**Risk Assessment**

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| **Assessment for**: **Child that coughs** | **Completed by**: | | | | **Date:** | | **Date for review**: |
| **Factor / Hazard: Child that coughs regularly**  This risk assessment is for a child that *has always had* a persistent cough (for example a child with cerebral palsy, Tourette’s or oral sensory needs) | | | | | | | |
| **Proactive measures (to prevent risk)** | | | | **Reactive measures (to respond to risk)** | | | |
| Staff and parents should be cautious of when this child should be sent in to school and should self-isolate if the child appears unwell in any other way or if the cough becomes more persistent than is typical.  Teach the child: ‘catch it, bin it, kill it’. Teach them to cover their mouth when coughing and to put tissues into a bin immediately and to wash their hands.  Teach a suitable hand washing technique.  Parents should provide the pupil with enough tissues to last the day. Agree this prior to school admittance or arrange for school to provide these.  Teach the child to wipe down their own work area and provide them with anti-bacterial wipes to do so (dependent on age, ability and understanding of child).  Where possible provide a pedal bin with lid situated near to the child’s work area. The bin should contain a bin liner.  Provide the pupil with a physical barrier around work area (e.g. work station screen)  Situate their desk in a way that they are faced away from other pupils in the bubble.  Situate their desk close to an open window.  Where possible the child should be placed in a bubble with a sink in the room or physically close by.  Provide hand sanitiser at the child’s work station.  Provide a drink of water in a plastic cup that can be disposed of after each use.  Prepare visual prompts suitable to ability of chid. | | | | Draw child’s attention to visual prompts / reminders.  Encourage as much independence as possible.  Where staff assistance is necessary suitable PPE should be worn. | | | |
| **Who is at risk?** Staff and pupils in child’s bubble. | | **Risk**  **Low / Medium / High** | | **Action by and date:** | | | |
| **Additional Information** | | | | | | | |
| **Signed DSL:** | | | **Signed SLT:** | | | **Signed Class Teacher:** | |