Activity/ Situation	General and	d Clinic		ities on t g Site	he Asy	mptom	atic
Location							
Persons at Risk	Pupils ⊠	Emp	oloyees⊠	Visitor	s 🗆	Contrac	tors 🗆
HAZARD(S)	Note: this list is not exhaustive and must be adapted for your own needs  Inadequate Staffing/Information/Instruction/Training Inadequate Infection Prevention and Control (IPC) Inadequate Setting Up Of Testing Environment and Testing Arrangements Inadequate PPE for Staff Inadequate Self-Swabbing Sample Collection Procedure Inadequate Sample Processing and Analysis Procedure						
CONTROL ME	EASURES		ADDITION INFORM	ONAL MATION	YES	NO	N/A
	d and adapt this generic risk g and amending others whe						
	e Clinical Standard Operat Colleges to ensure they a						
	fing/Information/I	nstructi	on/Trainin	ıg			
Procedure (SOP) f		Lateral			×		
Covid Coordinator, Fox and Tom Kelly	/Team Leader is Lyn /	n Riley-	Responsible overall on operations test site, in day-to-day workforce managem	-site s at the ncluding / ent	⊠		
The nominated Qu	ality Lead is Lynn Ri	ley Fox	This indivi		$\boxtimes$		

	for the constitue of the		T	ı
	for the quality of the			
	service within the		ļ	
	context of a non-		ļ	
	laboratory			
	environment testing			
	Ensures orderly			
Queue Coordinator in place each day	entry of subjects	$\boxtimes$		
,	onto the testing site			
	Responsible for			
	ensuring subjects			
Registration Assistant in place each day	have registered and	$\boxtimes$		
regionation recording in place each day	distributing test kits	<u></u>		
	on arrival			
	Provides guidance			
	_		ļ	
	to subjects on			
T (A ) ( ) in along a sale day.	swabbing as	K-71		
One or more Test Assistants in place each day	requested and	$\boxtimes$		
	ensures cleaning of			
	booths or sample			
	collection station.			
One or more Processing Operatives in place	Prepares test			
• • • • • • • • • • • • • • • • • • • •	sample for analysis	$\boxtimes$		
each day	and interprets result		ļ	
	Collates results from			
	Processing			
Results Recorder in place each day	Operatives and	$\boxtimes$		
Troduito redordor in piace casi. day	uploads to digital	س		
	solution			
	Keeps the test site			
	clean to prevent			
Cleaner(s) on site and available to be called	cross contamination	$\boxtimes$		П
upon at the time of testing				
ļ '	and Spread of Covid			
Annuariete treining generalisms in also a few	19			
Appropriate training package in place for				
operators to be trained to be able to conduct		$\boxtimes$	⊔	Ш
the test in a safe and effective manner				
Staff have watched the approved video		_	!	_
package which demonstrates how physical		$\boxtimes$		
tests are conducted				
Staff have read through of materials outlining				
the infection prevention and control measures				
and the appropriate use of personal protective		$\boxtimes$		
equipment, including the proper procedure for				
donning and doffing				
Staff have undertaken several tests under				
supervision		$\boxtimes$		
School conducts a regular audit of				
performance and overall testing process PPE,				
• .		$\boxtimes$		
dealing with any contamination or other				
untoward incidents		<u> </u>		
Regularly (minimum six monthly) undertaking		$\boxtimes$		
updated online training to ensure standards are				

			•	
adhered to and any new requirements are included. Or as required should new training modules be provided				
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		×		
All staff are reminded of the importance of IPC guidance. Regular handwashing and consistent social distancing are key to ensuring safety for all roles		⊠		
Inadequate Infection Prevention and Con	trol (IPC)			
Asymptomatic: All subjects are 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 have been in close contact with someone who is displaying symptoms	Symptomatic individuals are advised to book a PCR test on the NHS App, online or by calling 119	⊠		
Those staff who may be exposed to symptomatic individuals will be provided with IPC advice based on government guidance for managing a Subject with possible COVID-19	https://www.gov.uk/g overnment/publicatio ns/wuhan-novel- coronavirus- infection-prevention- and-control	×		
All workers on site are fully briefed and trained about PPE and IPC standards, including those approved by the NHSE/I IPC Cell		$\boxtimes$		
Guidance of IPC standards is clearly displayed	Sites will display appropriate signage, including:  1. Hand washing  2. Respiratory hygiene - 'Catch it, bin it, kill it'  3. Personal Protective Equipment (PPE) (Donning and Doffing)  4. Social distancing: All workers should always remain 2 metres apart where possible, in accordance with government guidance  5. Equipment distancing and cleaning			

