



Blackfriars Academy Risk Assessment

The first part of this document is advice from the 'Complex Child' site on line and is based on research and advice in America. There may be some useful points or thought provoking suggestions to consider. Please continue to take advice from GOV.UK and Public Health England

THE FOLLOWING ADVICE IS FROM [HTTPS://COMPLEXCHILD.ORG/ARTICLES/COVID/COVID-MEDICALLY-COMPLEX/](https://complexchild.org/articles/covid/covid-medically-complex/) AND IS **ADVICE FROM AMERICA - SOME OF IT IS WORTH CONSIDERING:**

'COVID-19 IN CHILDREN WITH MEDICAL COMPLEXITY

We have very limited evidence of how COVID-19 is presenting in children who are medically fragile or complex thus far.

As mild and moderate cases look much like typical colds in children, it is likely that many children will respond to COVID-19 infection in the same way they do to a typical cold. Children who are medically fragile and get very sick with colds will likely follow the same pattern if they become sick with COVID-19.

There is a larger body of evidence in the adult population demonstrating that adults with underlying conditions are more likely to get severe infections, especially those with blood disorders (such as cancer), chronic kidney disease, compromised immune system, endocrine disorders (such as diabetes), metabolic disorders, heart disease, lung disease, and neurological conditions. Pregnant women are also at higher risk. Adults who are medically complex, as well as caregivers who have underlying conditions, are at much greater risk of severe or critical disease.

RECOMMENDATIONS FOR CHILDREN WITH MEDICAL COMPLEXITY

The following recommendations are suggested for children who are medically complex:

1. Socially isolate all children who are medically complex and practice careful hygiene and cleaning. Especially avoid contact with other viral pathogens, such as flu or RSV, as co-infection tends to worsen disease.
2. Take your child's temperature twice a day to monitor for fever.
3. Maximize your child's respiratory health and respiratory hygiene.
4. Do not go to the doctor, hospital, or Emergency Department unless it is an actual emergency.
5. Children under age one should be particularly monitored, as they are more likely to get severe disease.
6. Caregivers may be more likely to get sicker than children, so prepare for caregiver sickness or hospitalisation.

1. FILL OUT AN EMERGENCY PLAN FOR YOUR CHILD

An Emergency Plan is critical in case your child becomes ill

You could download the [Blank Interactive Form](#) and fill it out. Especially important is to document your child's normal vital signs, particularly if your child has autonomic dysfunction and has a temperature that runs low or a heartrate that runs high or low.

You may wish to use these forms as a guide or just a prompt to think about what information you would need to share if you child became unwell – you may already feel you have this information in the form of Care plans/Pupil Profiles etc.

2. ORDER AS MANY SUPPLIES AS POSSIBLE AND REUSE NON-STERILE SUPPLIES

The British pharmaceutical industry are suggesting that supplies of meds etc will remain fine

We expect that certain items may experience shortages, especially those made in China, since factories were shut down for several months. In addition, other supplies that are being used to treat COVID-19 patients may become more difficult to get. We aren't sure exactly what these will be, but we expect respiratory supplies like vent circuits, suction catheters, as well as items like syringes may become more difficult to get.

Try to reuse non-sterile supplies such as tube feeding extension sets or oxygen cannulas for as long as possible so you preserve more of your stock. Do not reuse sterile supplies.

3. TRAIN OTHERS IN YOUR CHILD'S CARE

Do you have a plan if YOU get sick? Who will take care of your child? What if your nurses or aides are quarantined or get sick? Try to train at least one additional person to care for your child if you become sick or hospitalized. This could be another family member, a teenage sibling, or a friend.

One good option is to find another local family with a similar child and cross-train on each other's child just in case. Another option may be to work with one or more of your home care nurses to take your child if you become sick.

Train as many people as you possible. It is possible that both you and your spouse, as well as other family members, may all be sick at the same time. Have backups for your backups.

4. CREATE A CARE PLAN OR MANUAL FOR YOUR CHILD

If you become sick, someone else may end up caring for your child. You need to make sure that every aspect of your child's care is well documented so that someone can step into your shoes if needed. This plan might be one page or as long as 20 or more pages. It should include all information to care for your child throughout the day, lists of your child's doctors, emergency plans, and other such information.

