and Processing Desks and waiting areas not on a one-way system.</li> <li>○ Test chair in the swabbing bay not a minimum of 2m apart.</li> <li>○ Each swabbing desk and associated processing desk not more than 1m away and Recording desk not located close by.</li> <li>○ No clear division and demarcation between swabbing and processing area.</li> <li>○ Non-authorised people and test subjects able to enter the processing area.</li> <li>○ Disorderly entry, processing, social</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>• The mass testing facilities in the sports hall are laid out as per the government guidelines for a testing centre. There is plenty of room, a non-porous floor and good ventilation.</li> <li>• The entrance is supervised and any queueing is supervised and socially distanced.</li> <li>• Time slots allocated to ensure there is no crowding.</li> <li>• The partial closure of schools meant that the amount of people requiring testing has been vastly reduced. As a result a new testing centre has been established in the old medical centre. There is good ventilation, a non-porous floor and in and out doors.</li> <li>• We will revert back to the sports hall when numbers increase.</li> </ul>	Deputy Head, Caretakers	6/1/21	4	2	10
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<p>distancing and exit movement.</p> <ul style="list-style-type: none"> <li>○ Inadequate provision of a quiet space to talk with the pupil mindful of the need for social distancing / PPE / wellbeing.</li> </ul>									
<p>S. Processing bays not properly cleaned, and waste (including clinical waste) is not properly disposed.</p>	5	4	20	<ul style="list-style-type: none"> <li>• Testing centre processing and testing bays are fully wiped down at the end of each testing session and high frequency touch points wiped down.</li> <li>• Cleaning supervisor oversees that cleaning of the testing centres with appropriate antiviral cleaning products and mop heads etc. disposed of correctly.</li> <li>• Clinical waste is stored securely for collection with other HWBC hazardous waste as arranged by Domestic Manager.</li> </ul>	Deputy Head, Lead Nurse, Housekeeping Supervisor, Domestic Manager	4/1/21	5	2	10

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Stonar Risk Assessment Matrix			Severity				
<b>Consider:</b> People (Injury) Property (Damage) Activity (Effect) Reputation (Impact)	0-5 Slight Risk (acceptable)		Risks that have no significant / lasting negative consequences	Risks that have a small potential for significant / lasting negative consequences	Risks that could potentially bring more significant / lasting negative consequences	Risks with substantial negative consequences that will have serious impact	Risks with extreme / permanent negative consequences
	6-14 Minor risk: Take appropriate action to manage risk						
	15-19 Moderate Risk Risk to be actively managed with appropriate risk control activities						
	20 -25 Extremely high risk						
			Slight	Minor	Moderate	Significant	Major
		1	2	3	4	5	
Likelihood	5	Very Likely - almost certain to occur 90% +	5	10	15	20	25
	4	Highly likely to occur 50%+ chance	4	8	12	16	20
	3	Less likely - 10-50% chance of occurrence	3	6	9	12	15
	2	Very unlikely to occur	2	4	6	8	10
	1	Rare, very unlikely to occur less than 3% chance	1	2	3	4	5