	0 =" "			
	6. Effective segregation and			
	disposal of waste			
All staff members are encouraged to not	diopoda. di iladia			
neglect the importance of hand hygiene, not to				
touch their face whilst working with samples,		$\boxtimes$		
and importantly stay at home if they develop				
COVID-19 related symptoms				
	In accordance with guidance from the			
	WHO 2020 –			
	effective alcohol-			
T the selection of a complete collection of the control of the con	based hand rub			
Testing booths or sample collection areas are equipped with hand sanitiser dispensers for	products should	$\boxtimes$		
use throughout the testing process	contain between			
use throughout the testing process	60% - 80% of			
	alcohol and its			
	efficacy should be proven according to			
	EN1500			
Staff will focus on maintaining social distancing		$\boxtimes$		
when communicating with subjects				
Inadequate Setting Up Of Testing Environ	nment and Testing A	rrangen	nents	
The test cartridge and extraction solution is		_		
stored at ambient temperature (2-30 degrees		$\boxtimes$		
Centigrade) The reagents and devices are at room				
temperature (15-30 degrees centigrade) when		$\boxtimes$		П
used for testing				
The manufacturer's instructions for use are	Innova SARS-Cov-2	$\boxtimes$		
shared with all relevant members of staff	Antigen Test IFU		Ш	
Test Site set up in accordance with the "Rapid		NZI		
Testing in Schools and Colleges – How To Guide"		$\boxtimes$		
Test Site is separate from the main area of	Cumu ana way			
business operations for privacy, safe queue	Gym: one way system and separate	$\boxtimes$	П	
management, and to limit disruption to both	entrance/exits.	K-V		
testing and BAU activity				
	Where space is limited, test queues			
	should be managed			
Sufficient space for appropriate social	safely to avoid	abla		
distancing	disruption –	$\boxtimes$	Ш	Ц
	seating/waiting area			
	well separated from			
Test Site contains easy to clean floor and	testing area			
surfaces		$\boxtimes$		
Test Site has resistant, non-absorbent, non-		$\boxtimes$		
porous flooring				

A 1 (1)			
Airflow and ventilation is natural not recirculated air		$\boxtimes$	
Ambient temperature of 15-30 C maintained in Test Room		$\boxtimes$	
One-way flow from entry to exit in place as		$\boxtimes$	
much as possible  Test subject chairs in the swabbing bay are a		—————————————————————————————————————	
minimum of 2m apart  Each swabbing desk has a processing desk			
close by no more than 1m away		$\square$	
Recording desk is located close to the swabbing desks		$\boxtimes$	
There is clear division between swabbing and processing area		$\boxtimes$	
Individuals being tested must not enter the processing area		$\boxtimes$	
Clear access maintained to PPE donning and doffing area		$\boxtimes$	
Ready access to hand hygiene (soap and water/appropriate alcohol-based hand rub) available		×	
Consideration of the need for privacy for participants to self-administer a test has been given		⊠	
Health and safety, disability access, and fire safety regulations that govern deployment sites	Fire, health and safety, and evacuation routes should be clearly marked in line with the rest of the building	×	
All surfaces are de-cluttered with no personal or non-essential equipment	, and the second	×	
Adequate space available for storage		$\boxtimes$	
Appropriate testing site waste management arrangements in place	Test site and non- healthcare BAU waste should be segregated in accordance with the waste management section	×	
Participation is voluntary for the programme and consent has been received from either by participants or parents /legal guardians, as appropriate	Consent needs to be for weekly testing and for daily contact testing component of the programme (if this is initiated)	×	
School will need to identify the contacts of a confirmed case		$\boxtimes$	
People who are identified as close contacts of a confirmed will follow the usual national		×	