There are lots of templates online to help you get started. Here are just a few:

- [Care Plans from the National Center for Patient/Family-Centered Medical Home](#)
- [The Center for Children with Special Needs](#)

[If you require copies of your child's Care plans let us know.](#)

5. PREPARE FOR QUARANTINE/ISOLATION

If someone in your family is sick, you may be unable to leave your home for 14 days or longer. In addition to the normal recommendations, such as stocking up on food, make sure you have two weeks worth of all supplies, medications, over-the-counter products, and other items your child uses on a daily basis.

6. STOCK UP ON MEDICATIONS AND HAVE A PHARMACY PLAN

In addition, make sure you have a plan if you are unable to get to the pharmacy. Sign up for mail order delivery, switch to a pharmacy that delivers, or arrange for a family member or friend to help you out. Also make sure that none of your prescriptions are about to expire or run out of refills.

7. KEEP YOUR CHILD IN HIS OR HER BEST HEALTH

If your child does get sick, you want him or her to be in the most ideal health possible. Make sure your child is getting nutritious food or tube feedings, is always well-hydrated, is not deficient in any vitamins, and is using the best possible respiratory hygiene.

Children with asthma and other respiratory conditions should continue with their regular daily medications and respiratory regimens, such as oscillating vest treatments, chest PT, or cough assist devices. This will keep their lungs in the best health possible. Note that the process of giving nebulized medications will spread COVID-19 droplets, so switch to inhalers if possible.

Of course, keeping your child home and away from germs as much possible. Don't go to A&E or even the doctor's office unless it is an actual emergency.

8. SET UP VIRTUAL VISITS

In many locations, clinics are cancelling routine visits. For many kids, these visits really make a difference in their plan of care, especially children with ongoing complications or who have recently had procedures. In many cases, these visits may be able to occur using virtual means, on the phone or virtually using typical video-conferencing programs and apps.

Contact your medical teams and ask if virtual visits are an option. If they are, find out what you might need to have one. Typically, you will need an internet connection or phone minutes, and you may need a computer.

There are Blackfriars' parents who have had medical appointments cancelled and have had telephone consultations instead.

9. REST UP NOW AND EVALUATE YOUR HOME CARE

Due to quarantines, illnesses, and other orders, you may not have any home nursing (**care agencies**), aide services, or respite for an extended period of time. In addition, your children likely will not be attending school. For many families, this means 24-hour hands on care, day after day, which can be overwhelming, and in some cases near impossible.

Rest as much as possible now while you can. If you currently have home nursing, keep it going for as long as possible if you think it is safe.

How do you decide whether having a nurse (**care agencies**) is safe? Here are a few recommendations:

1. Nurses (**care agencies**) who are also working in hospitals or nursing homes should not be used in the home environment. They are much more likely to have exposure to infected patients.

2. Try to convince your nursing agency to send just one or two nurses to your home, preferably not shared with any other families.
3. Nurses who have travelled recently should wait 14 days before working.
4. Nurses who are not isolating themselves or social distancing in their personal lives should not be used.

10. BE KIND AND HELP ONE ANOTHER

This is going to be hard on everyone, whether they have a child who is medically complex or not. In fact, in some ways, parents of children who are medically complex may be in a better position to handle these situations, as we are much more used to isolation, quarantines, and infection prevention.

We are going to need to help each other out a lot. Identify similar families in your area so you can share extra supplies if available. Provide food or financial assistance to another family who is struggling. We will only get through this by working together — from a two metre minimum distance, of course.’

Parents /carers are asked to carefully read the risk assessment below where we outline very clearly the risks associated with sending vulnerable children into school and the measures that we are taking to try to mitigate against some of those risks.

By signing the risk assessment, you are acknowledging your understanding of the risks