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guidelines and are legally obliged to self-isolate				
according to the advice given to them by the				
NHS Test and Trace service				
For looked after children, local authorities may				
already have arrangements in place that cover				
medical treatment, which may extend to this				
sort of testing. Where that is not the case,		$\boxtimes$		
parental consent should be secured via the		_	_	
child's social worker, who may need to contact				
the birth parents or other persons who hold				
parental responsibility				
11-15 year olds may self-swab with supervision		$\boxtimes$	П	
of a parent /guardian/ appropriate member of			Ш	Ш
staff with consent of parent/ guardian				
Young people aged 16-17 are able to consent				
to their own medical treatment without parent or guardian present and therefore can self-		$\boxtimes$		
swab without supervision				
Swap without supervision	The setting will need			
	to decide whether			
	the pupil can			
	reasonably provide			
	informed consent on			
	their own behalf and			
	may need to			
	consider undertaking			
	a Mental Capacity			
	Assessment if			
	appropriate. Settings			
	may want to draw on			
	any MCAs			
	completed for the			
	student previously,			
Voung poople with CEND aged 16 to 25 years	including referring to			
Young people with SEND aged 16 to 25 years	parents if the parent			
old do not need parental consent, provided that	has acted as the	$\boxtimes$		
they are Gillick Competent and able to make the decision for themselves	Appropriate Person			
the decision for themselves	for previous			
	decisions. Students			
	themselves should			
	be given the			
	opportunity to			
	express their views			
	and preferences to			
	the extent that they			
	are able. Schools			
	should keep a			
	record of how the			
	record of how the decision on consent			
	record of how the decision on consent was made.			
	record of how the decision on consent was made. If school has any			
	record of how the decision on consent was made.			

			1	
	advice on the particular			
	circumstances			
Under circumstances where a subject is unable to swab themselves such as due to physical disability or special needs, they may be swabbed by - a parent/ guardian, guided by a Test Assistant - an adequately trained school staff member (where permission and consent of the parent/ guardian has been taken as part of initial consent process) - trained swabbers who are part of testing workforce	Swabbing is a relatively safe procedure that does not need to be carried out by a clinician. The schools/ colleges should ensure that the person undertaking swabbing have been trained and assessed as competent to undertake swabbing	⊠		
For children or young people where it has been determined that they will be unable to swab themselves, and the parent/guardian is not swabbing, consent should be sought to enable a third party to do this.		⊠		
Current advice is that for most a previous confirmed Covid-19 diagnosis in the last 90 days is likely to make testing with an LFD antigen test not necessary. If these individuals choose to have an LFD test as part of this programme, please ensure the LFD test is not taken whilst they are within period of isolation following the last confirmed test. If symptoms persist, this could be longer than the normal 10-day self-isolation period for confirmed cases.		$\boxtimes$		
Face masks: Prominent signage reminding attending subjects of the above to be displayed at the entrance to the building	Individuals should not attend a test site unless wearing an appropriate face covering. Face coverings are not required for individuals who:  • cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability  • speak to or provide assistance to someone who relies on lip reading, clear			

	sound or facial			
	expression to			
	communicate			
Face coverings/masks to be worn by subjects		$\boxtimes$		П
at all times whilst on the premises except for			Ц	Ш
brief lowering at time of swabbing  Requirement to wear face covering/mask to				
be reminded to all subjects in advance at time		$\boxtimes$	П	
of test booking			Ш	Ш
Compliance with wearing of face				
covering/mask of all subjects to be visually		$\boxtimes$	П	
checked on arrival by reception / security staff				
Compliance with wearing of face				
covering/mask of all subjects to be visually				
checked through building by queue managers		$\boxtimes$		
and all other staff				
All subjects to use hand sanitiser provided on				
arrival & adherence to this enforced by		$\boxtimes$	П	
reception staff				
Two metre social distancing to be maintained				
between subjects with measured floor				
markings in place to ensure compliance in		5-7		
addition to verbal reminders if necessary from		$\boxtimes$	Ш	Ш
reception, queue management & sampling				
staff				
One-way flow of subjects through the building				
is to be initiated and maintained at all times.		$\square$		
Compliance with this is to be ensured by		$\boxtimes$	Ш	
queue management staff				
Limited clutter; no physical handing of				
documents to subjects except barcodes and		$\boxtimes$		
PCR test kits for first 200 subjects				
There is a legal obligation to ensure all test	Tests can be			
kits are registered via the Lite Registration	registered via the			
service	Lite Registration			
	service in the			
	following timescales:			
	☐ up to 24 hours			
	before a test	$\boxtimes$		П
	☐ up to 24 hours			
	after a test for a			
	positive or void			
	result			
	□ up to 7 days after			
	a test for a negative			
	result			
Inadequate PPE for Staff				
School ensures that Processing Operatives	Processing			
wear disposable gloves, disposable plastic	Operatives should	$\boxtimes$	П	
aprons, Fluid-resistant (Type IIR) surgical	wear apron/visor			
mask (FRSM) and eye protection.	and mask			

	sessionally and			
	change gloves between samples			
School ensures that Cleaning Staff wear	Cleaners need to			
disposable gloves, disposable plastic aprons,	change gloves and	_	_	
Fluid-resistant (Type IIR) surgical mask	apron if cleaning a	$\boxtimes$		
(FRSM) and eye protection.	spillage			
( remy and eye presented	In this SOP the Test			
	Assistant is not			
	administering the			
	swab and is only			
School ensures that Test Assistant(s) wear	supervising,			
Fluid-resistant (Type IIR) surgical masks	therefore Test	$\boxtimes$		
(FRSM)	Assistants do not	E_M		_
()	need to wear apron,			
	gloves and visor, but			
	they need immediate access to gloves if			
	intervening			
School ensures that the Covid Coordinator /	intervening			
Team Leader wears Fluid-resistant (Type IIR)		$\boxtimes$		
surgical masks (FRSM)			_	
School ensures that Registration Assistant(s)				
wear Fluid-resistant (Type IIR) surgical masks		$\boxtimes$		
(FRSM)				
School ensures that the Results Recorder		57		
wears Fluid-resistant (Type IIR) surgical masks		$\boxtimes$		Ш
(FRSM) If Results Recorders handle LFD cartridges,				
they wear gloves on sessional basis		$\boxtimes$		
School ensures that the Supplies Coordinator				
wears Fluid-resistant (Type IIR) surgical masks		$\boxtimes$		
(FRSM)		E_M		
School ensures that the Queue Coordinator				
wears Fluid-resistant (Type IIR) surgical masks		$\boxtimes$		
(FRSM)				
Disposable gloves are single use and are		$\boxtimes$		
changed after each test				
Disposable aprons are replaced after each		$\boxtimes$		
testing session				_
Fluid-resistant (Type IIR) surgical masks		$\boxtimes$		
(FRSM) are replaced after each testing session  Eye protection is replaced after each testing				
session		$\boxtimes$		
PPE is changed if protective properties are				
compromised, if contaminated, or if suspected		$\boxtimes$		
to be contaminated		_	_	
Inadequate Self-Swabbing Sample Collect	ction Procedure			
Refere commencing swebbing the	The subject should			
Before commencing swabbing, the process must be explained to the subject	also be informed	$\boxtimes$		
process must be explained to the subject	that the swab may			

	sometimes make them gag and they should use a sick bowl for any expectoration or vomit		
Subject is given a sealed sterile swab directed to a sample collection booth from the check-in zone		×	
Once at the sample collection station, the barcode is handed to the Processing Operative			
The subject should remove mask to administer swab		$\boxtimes$	
The subject should open their mouth and visually identify the left and right tonsils (or tonsillar pits for subjects with the previous tonsillectomy). A mirror is provided in each booth for this		×	
The subject completes hand hygiene using the alcohol-based hand rub provided in the booth		×	
The swab is removed from sterile packaging by the subject		$\boxtimes$	
The swab should be kept dry before taking a sample from the back of the throat and therefore it must not touch any surfaces including the teeth, gums, and tongue or cheek surfaces when conducting the test	C	×	
Holding the swab in their hand, the subject should open their mouth wide and rub the fabric tip of the swab over both tonsils (and where they would have been) at the back of the throat with good contact at least 3 times. Carefully remove the swab stick from the back of the throat taking care to ensure that it does not come into contact with any other structure or surface	The swab will be invalid if it touches these parts during or after sampling and it must be put in healthcare (chemical) waste container and a fresh swab selected.	×	