Blackfriars Academy Risk Assessment Form

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 and sign.	What is the risk rating now – H, M, L? See Section 5
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<p>Travelling into school on a mini bus/taxi that has been used by other members of the public with a driver/escort who has mixed with others</p> <p>Cross contamination</p> <p>School bags travelling to and from school</p>	<p>Pupils Families Staff</p>	<p>Making sure parents have considered this risk.</p> <p>Wiping wheelchair handles on arrival and departure from school.</p> <p>Pupils/staff washing hands on arrival and departure and throughout the day.</p> <p>School bags to be wiped on arrival and departure.</p>	<p>H</p>	<p>Do parents transport their own child?</p> <p>Do parents keep their child at home?</p>	<p>30/3/20</p>	<p>HIGH</p>
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<p>Pupils mixing with each other and staff members.</p> <p>Cross contamination</p> <p>Pupils and staff then returning home and possibly contaminating those at home – vulnerable family members need to be considered.</p>	<p>Pupils</p> <p>Families</p> <p>Staff</p>	<p>Making sure parents have considered this risk.</p> <p>Vulnerable pupils at risk – most vulnerable to be encouraged to stay at home.</p> <p>Vulnerable adults at risk – not to be at work.</p> <p>Only two classrooms to be used so can be the focus of cleaning. Will need to be reviewed if a safe distance cannot be maintained.</p> <p>School to operate on a Monday/Wednesday/Friday so a deep clean can take place on the days in between.</p>	<p>H</p>	<p>Numbers of pupils and staff to be reviewed daily.</p> <p>Extra classrooms to be open if needed.</p>	<p>30/3/20</p>	<p>HIGH</p>
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<p>Cross contamination during personal care/enteral feeding/drug administration – 2 meter rule cannot be kept too.</p> <p>Staff do not have Protective clothing – no masks in school, limited aprons and gloves.</p>	<p>Pupils Families Staff</p>	<p>Making sure parents have considered this risk.</p> <p>Personal care will only be done by key staff in that role only.</p> <p>Enteral feeding will only be done by key staff only.</p> <p>Assistance with feeding to be done with the staff they have been with during that day.</p>	<p>H</p>	<p>Staff to change out of clothes regularly.</p>	<p>30/3/20</p>	<p>HIGH</p>
<p>Pupils who are unable to follow the social distancing rule due to their level of understanding and care/physical needs</p>	<p>Pupils Families Staff</p>	<p>Making sure parents have considered this risk.</p> <p>Higher staff ratio and less pupils in that classroom</p>	<p>H</p>	<p>Activities planned to try to ensure students have a distance between them and other pupils / staff</p>	<p>30/3/20</p>	<p>HIGH</p>

<p>Pupils with challenging needs and behaviours are not able to follow the distancing rules and will need to have close physical support from staff to keep them safe.</p> <p>Pupils will need 1:1 or 2:1 staffing dependent on the child putting both at risk of cross contamination.</p>	<p>Pupils Families Staff</p>	<p>Making sure parents have considered this risk.</p> <p>Staff to follow hygiene rules. Use the large spaces at school to try to keep a distance where possible. Follow the pupils individual risk assessment to keep them and others safe.</p> <p>Be aware that the child may be even more challenging with the change of routine and the school being nearly empty of other pupils.</p>	<p>H</p>	<p>Use of walkie talkies is away from the main building to ask for additional support.</p> <p>To be reviewed daily</p>	<p>30/3/20</p>	<p>HIGH</p>
<p>Visitors or outside agencies/contractors coming into school</p>	<p>M</p>	<p>No one apart from the key school staff to be given access to school.</p>	<p>H</p>		<p>30/3/20</p>	<p>LOW</p>
<p>Kitchen staff in school handling and preparing food for the pupils.</p>	<p>M</p>	<p>To follow hygiene rules and to not enter the school building beyond the kitchen. TA to fetch food from kitchen to eat in the 2 base classrooms.</p>	<p>L</p>		<p>30/3/20</p>	<p>LOW</p>

Further steps to mitigate risk		<p>Named rooms for use:</p> <p>Teaching base 1 for pupils with PMLD / SLD With 1 TA and 1Teacher to 3 pupils</p> <p>Teaching Base 2 for pupils with SLD/MLD With 1 TA and 1 Teacher to 5 pupils</p> <p>Member of the Leadership on site - safeguarding 2 Personal care staff (if needed) 1 enteral feeder (if needed) 2:1/1:1 staff dependant on pupil Another TA to support at mealtimes/cover breaks/in event of a fire</p>		Reviewed daily	30/3/20	MEDIUM
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Signature of Parent:

Print Name:

Date:

Signature of Line Manager:

Print Name:

Date:

This risk assessment should be communicated to all employees and relevant persons who may come into contact with the hazards being assessed. The assessment must be reviewed annually or following a significant change, accident or violent