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 adequately to allow resumption		×	
The subject should then insert the same swab into one nostril. The swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nostril. Roll the swab 5 times along the mucosa of the inside of the nostril to ensure that both mucus and cells are collected	Note: Where there are physical/medical issues or an individual has a very sensitive gag reflex that prohibits the throat swab from being completed successfully, double nasal swabbing can be undertaken. Under circumstances, where a nasal swab is not feasible (e.g. a student is prone to nasal bleeds), it is acceptable to swab only the back of the throat without nostrils		
The subject will be required to place their swab directly into the prepared extraction tube with the cotton bud end facing down	Note: The subject should not grasp the cotton bud end, which has been in contact with the tonsils and nostril	×	
The subject will complete hand hygiene using alcohol-based hand rub in the booth		$\boxtimes$	
If the operational model includes the subject handling any equipment (e.g. hand mirror) they should disinfect the surfaces with anti-viral wipes		⊠	
The subject will put back on their face covering and leave the site		$\boxtimes$	
Inadequate Sample Processing and Anal	ysis Procedure		
The Processing Operative prepares the area in advance of receiving the sample and barcode from the subject		×	
The Processing Operative only processes one sample at a time and watch not more than 5-6 samples at a time		$\boxtimes$	

The Processing Operative will receive the barcode directly from the subject		$\boxtimes$	
The Processing Operative will remove the LFD device from the pouch and apply the barcode to the underside of the LFD cartridge	LFD cartridges should be used as soon as possible after opening the pouches in which they are supplied.	⊠	
The Processing Operative sets up the extraction tube by following these steps:  a) Place the extraction tube in the tube rack with the opening facing up (or use some alternates like disposable cups as holders or hold the tube in hand)  b) Press the extraction solution bottle to drip 6 drops of extraction solution into the extraction tube without touching the edge of the tube.  c) If a rack or alternate is available, the extraction tube should be left in it on the processing bench next to the window for the subject to place the swab	Do not let the buffer bottle touch the edge of the tube. The extraction solution bottle should be decontaminated with anti-viral using wipes between samples to prevent cross-contamination		
The Subject will place the swab sample into the prepared extraction tube (as described in self-swab section above) located on the table at the window (to potentially prevent the swab from drying out)		×	
The Processing Operative then takes the swab and commences the following steps:  a) Extract: Hold and press the swab head against the wall of the tube with force while rotating the swab for about 10 seconds to release the antigen into the extraction solution from the swab head  b) Remove swab: Squeeze the swab head by squeezing the lower end of the tube while removing the swab in order to remove as much liquid as possible from the swab  c) On withdrawal, immediately dispose of the swab into healthcare waste bin.  d) Install a nozzle cap onto the extraction tube		lacktriangle	

e) Load: drip 2 drops of the sample inside the extraction tube into the sample well of the LFD cartridge			
f) Record the time of test in marker on the LFD and make sure you have set a timer to read the results at 30 minutes.			
g) Re-check that the liquid can be seen seeping through the cartridge (to ensure the drop was not an air bubble)			
h) If the cartridge appears dry, the subject will need to be recalled for a further sample to be taken.	The LED manager		
i) If needed, move the cartridge to a defined processing space for reading and leave for between 20-30 minutes as below.	The LFD movement should be kept to a minimum and where it is required to be moved, keep horizontal using a tray		
The sample preparation area and equipment are cleaned thoroughly with disinfectant (e.g. anti-viral wipe)		$\boxtimes$	
Recording of Results			
All LFD results must be logged on the government Log Results Website	This is completed by the Results Recorder	×	
The LFD results are reported into the public health bodies in the UK as per the latest amendments to the Health Protection Regulations relating to notifiable diseases reporting		×	
Marked LFDs are placed into trays in batches and taken to the recording area		$\boxtimes$	
The recorder will collect the tray, pick up the cartridge, only touching the side, and avoiding the sample well, reads the result and inputs the data		×	
The cartridge is disposed of in the healthcare waste bin		$\boxtimes$	
The keyboard is wiped and the wipe is disposed of as healthcare waste		$\boxtimes$	
The tray is wiped and the wipe is disposed of as healthcare waste		$\boxtimes$	
When done, gloves are removed and disposed of has healthcare waste		$\boxtimes$	

Negative Results			
Subjects who return a negative test result do not need to self-isolate unless:  a) They are symptomatic (they'll need to book a PCR test)  b) someone they live with tests positive (or has symptoms and has not been tested yet) or  c) they've been traced as a contact of someone who tested positive		×	
Invalid Results			
Subjects who return an invalid (or could not read sample) LFD result repeats the test		×	
If the second test is invalid, the subjects should book a PCR test	While awaiting PCR results they'll only need to self-isolate if a) they are symptomatic (they'll need to book a PCR test), b) someone they live with tests positive (or has symptoms and has not been tested yet) or c) they've been traced as a contact or someone who tested positive	⊠	
Positive Results			
In the event that a subject tests positive during on-site testing at school, the school follows the school's standard Covid response protocol for when a person becomes symptomatic on site		×	
People who return a positive LFD result must take a different follow-up test by PCR on the same day (or as soon as possible)		×	
The subject should follow the instructions given to take the follow-up test	They should go to https://www.gov.uk/get-coronavirus-test to book a follow-up test on the same day or as soon as possible. They	×	

	should choose to visit a test site (preferably regional testing site (RTS) or mobile testing unit (MTU), as these are drive-through and allow safe travel without the risk of spreading the infection from people who have tested positive on LFD test and are faster than requesting a home test.		
Until the subject gets further advice, they must self-isolate immediately for 10 days and everyone in their household must self-isolate in line with national policy	They should only leave home for their follow-up test, if needed	⊠	
School will identify close contacts of the case in the school setting (excluding household and social contacts outside of school) following a positive LFD case	Contacts should self-isolate from this point.	⊠	
If the confirmatory PCR test is negative, the individual may stop self-isolating and their contacts do not need to self-isolate or be part of daily contact testing unless a) they are symptomatic (they'll need to book a PCR test), b) someone they live with tests positive (or has symptoms and has not been tested yet) or c) they've been traced as a contact or someone who tested positive		×	
Those who are found to be positive after a confirmatory PCR test, need to inform their school as soon as possible and continue self-isolating in line with the national guidance		×	
Travel Advice for Positive Results			
Where a child or young person is able to wear a face covering and keep a safe distance from others they could walk or cycle home where this is possible		⊠	
Those who have tested positive should not travel home using public transport	Exceptionally the local authority may	×	

	be able to help source a suitable vehicle which would provide appropriate protection for the driver		
Asymptomatic contacts of positives cases should go home as they would normally do	If the contact becomes symptomatic, they should follow same travel advice as positive cases	×	
Inadequate Infection Prevention and Con	trol: Equipment		
All digital equipment is regularly wiped between batches of tests and at the beginning and end of each session		×	
Cleanable keyboard and mouse are used in testing areas	If a cover is used silicone option is preferable as it is more user friendly and will last longer than the plastic versions	×	
The cleaning wipe used should meet the requirement set out in the Inadequate Cleaning Regime section and be effective against enveloped viruses		×	
The keyboard and mouse should be cleaned at the start of the day, after each batch of cartridge have been reviewed and uploaded and at the end of the day (and if they become contaminated with any form of spillage		×	
An equipment cleaning regime is in place and clearly communicated		$\boxtimes$	
A replacement schedule is in place to replace damaged covers and the equipment should not be used if the cover is torn/worn		×	
Any trays that are used for e.g. to move LFDs for recording after reading and marking of results should be made from a material that will tolerate being cleaned with chlorine releasing agents at 1000ppm, are straight sides, and smooth		×	

Inadequate Cleaning Regime			
A cleaning schedule that ensures cleaning is generally enhanced and includes more frequent cleaning of surfaces that have been touch frequently	As a minimum frequently touched surfaces should be cleaned twice a day, and one of these should be at the beginning or the end of the working day	×	
Public areas where a symptomatic subject has passed through and spent minimal time, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal		×	
Cleaners should only be entering the testing area when testing activity is no longer being conducted	In accordance with NHS guidance 'Cleaning and Disinfection process COVID -19" there should be no subject contact within 2m	⊠	
In case of a spillage when they need to enter an active test area, cleaners should ensure that they have appropriate PPE		⊠	
When entering an active test area cleaners ensure that the listed PPE is worn	See below	$\boxtimes$	
When entering an active test area to clean up spillages staff ensure they replace their PPE after cleaning		⊠	
Avoid mixing cleaning products together as this can create toxic fumes		$\boxtimes$	
Avoid creating splashes and spray when cleaning		$\boxtimes$	
Any cloths and mop heads used must be disposed of and should be put into the offensive waste stream		⊠	
The minimum specifications stipulated by the government for surface disinfectant wipes, is that the disinfectant is effective against envelop viruses		×	
It is recommended were possible that combined detergent and disinfectant wipes is used, as they will both clean and sanitise the surface at the same time		⊠	
If a disinfectant wipes are used, it is important to note that they do not contain a detergent. If this method is used, it is important that the area is cleaned properly with a detergent, rinse before a disinfectant wipe is used		×	
Spillages			

All surfaces that the Subject has come into contact with must be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as handles, light switches, telephones, and the surfaces that the subject may have had contact in between each individual that is tested		⊠	
Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction and place in the offensive waste bin (tiger bag)		×	
Any cloth and mop heads used for cleaning must be disposed of and should be placed into the offensive (tiger bag) waste bin provided		×	
Surfaces will require to be cleaned at the end of the session before the next session starts i.e. in between test group batches of Subjects		$\boxtimes$	
D10 is used to disinfect the area		$\boxtimes$	
Inadequate Waste Management			
The waste contractor is required to extend their current collection of general waste from the school, to include the waste generated from asymptomatic testing. As part of this, the waste collector may be asked by a school to:  □ Provide extra wheelie bins for waste storage □ Provide extra bin bags, as required (tiger , yellow/clear, black) □ Collect waste regularly (frequency to be agreed with individual school)			
Schools are advised to package up the waste into 3 distinct bin bags	Bags will be distributed to schools and colleges from a central source	×	
The bags should be placed into a larger bin ready for collection by their waste contractor		×	
Each large bin must be clearly labelled on which waste category it will have		$\boxtimes$	
Waste is split into the following categories:			
Domestic / recycling (all packaging)→Black bag		$\boxtimes$	

Chemical (swabs/cartridge Yellow or Clear	es/tissues)→Unmarked bag						
<b>Offensive</b> (PPE heads)→Tiger b							
•	ulted with the people/represent of the preparation of this risk a		ertaking t	ľ	′es ⊠	No □	
What is the leve measures	el of risk for this activity/situation	on with exis	ting cont	rol <b>Hi</b>	-	ed Low	
Is the risk adequ	uately controlled with existing	control mea	asures	Y	es 🗵	No □	
•	fied any further control measu orded them in the action plan	res needed	to contro	ol Y	es 🗆	No ⊠	
	AN (insert additional rows if requ	·		To be a	ctioned b	ру	
Further contr	ol measures to reduce risks so fa reasonably practicable	ar as is	N	ame	Date		
	k level assigned to the task <b>Af</b> on plan measures taken as a r			on of Hi		ed Low □	
Is such a risk le	vel deemed to be as low as re	asonably p	ractical?	Y	es 🗵	No □	
Is activity still ac	cceptable with this level of risk	?		Υ	es 🗵	No □	
If no, has this be	een escalated to senior leader	ship team?		Y	es 🗆	No □	
Assessor(s): Position(s):	T.KELLY Headteacher	Signature	e(s):	T.KELLY			
Date:	25.1.21	Review D	ate:		22.2.2	1	
Distribution: W	lehsite						

Risk rating	Action
HIGH	Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice)
MEDIUM	Review/add controls (as far as reasonably practicable) & monitor
LOW	Monitor control measures

				POTENTIAL OUTC	OME				
POTENTIAL OUTCOME		LIKELII	HOOD	Catastrophic					
Catastrophic	Fatal injury/permanent disability	Highly likely	More likely to occur	Maior					
Major	RIDDOR reportable Specified Injury/ Disease/Dangerous Occurrence	Likely		Major					
Moderate	RIDDOR reportable over 7 day injury	Possible		Moderate					
Minor	Minor injury (requiring first aid)	Unlikely		Minor					
Insignificant	Minor injury	Remote	Less likely to occur	Insignificant					
					Remote	Unlikely	Possible	Likely	Highly Likely
							LIKELIHOOD		